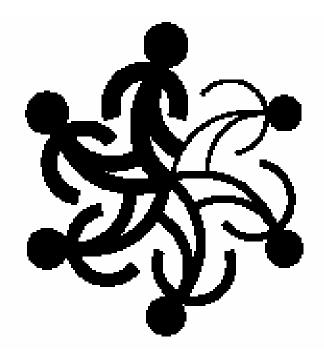


NATIONAL LONGITUDINAL SURVEY OF CHILDREN & YOUTH

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



2006



Statistics CanadaStatistique CanadaHuman ResourcesRessources humaines etand SocialDéveloppement socialDevelopment CanadaCanada

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

National Longitudinal Survey of Children and Youth – Cycle 6

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INTRODUCTION

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

- A- **Electronic questionnaires** loaded on the interviewers' laptops and administered by interviewers to parents and youth using computer-assisted (CAPI or CATI) methods:
 - Household contact information
 - Parent questionnaire
 - Child questionnaire
 - Youth questionnaire

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

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

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

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

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 The instruments listed in C above will not be published.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

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

The reader may also wish to refer to the documentation from previous cycles, available upon request or on the Statistics Canada website at: statcan.ca\Products and Services

Cycle 1

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

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

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

Cycle 2

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

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

Cycle 3

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

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

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

Cycle 4

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

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

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

Cycle 5

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

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

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

List of the Direct Measures publishers

PPVT-R (English)

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

Math Tests (Grades 4 to 10)

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

Who Am I?

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

Number Knowledge

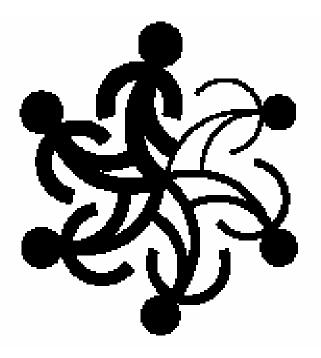
Yukari Okamoto Associate Professor Department of Education Phelps Hall 2325 University of California Santa Barbara, CA 93106 (805) 893-2601 - phone (805) 893-7264 - Fax yukari@education.ucsb.edu

Ages and Stages Questionnaires

Heather Lengyel, Subsidiary Rights and Contracts Manager Brookes Publishing Co. P.O. Box 10624, Baltimore, MD 21285-0624, USA Tel.: (410) 337-9580 Fax.: (410) 337-8539 <u>hlengyel@brookespublishing.com</u>

National Longitudinal Survey of Children & Youth

Cycle 6 Survey Instruments 2004/2005



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

BOOKLET 20



National Longitudinal Survey of Children and Youth

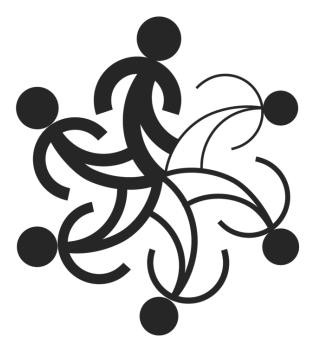
Cycle 6



Confidential when completed

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

Aussi disponible en français



Please read instructions on next page before beginning.

FOR OFFICE USE ONLY
Respondent's First Name
Assignment No.
Time Started

8-5300-464.1: 2004-05-26 STC/ENM-040-75020



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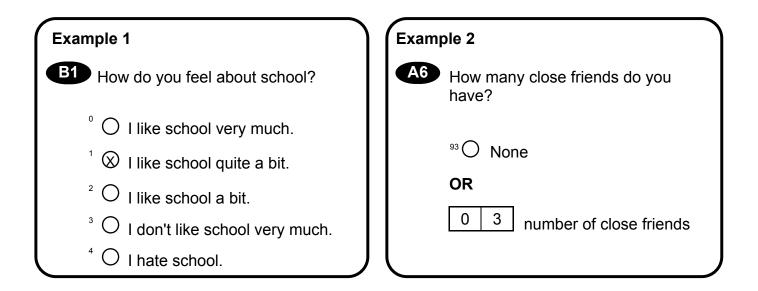
B

INST RUCTIONS

This questionnaire asks about you, your family, your friends, how you feel and what you like to do. Your answers will help the government to plan programs and services for young people like yourself.

This is not a test and there are no right or wrong answers. Some questions may seem personal and some are about things not everybody does. Take your time and please be sure to answer each question based on what you really think. You can choose whether or not to fill out this questionnaire. If you need help with any questions, you may ask the interviewer.

When you answer these questions, you can mark your answers like this \otimes or fill in the circle \bigcirc , 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.





-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!

ase answer the following ements about your friends and			•	••	_
ers your age.	False	Mostly false	Sometimes true / Sometimes false	Mostly true	٦
I have many friends.	°O		² O	ЗO	4
I get along easily with others my age.	5 🔿	⁶ O	⁷ O	⁸ O	9
Others my age want me to be their friend.	°O		² ()	³ O	4
Most others my age like me.	⁵ O	⁶ O	⁷ O	⁸ O	9
or the rest of this questionna rust and confide in. They may chool.	aire, by "clo be friends	ose friends" that you ha	', we mean the p ng out with at scl	eople tha hool or ou	nt y utsi
About how many days a week do you things with close friends outside of s hours?	do chool	01 O Never	han once a week		
		\frown	a week		
		~	days a week		
			days a week		
		6 or 7	days a week		
How many close friends do you have	?	None	Number	of close frier	nds
		⁹³ O	OR		
How many of your close friends do the following:	e				
	None	A few	w Most		All
a. smoke cigarettes?	٥ О	1 🔿	2 🔿	3	0
b. drink alcohol?	4 🔿	5 🔿	6 🔾	7	0
c. have tried marijuana?	٥ 🔿	1 🔿	2 🔿	3	0
 have tried drugs other than marijuana? 	4 🔿	5 🔿	6 🔾	7	0

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

8	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
9	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)
0	In the past 6 months, how well have you gotten along with other young people such as friends or classmates ?	 ¹⁴ Other (e.g. family doctor) 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
D	In the past 6 months, how well have you gotten along with your brothers and sisters, step brothers and sisters, or foster brothers and sisters? (Answer about the ones you spend the most time with.)	 ³⁴ O Very well, no problems ³⁵ O Quite well, hardly any problems ³⁶ O Pretty well, some problems ³⁷ O Not too well, many problems ³⁸ O Not well at all, constant problems ³⁹ O I am not in touch with my brothers and sisters ⁴⁰ O 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.

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SEC	TION B School						
B1	How do you feel about school?			٥ ()			
					I like school ve	-	
				2	I like school q		
				3	I like school a		
				4		ool very much	
					I hate school		
B 2	How well do you think you are school work?	doing in y	/our	09 ()	Very well		
				10 🔿	Well		
				11 🔿	Average		
				12 🔿	Poorly		
				13 🔿	Very poorly		
B 3	How important is it to you to do the following in school:		Very important		omewhat nportant	Not very important	Not important at all
	a. make friends?				2	з ()	4 🔿
	b. get good grades?		5 🔘		6 🔘	7 🔿	8 🔘
	c. participate in extra-curricula activities?	ir	1 🔘		2 ()	з ()	4 🔿
	d. learn new things?		5 🔿		6 🔿	7 🔿	8 🔿
B4	Line de com l'in des Collections						
D 4	How do you like the following subjects:	l hate it	l don it very	't like much	l like it a little	l like it a lot	l don't take it
	a. Math	⁰¹ O	02	0	03 🔿	04 🔿	05
	b. English	⁰⁶ O	07	0	080	0900	10
	c. French	⁰¹ O	02	0	⁰³ O	⁰⁴ O	05

an	ead the following statements ad choose the answer that est describes how you feel.	All the time	Most of the time	Some the tir		Rarely	Neve
a.	l feel safe at school.	• O		² O)	³ O	4 C
b.	I feel safe on my way to and from school.	5 🔘	6 🔿	7 🔿		8 🔘	°C
C.	Other young people say mean things to me at school.	• ()		2)	³ O	4 C
d.	I am bullied in school.	5 🔘	6 🔘	7 🔿		8 🔘	⁹ C
e.	I am bullied on my way to and from school.	° ()		² O	1	³ O	4 C
f.	I feel like an outsider (or left out of things) at my school.	5 🔿	6 🔿	7 ())	8 🔘	°C
oui	t my teachers and home	work.					
I		All the time	Most of the time	Some of the time	Rarely	Never	
а.	In general my teachers treat me fairly.	00 O	01	⁰² O	⁰³ O	04	
b.	If I need extra help, my	05	06	07	08	⁰⁹	Don nee help
	teachers give it to me.	0	0	0	0	0	None
С.	I have a place at home to do homework or study.		01	⁰² O	⁰³ O	04 🔘	⁰⁵
d.	When my teachers give me homework, I do it.	⁰⁶ O	⁰⁷ O	08	⁰⁹ O		home
	In the next statements	, parents	include au	ardians	They are	the ones	who liv
	with you at home and i		your life. Most of	Some of the time	Rarely	Never	No proble at schoo
		time	the time	une			
а.	If I have problems at school, my parents are ready to help			⁰²	03 🔿	⁰⁴ O	05
	If I have problems at school, my parents are ready to help My parents encourage me to do well at school.	time 		02	⁰³ O	⁰⁴ O	05

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SECTION C About Me

	Choose the answer that best lescribes how you feel.	False	Mostly false	Sometimes false/ Sometimes true	Mostly true	True
a	 In general, I like the way I am. 	00 O	01	02 🔿	03 🔘	04 🔘
b	 Overall I have a lot to be proud of. 	05 🔿	06 🔿	07 🔿	080	09 O
с	 A lot of things about me are good. 	00 🔿	01	⁰² O	⁰³ O	04 🔿
d	 When I do something, I do it well. 	05 🔿	06 🔿	07 🚫	08 🔘	09 🔿
e	. I like the way I look.	00 🔿	01	02 🔿	03 🔘	04 🔿

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

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

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SECTION D Feelings and Behaviours

D1	Read the following statements and choose the

answer that best describes you. Never Sometimes Often or or somewhat true or very true not true a. I show sympathy to (I feel sorry for) someone ^{2}O ^{1}O ЗО who has made a mistake. ⁴O ⁵O ^{6}O b. I can't sit still, I am restless. ⁸O °O 7 c. I destroy my own things. ^{2}O ЗО ¹O d. I try to help someone who has been hurt. ⁵ 6 e. I steal at home. °O ^{7}O °O f. I am unhappy or sad. ^{2}O ЗO 1 g. I get into many fights. h. I offer to help clear up a mess ⁵O ⁶O ⁴O someone else has made. i. I am easily distracted. I have trouble sticking to ⁷O ⁸O °O any activity. j. When I am mad at someone, I try to get others ^{2}O ЗО ^{1}O to dislike him/her. ۶O °О ⁴O k. I am not as happy as other people my age. I. I destroy things belonging to my family or other ^{7}O °O °O young people. ^{2}O ЗО m. If there is an argument, I try to stop it. ¹O ⁵O ⁶O ⁴O n. I can't concentrate, I can't pay attention. ^{7}O °O °O o. I am too fearful or nervous. ЗO р. When I am mad at someone, I become friends ^{1}O ^{2}O with another as revenge.

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ans	ead the following statements and choose the swer 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 🔿	⁵ O	⁶ O
r.	I tell lies or cheat.	7 🔿	O ^s	O
S.	I offer to help other young people (friend, brother or sister) who are having difficulty with a task.		² O	°O
t.	I worry a lot.	4	⁵ O	⁶ O
u.	I have difficulty waiting for my turn in games or group activities.	⁷ O	°O	٩
V.	When another young person accidentally hurts me, I assume that they meant to do it, and I react with anger and fighting.		² O	³ O
w.	When I am mad at someone, I say bad things behind his/her back.	4 🔿	⁵ O	⁶ O
Х.	I physically attack people.	⁷ O	°O	°O
у.	I comfort another young person (friend, brother or sister) who is crying or upset.	¹ O	² O	³ O
Z.	l cry a lot.	40	⁵ O	⁶ O
aa.	I vandalize.	⁷ O	°O	°O
bb.	I threaten people.	¹ O	² O	°O
CC.	I help to pick up things that another young person has dropped.	4 🔿	⁵ O	⁶ O
dd.	I bully or am mean to others.	⁷ O	°O	٩
ee.	I cannot settle to anything for more than a few moments.		² O	°O
ff.	When I am mad at someone, I say to others: let's not be with him/her.	4	⁵O	⁶ O

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	ad the following statements and choose the swer that best describes you.	Never or not true		netimes or what true	Often or very true
gg.	I am nervous, highstrung or tense.	⁷ O	8	0	٥°
hh.	I kick or hit other people my age.		2	0	ЗO
ii.	When I am playing with others, I invite bystanders to join in a game.	4 🔿	5	0	⁶ O
jj.	I steal outside my home.	7 🔿	8	0	O
kk.	I am inattentive, I have difficulty paying attention to someone.		2	0	³ O
١١.	I have trouble enjoying myself.	4 🔿	5	0	⁶ O
mm	 I help other people my age (friends, brother or sister) who are feeling sick. 	⁷ O	8	0	٥e
nn.	When I am mad at someone, I tell that person's secrets to a third person.		2	0	³ O
	I encourage other people my age who cannot	4	5	\sim	⁶
00.	do things as well as I can.	0		0	0
In ti	do things as well as I can.	Never	Once or twice	3 or 4 times	5 times or more
	do things as well as I can. he past 12 months, about how many times	Never			
In ti	do things as well as I can. he past 12 months, about how many times have you stayed out later than your		twice	times	or more
In ti	do things as well as I can. he past 12 months, about how many times have you stayed out later than your parents said you should? have you stayed out all night without	¹ O	twice	times ³	or more
In ti	do things as well as I can. he past 12 months, about how many times have you stayed out later than your parents said you should? have you stayed out all night without permission? have you skipped a day of school without	¹ ◯	twice 2 6	times ³	or more
In the second se	do things as well as I can. he past 12 months, about how many times have you stayed out later than your parents said you should? have you stayed out all night without permission? have you skipped a day of school without permission?	¹ ⁵ 1	twice 2 0 6 0 2 0 2 0 2 0 2 0 2 0 0 0 0 0 0 0	times ³	or more
In ti a. b. c. d.	do things as well as I can. he past 12 months, about how many times have you stayed out later than your parents said you should? have you stayed out all night without permission? have you skipped a day of school without permission? have you been drunk? were you questioned by the police about	1 5 1 5 0 1 0 1 0	twice 2 0 6 2 0 6 0 6 0 6 0 6 0 6 0 0 0 0 0 0	times ³ ⁷ ³ ⁷ ³ ⁷	or more 4 8 4 4 8 4 8 8 4 8 8 8 8

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mother				
Think of the mother you spend the most time with. Is she (Mark one only.)		ur biological/birth mc	other?	
		ur adoptive mother?		
	⁰³ O you	ur stepmother?		
		ur foster mother?		
	⁰⁵⊖ an Ol	other person (a moth R	ner figure	e)?
		m not in touch with / mother		Go to question E4
Thinking of the mother you have				

a. How well do you feel that your mother understands you?

b. How much fairness do you receive from your mother?

	c. How much affection do you receive from your	mother?	⁶ O	7 🔿	⁸ O		
E	Overall, how would you describe your relationship with your mother?		Very close				
			-				
		3	Somewhat close				
		0	Not very close				
My Fa	ather						
E4	Now think of the father you spend the most time with. Is he (Mark one only.)	⁰¹ O	your biological/birth fat	her?			
		⁰² O) your adoptive father?				
		03	your stepfather?				
		⁰⁴ O	your foster father?				
		⁰⁵ O	another person (a fathe	er figure)?			
			OR				
		060	I am not in touch with my father		o to uestion E7		

٥ 0

3 О

 ^{1}O

⁴ O

 ^{2}O

⁵ O

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

E5	Thinking of the father you have identified in the previous question:				A great deal	Some	Very little/Not at all
	a. How well do you feel that your fathe	r understands	s you?		0 0	1 🔿	² O
	b. How much fairness do you receive f	rom your fath	er?		3 O	4 🔿	5 🔿
	c. How much affection do you receive	from your fath	ner?		6 🔿	7 🔿	8 O
E	Overall, how would you describe your relationship with your father?		5 () 6 () 7 ()	Not ver	hat close y close		
	swer the following questions th previous questions.	inking of t	he fat	her and	d mother y	ou have i	dentified in
Ē	How well do you think your parents get along with each other?		$\begin{array}{c} 0 \\ 1 \\ 2 \\ 3 \\ \end{array}$	Very we Fairly w Not ver My pare	ell	n touch with	each other
Eð	How often do your parents disagree about how to deal with you and your brother(s) and sister(s)?		$ \begin{array}{c} 01 \\ 02 \\ 03 \\ 04 \\ 05 \\ 06 \\ 07 \\ 07 \\ 07 \\ 0 \end{array} $	Never Rarely Sometin Often Always I don't k My pare		n touch with	each other
E 9	How often do your parents get upset with one another, including times when they are mad but don't say much?		$08 \bigcirc 09 \bigcirc 10 \bigcirc 11 \bigcirc 12 \bigcirc 13 \bigcirc 14 \bigcirc 14 \bigcirc 14 \bigcirc 14 \bigcirc 14 \bigcirc 14 \bigcirc 14$	Never Rarely Sometin Often Always I don't k My pare		n touch with	each other
E10	For each of the following statements, us stepparent(s), foster parent(s) or guardi	se the choice an(s)) in gene	that bes eral hav	st describ ve acted f	bes the way y toward you ir	our parent(s the past 6	s) (or months .
	My parent(s)	Never	Rare	elv	Sometimes	Often	Always
	a. smile at me.		6 C				° O
	 b. want to know exactly where I am and what I am doing. 	0 O	¹ C	\mathbf{D}	2 🔿	зO	4 🔿
	c. soon forget a rule they have made.	5 🔿	⁶ C)	7 🔿	8 O	٩O
	d. praise me (say nice things about me	e). ° O	1	\mathbf{D}	2	3 O	4 🔿
	e. let me go out any evening I want.	5 🔿	6	\mathbf{D}	7 🔿	8 O	9 O
	Statistics Canada will keep yo	ur answar					*

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

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* E10

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

L L

>	Statistics Canada will keep your answers PRIVATE.
	No one from your home or your echool will eco what

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

		Never	Rarely	Sometimes	Often	Always
f.	tell me what time to be home when I go out.	٥ ()	1 🔘	² O	з ()	4 🔿
g.	nag me about little things.	5 🔿	6 🔾	7 🔿	8 🔘	9 O
h.	listen to my ideas and opinions.	٥ ()	1 🔘	² O	з ()	4 🔿
i.	and I solve a problem together whenever we disagree about something.	5 🔿	6 🔿	7 🔿	8 🔘	٩O
j.	only keep rules when it suits them.	٥ ()	1 🔘	2 🔿	3 O	4 🔿
k.	get angry and yell at me.	5 🔿	6 🔿	7 🔿	8 🔿	9 O
I.	make sure I know I am appreciated.	٥ ()	1 🔘	2 🔿	3 O	4 🔿
m.	threaten punishment more often than they use it.	5 🔿	6 🔿	7 🔿	8 🔘	9 O
n.	speak of the good things I do.	° ()	1 🔿	2 🔿	3 ()	4 🔿
0.	find out about my misbehaviour.	5 🔿	6 🔿	7 🔿	8 🔿	9 O
p.	enforce a rule or do not enforce a rule depending upon their mood.	٥ ()	1 🔿	2 🔿	3 🔿	4 🔿
q.	hit me or threaten to do so.	5 🔿	6 🔿	7 🔿	8 🔘	9 O
r.	seem proud of the things I do.	٥ ()	1 🔘	2 🔿	3 O	4 🔿
S.	seem too busy to spend as much time with me as I'd like.	5 🔿	6 🔿	7 🔿	8 🔘	٩O
t.	take an interest in where I am going and who I am with.	⁰ ()	1 🔿	2 🔿	3 🔘	4 🔿
Ho let	ow often do your parents : 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 O	4 🔿
C.	how much television you watch?		5 🔿	6 🔿	7 🔿	O ⁸

S	ECTION F	Puberty
		t the following questions might be difficult, but would appreciate you em as well as you can. Changes in young people's bodies can affect man

★

different aspect			
Would you say means underar grow?	that your body hair ("body hair" m and pubic hair) has begun to		Has not yet started growing
		² O	Has barely started growing
		ЗO	Growth of body hair is definitely underway
		⁴ O	Growth of body hair seems completed
			Boys go to question F4 Girls go to question F2

For girls only	
E 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	
E4 Have you noticed a deepening of your voice?	⁵ Has not yet started changing
	⁶ O Has barely started changing
	⁷ O Voice is definitely changing
	⁸ O Voice change seems completed
E5 Have you begun to grow hair on your face?	
Thave you begun to grow hair on your lace?	¹ Has not yet started growing
	² O Has barely started growing
	³ O Facial hair growth is definitely underway
	⁴ O 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.

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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.

G1	Which of the following best describes your experience with smoking cigarettes:		I have never smoked I have only had a few puffs → Go to question G3
			I do not smoke anymore Go to queston G2
		OR	
		Ism	oke
		⁰⁴ O	A few times a year
		⁰⁵ O	About once or twice a month
		⁰⁶ O	About 1-2 days a week
		⁰⁷ O	About 3-5 days a week
		08	About 6-7 days a week
G 2	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

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.

 \star

G	Have you ever had a drink of alcohol?	$ 01 \bigcirc Yes, at least one drink $
G4	How old were you when you first had a drink of alcohol?	I was years old
The G5	Have you ever tried drugs or sniffed glue or solvents? (Drugs include marijuana, cocaine, acid, or uppers, downers, ecstasy, etc.)	Ilease answer even if you do not use drugs. ¹ ○ Yes ² ○ No → Go to section H
66	If you have used drugs, how old were you when you first did so? (Drugs include marijuana, cocaine, acid, uppers, downers, ecstasy, etc.)	I was years old

SECTION H Activities

*

In ha	the past 12 months, how often ve you	Never	Less than once a week	1 to 3 times a week	4 or more times a week
a.	played sports or done physical activities without a coach or an instructor (biking, skateboarding, etc.)?	1 🔘	2 🔿	3 🔿	4 🔿
b.	played sports with a coach or instructor, other than in gym class (swimming lessons, baseball, hockey, etc.)?	5 🔿	6 🔘	7 🔿	08
C.	taken part in dance, gymnastics, karate or other groups or lessons, other than in gym class?	1 🔿	2 🔿	3 ()	4 🔿
d.	taken part in art, drama or music groups, clubs or lessons outside of class?	5 🔿	6 🔿	7 🔿	8 O
e.	taken part in clubs or groups such as Guides or Scouts, 4-H club, community, church or other religious groups?	1 🔿	2 🔿	3 🔿	4 🔿
f.	done a hobby or craft (drawing, model building, etc.)?	5 🔿	6 🔿	7 🔿	8
g.	done odd jobs (a paper route, babysitting, etc.)?	1 🔿	2 🔿	3 ()	4 🔿
us Th	inking of the one sport or physical activity at you do the most often, how long do you ually spend being active in one session? is may be an activity with or without a coach instructor, but does not include gym class.	$ \begin{array}{c} 01\\ 02\\ 03\\ 04\\ 05\\ 06\\ 06\\ 06\\ 06\\ 06\\ 06\\ 06\\ 06\\ 06\\ 06$	I do not do phys 1 to 15 minutes 16 to 30 minutes 31 to 59 minutes 1 to 2 hours more than 2 hou	5	
Or	n average, about how many hours a day do u watch TV or videos or play video games?	$ \begin{array}{c} 01 \\ 02 \\ 03 \\ 04 \\ 05 \\ 06 \\ \end{array} $	I don't watch TV Less than one h 1 to 2 hours a da 3 to 4 hours a da 5 to 6 hours a da 7 or more hours	our a day ay ay ay	ıy video games

SECTION H Activities

ow often do you read for fun (not for school)?	08 A fe 09 Onc 10 A fe	ry day w times a week æ a week w times a month s than once a month	
	¹² O Alm	ost never	
o you use the Internet			
	Yes	Νο	
at home?	1 🔿	² ()	
at school?	3 O	4 🔘	
somewhere else?	5 🔿	6 🔿	
ot including Internet use, do you use a computer			
	Yes	Νο	
at home?	1 🔘	² ()	
at school?	3 O	4 🔘	
somewhere else?	5 🔘	6 🔘	
n average, about how many hours a day do bu spend on a computer (doing work, playing ames, e-mailing, chatting, surfing the ternet, etc.)?	aa a	n't use a computer s than 1 hour a day	
		2 hours a day	
	11 🔿	4 hours a day	
	12	6 hours a day more hours a day	
there a computer in your home? ven if you don't use it.)	1.0		
ven if you don't use it.)	² O Yes		

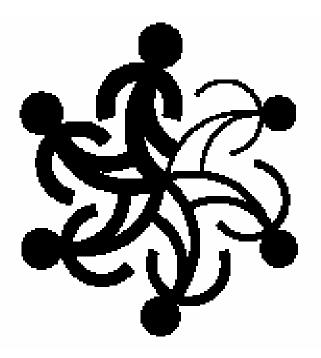
Statistics Canada will keep your answers PRIVATE. No one from your home or your school will see what you write.

SECTION J	Thank you.		
J1 What time	was it when you finished?		
When ye	ou are finished, please:	\bowtie	put this questionnaire in the envelope.
		\bowtie	return it to the interviewer.

Thank you very much for helping us.

National Longitudinal Survey of Children & Youth

Cycle 6 Survey Instruments 2004/2005



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

BOOKLET 21



National Longitudinal Survey of Children and Youth

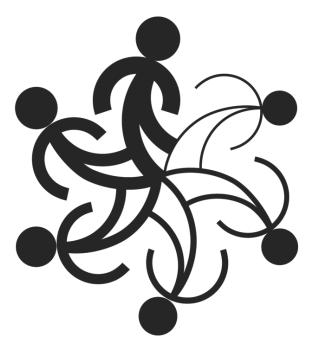
Cycle 6



Confidential when completed

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

Aussi disponible en français



Please read instructions on next page before beginning.

FOR OFFICE USE ONLY
Respondent's First Name
Assignment No.
Time Started

8-5300-447.1: 2004-05-26 STC/ENM-040-75020



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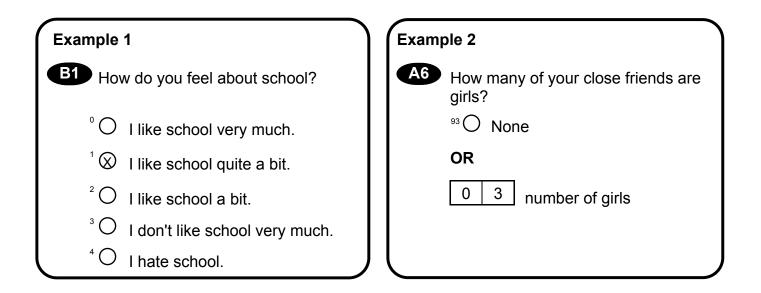
B

INST RUCTIONS

This questionnaire asks about you, your family, your friends, how you feel and what you like to do. Your answers will help the government to plan programs and services for young people like yourself.

This is not a test and there are no right or wrong answers. Some questions may seem personal and some are about things not everybody does. Take your time and please be sure to answer each question based on what you really think. You can choose whether or not to fill out this questionnaire. If you need help with any questions, you may ask the interviewer.

When you answer these questions, you can mark your answers like this \otimes or fill in the circle \bullet , 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.





-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!

	TION 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	Tru
	I have many friends.	°O				⁴ C
	I get along easily with others my age.	5 🔿	⁶ O	⁷ O	8 () 8	°C
- -	Others my age want me to be their friend.	° ()	1 🔿	² O	³ O	⁴ C
	Most others my age like me.	⁵ O	⁶ O	7 🔿	⁸ O	°C
_						
	For the rest of this question you trust and confide in. The or outside school.	nnaire, by ney may b	"close frie e friends tl	ends", we mean hat you hang ou	the people t with at s	e that chool
	About how many days a week do you things with close friends outside of so	do chool	⁰¹ O Nev	ver		
	hours?		^{02}O Less than once a week			
			⁰³ O 1 d	ay a week		
			⁰⁴ O 2 -	3 days a week		
			05 O 4 - 5 days a week			
			⁰⁶ O 6 -	7 days a week		
-	How many of your close friends are:					
			None	Num	ber	
	girls?		93 🔘	OR		
	boys?		94 🔿	OR		
)	How often do you share your secrets a private feelings with your close friends	and ?	° 🔿 All t	he time		
			1 🔿 Mos	at of the time		
			² O Son	ne of the time		
			₃ 🔿 Rar	ely		
			₄ O Nev	er		

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

	ends do the following:	None	A few	Most	All
a.	smoke cigarettes?	٥ ()	1 🔘	2 🔿	3 О
b.	drink alcohol?	4 🔿	5 🔘	6 🔿	7 🔿
C.	break the law by stealing, hurting someone or damaging property?	٥ ()	1 🔘	2 🔿	з ()
d.	have tried marijuana?	4 🔿	5 🔿	6 🔿	7 🔿
e.	have tried drugs other than marijuana?	٥ ()	1 🔿	2 🔿	3 ()
ar	ther than your close friends, do you hanyone else in particular you can talk to burself or your problems?	ave o about (So to question So to question	
(N	hat is their relationship to you? Mark everyone you feel you can talk bout yourself or your problems.)	to	¹² \bigcirc Teacher	e family sitter riend/girlfriend der (e.g. Scout, Gu	ide or churc
In go fri	the past 6 months, how well have yo otten along with other young people si iends or classmates ?		¹⁷ O Pretty well, so	problems ardly any problems ome problems many problems	

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

A13 In the past 6 months, how well have you gotten along with your brothers and sisters, step brothers and sisters, or foster brothers and sisters?
(Answer about the ones you spend the most time with.)

- $^{\scriptscriptstyle 1}$ O $\,$ Very well, no problems
- 2 O Quite well, hardly any problems
- 3 O Pretty well, some problems
- ${\rm ^4}$ O $\,$ Not too well, many problems
- 5 O Not well at all, constant problems
- $^{_{\rm 6}}$ O $\,$ I am not in touch with my brothers and sisters
- 7 \bigcirc I don't have brothers and sisters

SECTION B School

B1	How do you feel about school?	$^{\circ}$ \bigcirc I like school very much
		¹ O I like school quite a bit
		² O I like school a bit
		$^{\scriptscriptstyle 3}$ \bigcirc I don't like school very much
		^₄ O I hate school
B2	Are you in the same school that you were in	
	two years ago?	⁸ O Yes→ Go to question B5
		^{9}O No \rightarrow Go to question B3
B 3	For your most recent change in schools, why did you change schools? (Please mark all that apply.)	$^{\scriptscriptstyle 1}{ m O}$ I changed from elementary school to high school
		² O I changed from elementary school to middle school or junior high
		³ O I changed from middle school or junior high to high school
		⁴ O I moved
		5 O I was expelled
		6 O ther reason
B4		
	What did you find hard to get used to about your new school? (Please mark all that apply.)	$^{\circ 1}$ O I did not find it hard to get used to my new school
		⁰² Organizing homework
		⁰³ O New teachers
		⁰⁴ O Changing classes
		$^{\circ\circ}$ O Having to make new friends
		60 Finding my way around
		$^{\scriptscriptstyle 07}$ \bigcirc Taking the bus to a new school
		⁰ ⁸ O Other
B5	How well do you think you are doing in your school work?	⁰⁹ O Very well
		¹⁰ O Well
		¹¹ O Average
		¹² O Poorly
		¹³ O Very poorly

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

How important is it to you to do the following in school:		Very important		Somewhat important	Not very important	Not importar at all
a. make friends?				2 🔿	з ()	4 🔿
b. get good grades?		5 🔿		6 🔘	7 🔿	8 🔘
c. participate in extra- curricular activities?				2	з ()	4 🔿
d. learn new things?		⁵ O		6 🔘	7 🔿	⁸ O
e. always show up for class on time?				2	³ O	4 🔿
f. express your opinion in clas	ss?	5 🔿		6 🔘	7 🔿	8 🔿
g. take part in student council other similar groups?	or			2 🔿	з ()	4 🔿
How do you like the following subjects:	l hate it	li	don't ike it y much	l like it a little	l like it a lot	l don'i take i
a. Math	⁰¹ O		⁰² O	03 🔘	04 🔘	05 🔿
b. English	⁰⁶ O	(08 O	⁰⁹ O	¹⁰ C
c. French	⁰¹ O	($^{\circ}$ O	03 🔘	04 🔿	⁰⁵ C
d. Science	⁰⁶ O	(07 0	08 O	09 O	¹⁰ C
e. Gym/Phys. Ed.	⁰¹ O	($^{\circ}$	⁰³ O	⁰⁴ O	⁰⁵ C
f. Arts (art, music, drama)	06 🔿	(07 0	08 🔘	09 🔿	¹⁰ C
How often do you feel like an o out of things) at school?	outsider (o	r left	° O	All the time		
out of things) at school?			¹ O	Most of the time	e	
			² O	Some of the tim	ıe	
			з ()	Rarely		
			4 🔿	Never		
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?				² O	³ O	⁴ O
b. been suspended from scho	0	5 🔘		⁶ O	⁷ O	8 O

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 00	⁰¹ O	⁰² O	03	⁰⁴ O	
						Don't need help
b. If I need extra help, my teachers give it to me.	05	⁰⁶ O	07	08	09	¹⁰ O
						No homework
c. I have a place at home to do homework or study.	00 00	⁰¹ O	⁰² O	⁰³ O	⁰⁴ O	⁰⁵ O
d When my teachers sive me		07			10	No homework
d. When my teachers give me homework, I do it.	⁰⁶ O		08	⁰⁹ O		¹¹ O
In the next statemen ones who live with yo	nts, paro ou at hor	ne and ir	Almost nev	rdians.	They a	
ones who live with yo	nts, paro ou at hor All the time	ents incl	Almost nev	rdians.	They a	No problems
In the next statemen ones who live with your a. If I have problems at school, my parents are ready to help.	ou at hor All the	ents incl ne and ir Most of the	Almost nev ude guai ofluence y Some of	rdians. /our life.	They a	No problems
 a. If I have problems at school, my parents are ready to 	All the	ents incl ne and in Most of the time	Almost new ude guar offluence y Some of the time	rdians. /our life. Rarely	They a Never	No problems at schoo
a. If I have problems at school, my parents are ready to help.	All the time	ents incl ne and in Most of the time	Almost new ude guar fluence y Some of the time	rdians. /our life. Rarely	They a Never	No problems at schoo
 a. If I have problems at school, my parents are ready to help. b. My parents encourage me to do well at school. c. My parents expect too much 	All the time	ents incl ne and in Most of the time	Almost nev ude guar fluence y Some of the time 02 08 0 08	rdians. /our life. Rarely ⁰³	They a Never ⁰⁴ ¹⁰	No problems at schoo
 a. If I have problems at school, my parents are ready to help. b. My parents encourage me to do well at school. c. My parents expect too much of me at school. How far do you hope to go in school 	All the time	ents incl ne and in Most of the time 01 0 07	Almost nev ude guar fluence y Some of the time 02 08 0 08	ver rdians. your life. Rarely ⁰³ 0 ⁹ 0 ⁹ 0 ³	They a Never ⁰⁴ ¹⁰	No problems at schoo
 a. If I have problems at school, my parents are ready to help. b. My parents encourage me to do well at school. c. My parents expect too much of me at school. How far do you hope to go in school 	All the time	ents incl ne and in Most of the time 01 0 07	Almost nev	ver rdians. /our life. Rarely ⁰³ ⁰⁹ ⁰⁹ ⁰⁹ ⁰⁹ ⁰⁹ ⁰⁹ ⁰⁹ ⁰⁹ ⁰⁹ ⁰³ ¹ ¹	They a Never ⁰⁴ ¹⁰	No problems at schoo
 a. If I have problems at school, my parents are ready to help. b. My parents encourage me to do well at school. c. My parents expect too much of me at school. How far do you hope to go in school 	All the time	ents incl me and in Most of the time ⁰¹ 0 ¹ 0 ¹ 0 ¹ 0 ¹	Almost nev	ver rdians. /our life. Rarely ⁰³ ⁰⁹ ⁰⁹ ⁰⁹ ⁰⁹ ⁰⁹ ⁰³ ⁰⁹ ⁰³ ¹² ¹³ ¹² ¹	They a Never ⁰⁴ ¹⁰	No problems at schoo
 a. If I have problems at school, my parents are ready to help. b. My parents encourage me to do well at school. c. My parents expect too much of me at school. How far do you hope to go in school 	All the time	ents incl me and in Most of the time 01 01 01 01 01 01 01 01 01 01 01 01 01	Almost nev ude guar fluence y Some of the time ⁰² ⁰⁸ ⁰² ⁰³ ⁰² ⁰³ ⁰² ⁰³ ⁰² ⁰³ ⁰² ⁰³ ⁰³ ⁰³ ⁰² ⁰³ ¹⁰ ¹	ver rdians. /our life. Rarely ⁰³ ⁰⁹ ⁰⁹ ⁰⁹ ⁰⁹ ⁰⁹ ⁰³ ⁰⁹ ⁰³ ¹² ¹³ ¹² ¹	They a Never	No problems at schoo
 a. If I have problems at school, my parents are ready to help. b. My parents encourage me to do well at school. c. My parents expect too much of me at school. How far do you hope to go in school 	All the time	ents incl me and in Most of the time 01 01 01 01 01 01 01 01 01 01 01 01 01	Almost nev ude guar fluence y Some of the time ⁰² ⁰⁸ ⁰² ⁰³ ⁰² ⁰³ ⁰² ⁰³ ⁰² ⁰³ ⁰² ⁰³ ⁰³ ⁰³ ⁰² ⁰³ ¹⁰ ¹	ver rdians. your life. Rarely ⁰³ ⁰⁹ ⁰⁹ ⁰⁹ ⁰³ ⁰⁹ ⁰³ ⁰⁵ ¹	They a Never	No problems at schoo

★

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About me

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 🔿	01 🔿	02 🔿	03 🔘	⁰⁴ O
b. Overall I have a lot to be proud of.	05 🔿	06 🔿	07 🔿	08 🔘	09 🔿
c. A lot of things about me are good.	00 🔿	01 🔿	02 🔿	03 🔿	04 🔿
d. When I do something, I do it well.	05 🔿	06 🔿	07 🔿	08 🔘	09 🔿
e. I like the way I look.	00 🔿	01 🔿	02 🔿	03 🔘	04 🔿

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

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

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

G	In general, I am happy with how things are for me in my life now.	$1 \bigcirc 2 \bigcirc 3 \bigcirc 4 \bigcirc 3$	Strongly disagree Disagree Agree Strongly agree		
C 4	The next five years look good to me.	5 6 7 8 0	Strongly disagree Disagree Agree Strongly agree		
	In the past 12 months, how many times did someon	ne			
C5	say something personal about you that made you feel extremely uncomfortable?	Never	Once or twice	3 or 4 times	5 times or more
	a. While at school or on a school bus.	⁰¹ O	02 🔘	03 🔘	04 🔘
	b. Elsewhere (including at home).	05 🔿	06 🔘	07 🚫	08 🔿
C6	threaten to hurt you but not actually hurt you?				
	a. While at school or on a school bus.	⁰⁹ O	10 🔘	11 🔘	12 🔿
	b. Elsewhere (including at home).	13 🚫	14 🔿	15 🔘	16 🔘
C7	physically attack or assault you?				
	a. While at school or on a school bus.	¹⁷ O	18 🔿	19 🔿	20 🔿
	b. Elsewhere (including at home).	²¹ O	22 🔿	23 🔿	24

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.		² O	°
b. I can't sit still, I am restless.	4 🔿	⁵ O	⁶ O
c. I destroy my own things.	⁷ O	°O	
d. I try to help someone who has been hurt.		² O	³ O
e. I steal at home.	4 🔿	⁵ O	⁶ O
f. I am unhappy or sad.	⁷ O	°O	°O
g. I get into many fights.	¹ O	² O	³ O
h. I offer to help clear up a mess someone else has made.	4	⁵ O	⁶ O
i. I am easily distracted. I have trouble sticking to any activity.	7 🔿	°O	٩
j. When I am mad at someone, I try to get others to dislike him/her.		² O	³ O
 I am not as happy as other people my age. 	4	5	6
I. I destroy things belonging to my family or other young people.	⁷ O	°O [®]	٥°
m. If there is an argument, I try to stop it.		² O	³ O
n. I can't concentrate, I can't pay attention.	4 🔿	⁵ O	6
o. I am too fearful or nervous.	7	°O	٩
 P. When I am mad at someone, I become friends with another as revenge. 		² O	зО
q. I am impulsive, I act without thinking.	4 🔿	⁵ O	⁶

answer that des	t describes you.	Never or not true	Sometimes or somewhat true	Often o very true
r. I tell lies or	cheat.	⁷ O	8	Oe
(friend, bro	Ip other young people ther or sister) who are culty with a task.		² O	°O
t. I worry a lo	t.	4	⁵ O	⁶ O
u. I have diffic in games o	ulty waiting for my turn r group activities.	⁷ O	8	O°
accidentally that he/she	her young person / hurts me, I assume meant to do it, and anger and fighting.	1	² O	³ O
w. When I am bad things	mad at someone, I say behind his/her back.	4 🔿	5 🔿	⁶ O
x. I physically	attack people.	⁷ O	°O	O
y. I comfort an brother or s	nother young person (friend, ister) who is crying or upset.	¹ O	² O	³ O
z. I cry a lot.		4 🔿	5 🔿	⁶ O
aa. I vandalize		⁷ O	°O	٥°
bb. I threaten p	eople.		² O	°С
cc. I help to pic young pers	k up things that another on has dropped.	4	5	⁶ O
dd. I bully or an	mean to others.	⁷ O	⁸ O	O ^e
ee. I cannot set more than a	tle to anything for few moments.		² O	³ O
ff. When I am I say to othe with him/he	mad at someone, ers: let's not be	4 🔿	5 🔿	⁶ O
gg. I am nervou	s, highstrung or tense.	⁷ O	8 O	O
hh. I kick or hit	other people my age.		² O	³ O

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	Never or not true	Sometimes or somewhat true	Ofte very
ii. When I am playing with others, I invite bystanders to join in a game.	4	⁵ O	6
jj. I steal outside my home.	7 ()	O ^s	9 (
kk. I am inattentive, I have difficulty paying attention to someone.		² O	3
II. I have trouble enjoying myself.	4	⁵⊖	6
mm. I help other people my age (friends, brother or sister) who are feeling sick.	7	°O	⁹
nn. When I am mad at someone, I tell that person's secrets to a third person.		² O	3
oo. I encourage other people my age		5	6 🗸
who cannot do things as well as I can. Some of the following questions millike you need support, we encourage or use the resources provided to you	e you to talk to	your family doctor	f you fe or nurs
I can. Some of the following questions mi like you need support, we encourage	e you to talk to	your family doctor	f you fe or nurs
I can. Some of the following questions mi like you need support, we encourage	e you to talk to i by the intervio	your family doctor	f you fe or nurs
I can. Some of the following questions milike you need support, we encourage or use the resources provided to you	e you to talk to by the intervio	your family doctor ewer.	f you fe or nurs
I can. Some of the following questions milike you need support, we encourage or use the resources provided to you	e you to talk to by the intervio	your family doctor ewer. within the last year hore than a year ago	f you fe or nurs
I can. Some of the following questions milike you need support, we encourage or use the resources provided to you	e you to talk to by the intervio ° O Yes, w 1 O Yes, m	your family doctor ewer. within the last year more than a year ago	f you fe or nurs
I can. Some of the following questions milike you need support, we encourage or use the resources provided to you	 you to talk to by the intervious ⁰ Yes, w ¹ Yes, m ² No, ne ³ I don't 	your family doctor ewer. within the last year more than a year ago	f you fe or nurs
I can. Some of the following questions milike you need support, we encourage or use the resources provided to you Has anyone in your school committed suicide?	 you to talk to alk to by the intervious O Yes, w Yes, m Yes, m No, ne I don't Yes, w 	your family doctor ewer. within the last year hore than a year ago ever know	f you fe or nurs
I can. Some of the following questions milike you need support, we encourage or use the resources provided to you Has anyone in your school committed suicide?	 you to talk to alk to by the intervious O Yes, w Yes, m Yes, m No, ne I don't Yes, w 	your family doctor ewer. within the last year hore than a year ago ever know within the last year hore than a year ago	f you fe or nurs
I can. Some of the following questions milike you need support, we encourage or use the resources provided to you Has anyone in your school committed suicide?	 you to talk to by the intervious Yes, w Yes, m Yes, m No, ne I don't Yes, w Yes, m Yes, m 	your family doctor ewer. Within the last year hore than a year ago ever know Within the last year hore than a year ago	f you fe or nurs
I can. Some of the following questions milike you need support, we encourage or use the resources provided to you Has anyone in your school committed suicide?	 you to talk to a by the interview Yes, w Yes, m Yes, m No, ne I don't Yes, m Yes, m Yes, m No, ne No, ne No, ne No, ne No, ne No, ne 	your family doctor ewer. Within the last year hore than a year ago ever know Within the last year hore than a year ago	f you fe or nurs

(B)

D5	In ti you	he past 12 months, how many times did ı attempt suicide?		ever/ one → Go to nce lore than once	o question D	77
D6	pas trea hea	ou attempted suicide during the st 12 months, did you have to be ated by a doctor, nurse or other alth professional (for a physical iry or counselling)?		es		
D7	Dur hov	ring the past 12 months, about v many times	Never	Once or twice	3 or 4 times	5 times or more
	a.	have you stayed out all night without permission?		² O	зО	4
	b.	were you questioned by the police about anything that they thought you did?	5	⁶ O	⁷ O	8
	C.	have you run away from home?		² O	³ O	4
	d.	have you intentionally damaged or destroyed anything that didn't belong to you?	5	⁶ O	7	8
	e.	have you fought with someone to the point where they needed care for their injuries?		² O	зО	4
	f.	have you carried a weapon for the purpose of defending yourself or using it in a fight?	5	⁶ ()	⁷ O	80
	g.	have you sold any drugs?		² O	зО	4
	h.	have you attempted to touch anyone in a sexual way while knowing that they would probably object to this?	⁵ O	⁶ 🔿	⁷ O	0 ⁸
D8	gar	he past 12 months, were you part of a ng that broke the law by stealing, hurting neone, damaging property, etc.?	¹ Ye ² No			
	64	tatistics Canada will keep your ans		TE		

SECTION E Activities

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In the past 12 months, how often have you	Never	Less than once a week	1 to 3 times a week	4 or mor times a week
a. played sports or done physical activities without a coach or an instructor (e.g. biking, skate-		² O	³ O	4 🔾
boarding, etc.)?	0	0	0	<u>U</u>
 b. played sports with a coach or instructor, other than in gym class? (swimming lessons, baseball, hockey, etc.)? 	5 🔿	6 🔿	⁷ O	⁸ O
 c. taken part in dance, gymnastics, karate or other groups or lessons, other than in gym class? 		² O	³ O	4 🔿
 d. taken part in art, drama or music groups, clubs or lessons, outside of class? 	5 ()	⁶ O	7 ()	° ()
 e. taken part in clubs or groups such as Guides or Scouts, 4-H club, 				
community, church or other religious groups?		² O	³ O	⁴ O
f. done a hobby or craft (drawing, model building, etc.)?	5 🔿	⁶ O	7 🔿	⁸ O
Thinking of the one sport or physical activity that you do the most often, how long do you usually spend being active in one session?		do not do physica 1 to 15 minutes	l activities	
This may be an activity with or without a coach or instructor, but does not include gym class.		16 to 30 minutes		
		31 to 59 minutes 1 to 2 hours		
		More than 2 hours		
In any of your activities, do you have special responsibilities, such as team leader, captain, secretary, etc.?	¹ Ye			
	0			
How often do you read for fun (not for school)?		Every day A few times a weeł	(
		Once a week	x	
		A few times a mon		
		Less than once a n	nonth	
	¹² () /	Almost never		

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

ha by	ring the past 12 months, ve you volunteered or helped without pay (Include volunteer work done for credit at	¹ O	doing activities at school (yearbook committee, school patrol, student council, etc.)
scł	hooÌ) Iease mark all that apply.)	² O	supporting a cause (food bank, environmental group, etc.)
		° O	fund raising (a charity, school trips, etc.)
		⁴ O	helping in your community (hospital volunteerin work in a community organization, etc.)
		5 🔿	helping neighbours or relatives (cutting grass, babysitting or shovelling snow for a neighbour, etc.)
		⁶ O	doing another volunteer activity (without pay)
			I have not done any of these activities without pay. → Go to question E7
Du	ring the past 12 months, how often have uvolunteered or helped without pay?	⁰¹ O	Everyday
jet		⁰² O	A few times a week
		⁰³ O	Once a week
			A few times a month
		⁰⁵ O	Less than once a month
On	i average, about how many hours a y do you watch TV or videos, or play video	⁰¹ O	I don't watch TV or videos or play video games
gar	mes?	⁰² O	Less than 1 hour a day
		⁰³ O	1 to 2 hours a day
			3 to 4 hours a day
		05	5 to 6 hours a day
			7 or more hours a day
D0	you use the Internet		
		Yes	Νο
а.	at home?	¹ O	² O
b.	at school?	зO	4 🔿
C.	somewhere else?	5 🔿	6 🔿
	t including Internet use, do you use a		
cor	mputer	Yes	Νο
			-
		1 🔿	² O
а.	at home?		
	at home? at school?	3 О	4 🔿

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On average, about how many hours a day do you spend on a computer (doing work, playing games, e-mailing, chatting, surfing the	07 O I don't use a computer
games, e-mailing, chatting, surfing the Internet, etc.)?	100 Less than 1 hour a day
	09 1 or 2 hours a day
	$^{10}\bigcirc$ 3 or 4 hours a day
	$^{11}\bigcirc$ 5 or 6 hours a day
	$^{12}\bigcirc$ 7 or more hours a day
Is there a computer in your home ? (Even if you don't use it.)	¹ O Yes
(Even il you don't use it.)	2
	°O No
On average, how much time in a day do you spend at home looking after	⁰¹ O I don't have a younger brother or sister
a younger brother or sister while your parents are not home?	⁰² O I don't spend any time at home looking a a younger brother or sister while my par are not home
	⁰³ \bigcirc 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
On average, how much time in a day do you spend alone at home while	
nobody else is home?	⁰⁸ O 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
	$^{12}\bigcirc$ 5 to 6 hours a day
	¹³ O 7 or more hours a day

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 yoor used drugs.	ou even if you have not smoked, had a drink					
	Please be as honest as you can – you will make sure no one will find out wh	or answers are private and Statistics Canada no filled out each questionnaire.					
E	Which of the following best describes your experience with smoking cigarettes:	⁰¹ I have never smoked \rightarrow Go to question F4 ⁰² I have only had a few puffs					
		⁰³ I do not smoke anymore \rightarrow Go to question F3					
		OR					
		l smoke					
		⁰⁴ A few times a year					
		^{05} About once or twice a month					
		⁰⁶ O About 1-2 days a week					
		⁰⁷ O About 3-5 days a week					
		⁰⁸ O About 6-7 days a week					
F 2	On the days that you smoke, about how many cigarettes do you usually smoke?	number of cigarettes					
F 3	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 A drink of alcohol is, for example: ✓ one bottle of beer or ✓ one glass of wine or ✓ one shot of liquor.	alcohol.
E Wł	nich of the following best describes your perience 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 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
	ow old were you when you first had a drink of cohol?	I was years old.
Еб на	ave you ever been drunk?	¹ O Yes ² O No → Go to question F9
Ho the	ow old were you when you were drunk for e first time?	I was years old.
B In be	the past 12 months, how often have you en 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

months times times times a. Hallucinogens like LSD/acid, magic mushrooms 01 02 03 04 05 b. Glue or solvents 07 08 09 10 11 c. Drugs without a 07 08 09 10 11	you	ich of the following best de ir experience with using ma t cannabis products (also b	arijuana	⁰¹ O	I have nev	er done it		
In the past 12 months, I have used marijuana 03 A few times 04 About once or twice a month 05 About 1-2 days a week 06 About 3-5 days a week 07 About 6-7 days a week 07 About 6-7 days a week 08 About 6-7 days a week 09 1 09 1 09 1 09 1 09 1 09 1 09 1 09 1 09 1 09 1	a jo	pint, pot, grass or hash) in	the past		I have don months	e it, but not o	during the p	ast 12
a. Hallucinogens like 01 02 03 A few times 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 07 About 6-7 days a week 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 2 1 1 07 08 09 10 01 02 03 09 04 09 05 10 1 01 1 01 01 02 03 04 04 05 05 04 07 08 09 10 01 02 03 04 </th <th></th> <th></th> <th></th> <th>OR</th> <th></th> <th></th> <th></th> <th></th>				OR				
a. Hallucinogens like 01 02 03 04 05 b. Glue or solvents 01 02 03 04 05 b. Glue or solvents 01 02 03 04 05 c. Drugs without a 01 02 03 04 05						months,	l have us	ed
about once or twice a month about once or twice a month about once or twice a month about 1-2 days a week about 3-5 days a week about 6-7 days a week about 9 but not in the past 12 months about 9 a				⁰³ O	A few time	es		
 About 3-5 days a week About 3-5 days a week About 6-7 days a week About 6-7 days a week I have never done it, but not in the past 12 months I have used I have never done it, but not in the past 12 months I have used I have never done it, but not in the past 12 months I have used I to 2 3 to 5 6 to 9 times I to 2 3 to 5 6 to 9 times Glue or solvents Or 				\cup	About onc	e or twice a	month	
Which best describes your experience with the following drugs in the past 12 months: I have never done it but not in the past 12 months I have done it, but not in the past 12 months I have done it, but not in the past 12 months I have done it, but not in the past 1 to 2 times I to 2 03 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				•		-		
Which best describes your experience with the following drugs in the past 12 months: I have never done it, but not in the past 12 months I have used I have never done it, done it, done it, done it the past 12 months In the past 12 months I have used a. Hallucinogens like LSD/acid, magic mushrooms 01 0 02 0 03 0 04 0 05 0 b. Glue or solvents 07 0 08 0 09 0 10 0 11 0 c. Drugs without a 01 0 03 0 04 0 10 0 10 0				Ŭ		-		
experience with the following drugs in the past 12 months: I have never done it, but not in the past 12 months I have used 1 to 2 3 to 5 6 to 9 times 12 months I have used 1 to 2 3 to 5 6 to 9 times 1 times 1 have used 1 to 2 3 to 5 6 to 9 times 1 have used 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				U	About 6-7	days a weel	K	
I have never done it, but not in the past 12 monthsIn the past 12 months I have useda. Hallucinogens like LSD/acid, magic mushrooms01 002 003 004 005 0b. Glue or solvents07 008 009 010 011 0c. Drugs without a07 008 009 010 011 0	exp	perience with the following	drugs					
the past 12 months 1 to 2 times 3 to 5 times 6 to 9 times a. Hallucinogens like LSD/acid, magic mushrooms 01 01 01 01 01 01 01 01 01 01 01 01 01 0			never	done it,	In the pas	at 12 month	s I have us	ed it
LSD/acid, magic mushrooms 01 02 03 04 05 b. Glue or solvents 07 08 09 10 11 c. Drugs without a 07 08 09 10 11			done it	the past 12				10 time or mo
c. Drugs without a	а.	LSD/acid, magic	01	⁰² O	03	04	⁰⁵ O	
c. Drugs without a prescription or	b.	Glue or solvents	07	08	090	10	¹¹ O	¹² O
advice from a doctor: downers, uppers,	C.	prescription or advice from a doctor: downers,						
tranquilizers, ritalin, 13 14 15 16 17		tranquilizers, ritalin,	13	¹⁴ O	¹⁵ O	¹⁶ O	17	¹⁸ O
d. Other drugs like ecstasy, crack, cocaine, heroin, ¹⁹ O ²⁰ O ²¹ O ²² O ²³ O	d.	ecstasy, črack,	10	20	21	22	23	24

1	Hov follo	w old were you when you did the owing drugs for the first time ?	l have never d	one it	l first did it when
					l was
	a.	Marijuana and cannabis products	⁹⁹ O	OR	years old
	b.	Hallucinogens like LSD/acid, magic mushrooms	⁹⁹ O	OR	years old
	C.	Glue or solvents	⁹⁹ O	OR	years old
	d.	Drugs without a prescription or advice from a doctor: downers, uppers, tranquilizers, ritalin, etc.	⁹⁹ O	OR	years old
	е.	Other drugs like ecstasy, crack, cocaine, heroin, or speed etc.	⁹⁹ O	OR	years old

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^ E1 *

Th	ink of the mother you spend the ost time with. Is she	⁰¹ O	your biological/birth	mother?			
(M	ark only one.)	02 your adoptive mother?					
			your foster mother?				
			another person (a m	other figure)	?		
		-	OR				
			I am not in touch wit my mother	th → Go t → ques	to stion G4		
Th	inking of the mother you have entified in the previous question:						
			A great deal	Some	Very little/ Not at all		
а.	How well do you feel that your mother understands you?		°O	¹ O	² O		
b.	How much fairness do you receive from your mother?		³ O	4	⁵ O		
С.	How much affection do you receive from your mother?		6	⁷ O	°O		
Ov	verall, how would you describe your ationship with your mother?	1 ()	Very close				
		² O	Somewhat close				
		³ O	Not very close				

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

Answer the following questions thinking of the father and mother you have identified in the previous questions. How well do you parents disagree about how to deal with your parents disagree about how to deal with your and your " " How often do your parents disagree about how to deal with you and your " " How often do your parents disagree about how to deal with your and your " " How often do your parents disagree about how to deal with your and your " " How often do your parents disagree about how to deal with your and your " How often do your parents disagree about how to deal with your and your " How often do your parents disagree about how to deal with your and your " How often do your parents disagree about how to deal with your and your " " How often do your parents disagree about how to deal with your and your " " How often do your parents disagree about how to deal with your and your " " How often do your parents disagree about how to deal with your and your " " How often do your parents disagree about how to deal with your and your " " How often do your parents disagree about how to deal with your and your " " How often do your parents disagree about how to deal with your and your " " How often do your parents disagree about how to deal with your and your " " How often do your parents disagree about how to deal with you and your " " How often do your parents disagree about how to deal with you and your " " Always " Ident know " "		ither				
 an other person (a father figure)? an other person (a father figure)? OR Thinking about the father you have identified in the previous question: A great Some Vory little a How well do you feel that your a little in the previous question: A great Some Vory little in the previous question: A great Some Vory little in the previous question: A great Some Vory little in the previous question: A great Some Vory little in the previous question: A great Some Vory little in the previous question: A great Some Vory little in the previous question: A great Some Vory little in the previous question: A great Some Vory little in the previous question of a little in the previous question in thinking of the father and mother you have liabonthic difference in the previous questions. Overall, how well do you father? Very vell Somewhat close Not very vell Fairly well Not very well And y parents are not in touch with each other My parents are not in touch with each other My parents are not in touch with each other My parents are not in touch with each other My parents are not in touch with each other My parents are not in touch with each other My parents are not in touch with each other My parents are not in touch with each other 	r	most time with. Is he	01 \bigcirc		ther?	
** your foster father? ** another person (a father figure)? OR ** ** Iam not in touch with → Go to my father ** Iam not in touch with → Go to my father ** Iam not in touch with → Go to my father ** A great Some ** A great Some ** How well do you feel that your father? * * - - - * How much fairness do you receive from your father? * - * - How much affection do you receive from your father? * - * - How much affection do you receive from your father? * - * - Not very close * - * - Not very close * - * - Very close * - * - - - - - * - - - - - * - - - - - * <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td></td<>						
** another person (a father figure)? OR ** Tam not in touch with → Go to register of the father you have identified in the previous question: * A great deal * How well do you feel that your deal * A great deal * How much fairness do you receive from your father? * * * How much affection do you receive from your father? * • * How much affection do you receive from your father? * Oversel, how would you describe your * Very close * Somewhat close * Not very well * Fairly well * Fairly well * Not very well * My parents are not in touch with each other <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>						
OR • Or an not in touch with my faither • Or an not in touch with my faither • Thinking about the father you have identified in the previous question: • A great some Very little dentified in the previous question: • A great some Very little dentified in the previous question: • How well do you feel that your father? • How much fairness do you receive from your father? • How much fairness do you receive from your father? • How much affection do you receive from your father? • Overall, how would you describe your relationship with your father? • Overall, how would you describe your relationship with your father? • Overall, how would you describe your relationship with your father? • Overall, how would you describe your relationship with your father? • Overall, how would you describe your relationship with your father? • Over you how end do you think your parents get along with each other? • Over you well • O then do your parents disagree about how to deal with you and your @ • O then • O then • O then					or figuro \2	
Immotinities Immotinities Immotinities Immotinities Inhiking about the father you have identified in the previous question: A great deal Some deal Some wery titt Not at a deal Immotinities A great deal Some deal Some wery titt Not at a deal Immotinities A great deal Some wery titt Not at a deal Immotinities Immotinities Immotinities Immotinities </th <th></th> <th></th> <th>U</th> <th></th> <th>er ligure)?</th> <th></th>			U		er ligure)?	
Implement my father question G7 Thinking about the father you have identified in the previous question: A great deal Some Very little deal a. How well do you feel that your father understands you? °					C a t	
Identified in the previous question: A great deal Some Very litti Not at a e a. How well do you feel that your father understands you? 0 1 2 b. How much fairness do you receive from your father? 0 1 2 c. How much affection do you receive from your father? 0 7 0 c. How much affection do you receive from your father? 0 7 0 Overall, how would you describe your relationship with your father? 1 Very close 2 Somewhat close 3 Not very close 3 Not very close 3 1 Very well 1 Very well 1 Fairity well 2 Not very well 2 Not well do you think your parents get along with each other? 0 Very well 1 Fairity well 2 Not very well 3 0 My parents are not in touch with each other 4 My parents are not in touch with each other 1 Rarely 3 3 3 My parents 0 0 Never 3 3 1 4 Often 0			$\left(\begin{array}{c} 0 \end{array} \right)$		→ ques	o stion G7
Appendix Johne Noi at a factor a. How well do you feel that your 0 1 2 b. How much fairness do you 3 4 2 c. How much affection do you 3 4 2 c. How much affection do you 6 7 3 c. How much affection do you 6 7 3 c. How much affection do you 6 7 3 c. How much affection do you 6 7 3 c. How much affection do you 6 7 3 c. How much affection do you 6 7 3 c. How much affection do you 6 7 3 c. How much affection do you 6 7 3 c. How well do you trather? 1 Very close 2 Somewhat close 3 Not very well 1 Fairly well 1 Fairly well 2 Not very well 3 My parents are not in touch with each other mother(s) and sis		Thinking about the father you have dentified in the previous question:				
father understands you? 1 1 1 b. How much fairness do you receive from your father? 3 4 5 c. How much affection do you receive from your father? a 7 a Overall, how would you describe your relationship with your father? 1 Very close 2 Somewhat close 3 Not very close 3 Not very close Chrow well do you think your parents get along with each other? 0 Very well 1 Fairly well 1 Fairly well 3 Not very well 3 Not very well 1 Fairly well 2 Not very well 3 Not very well 2 Not very well 3 Never 8 Never 2 Not very well 3 Never 3 Never 2 Not very well 3 Never 3 Sometimes 3 My parents are not in touch with each other 3 Sometimes 3 1 3 My parents are not in touch with each other 3 1 1 1 4 0 Sometimes 3					Some	Very little Not at al
receive from your father? °<		a. How well do you feel that your father understands you?		0 0		² O
receive from your father? 0 1 0 Overall, how would you describe your relationship with your father? 1 Very close 2 Somewhat close 3 Not very close 3 Not very close 3 Not very close 4 Answer the following questions thinking of the father and mother you have identified in the previous questions. 0 Very well 1 Fairly well 1 Fairly well 2 Not very well 1 Fairly well 3 My parents are not in touch with each other 4 Never 1 Never 2 Rarely 2 Sometimes 3 My parents are not in touch with each other 1 1 Identified in the previous and your parents disagree 2 Never 2 Rarely 2 Sometimes 2 3 Often 3 Always 3 4 Identified in the previous and your parents disagree 2 0 1 4 Identified in the previous and your parents disagree 3 1 1 6 Identified		b. How much fairness do you receive from your father?		3 O	4	5
relationship with your father? ¹ Very close ² Somewhat close ³ Not very close ³ Not very close Answer the following questions thinking of the father and mother you have identified in the previous questions. How well do you think your parents get along with each other? ⁰ Very well ¹ Fairly well ² Not very well ³ My parents are not in touch with each other Worther(s) and sister(s)? ⁰ Never ⁶ Often ⁶ Always ⁶ Idon't know		C. How much affection do you receive from your father?		⁶ O	⁷ O	8 O
 Somewhat close ³ Not very close Answer the following questions thinking of the father and mother you have identified in the previous questions. How well do you think your parents get along with each other? ⁹ Very well ¹ Fairly well ² Not very well ³ My parents are not in touch with each other 		Overall, how would you describe your relationship with your father?	1 ()	Very close		
Answer the following questions thinking of the father and mother you have identified in the previous questions. How well do you think your parents get along with each other?			² O	Somewhat close		
identified in the previous questions. How well do you think your parents get along with each other? ^o O Very well ¹ O Fairly well ² O Not very well ³ O My parents are not in touch with each other How often do your parents disagree about how to deal with you and your brother(s) and sister(s)? ⁰¹ O Never ⁰² Rarely ⁰³ Often ⁰⁵ Always ⁰⁶ I don't know			³ O	Not very close		
 with each other? ⁰ Very well ¹ Fairly well ² Not very well ³ My parents are not in touch with each other 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		Answer the following questions thinking identified in the previous questions.	ing of th	ne father and moth	er you ha	ave
 Fairly well Not very well My parents are not in touch with each other How often do your parents disagree about how to deal with you and your brother(s) and sister(s)? OIO Never OIO Rarely OIO Sometimes OIO Often OFTE		How well do you think your parents get along with each other?	° O	Very well		
 Not very well My parents are not in touch with each other How often do your parents disagree about how to deal with you and your brother(s) and sister(s)? Never Rarely Sometimes Often Always I don't know 				-		
How often do your parents disagree about how to deal with you and your brother(s) and sister(s)? ⁰¹ O Never ⁰² O Rarely ⁰³ O Sometimes ⁰⁴ O Often ⁰⁵ O Always ⁰⁶ O I don't know			² O	Not very well		
about how to deal with you and your brother(s) and sister(s)? ⁰¹ O Never ⁰² O Rarely ⁰³ O Sometimes ⁰⁴ O Often ⁰⁵ O Always ⁰⁶ O I don't know			³ O	My parents are not in t	touch with e	each other
⁰² ⊂ Rarely ⁰³ ⊂ Sometimes ⁰⁴ ⊂ Often ⁰⁵ ⊂ Always ⁰⁶ ⊂ I don't know	- 6	about how to deal with you and your	⁰¹ O	Never		
⁰⁴ Often ⁰⁵ Always ⁰⁶ I don't know				Rarely		
⁰⁵ Always ⁰⁶ I don't know				Sometimes		
⁰⁶ O I don't know			⁰⁴ O	Often		
U I don't know			U	-		
\sim My parents are not in touch with each other			⁰⁷ O			

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69	with	w often do your parents get upset n one another, including times en they are mad but don't say ch?		14	y times	buch with eac	:h other
G10		each of the following statements, us oparent(s), foster parent(s) or guardi					
		parent(s)	Never	Rarely	Sometimes	Often	Always
	a.	smile at me.	5 🔿	⁶ O	⁷ O	⁸ O	9 O
	b.	want to know exactly where I am and what I am doing.	°O		² O	³ O	4
	C.	soon forget a rule they have made.	⁵ O	⁶ O	⁷ O	8 O 8	٩
	d.	praise me (say nice things about me).	° ()		² O	³ O	4 🔘
	e.	let me go out any evening I want.	⁵ O	⁶ O	⁷ O	⁸ O	٩
	f.	tell me what time to be home when I go out.	°O		² O	°O	4 🔿
	g.	nag me about little things.	⁵ O	⁶ O	7	8 O	9 O
	h.	listen to my ideas and opinions.	° O	¹ O	² O	³ O	4 🔘
	i.	and I solve a problem together whenever we disagree about something.	⁵ O	⁶ O	⁷ O	8	°O e
	j.	only keep rules when it suits them.	°O		² O	зO	4 🔿
	k.	get angry and yell at me.	5 🔿	⁶ O	⁷ O	°O	٩
	Ι.	make sure I know I am appreciated.	٥O	1	²	³ ()	4
	m.	threaten punishment more often than they use it.	5	⁶ O	⁷ O	°O	9 O
	n.	speak of the good things I do.	0 0	¹ O	² O	зO	⁴ O
	0.	find out about my misbehaviour.	5	⁶ O	⁷ O	°O	°
	р.	enforce a rule or do not enforce a rule depending upon their mood.	°O		² O	°О	4 🔿
	q.	hit me or threaten to do so.	⁵ O	⁶ O	7 🔿	8 O ⁸	° O
	r.	seem proud of the things I do.	° O		² O	³ O	⁴ O
	S.	seem too busy to spend as much time with me as I'd like.	⁵ O	⁶ O	⁷ O	°O	°Oe
	t.	take an interest in where I am going and who I am with.	°O		² O	°	⁴ O

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G11	Your parents let you decide	Almost never	Sometimes	Often	Always
	a. the time you go to bed on weeknights.	⁵ O	⁶ O	⁷ O	°O ^s
	b. the people you hang around with.		² O	°O	4
	c. how much television you watch.	⁵O	⁶ O	7	°O

★

SECTION H Health

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H	In general, would you say your health is		 ¹ excelle ² very go ³ good? ⁴ fair? ⁵ poor? 			
H2	How tall are you? (Please estimate if you are not sure)		OR Met		Inches	etres
H3	How much do you weigh? (Please estimate if you are not sure)		OR	Pounds	-	
H4	During the past 6 months , how often have you had the following?	Seldom or never	About once a month	About once a week	More than once a week	Most days
	a. Headache	5	⁶ O	⁷ O	8 O	O ^e
	b. Stomach ache	° O		² O	³ O	⁴ O
	c. Backache	5	⁶ O	⁷ O	⁸ O	٥°
	d. Difficulties in getting to sleep	° ()		² O	³ O	4 🔿
-15	How often do you use a seat belt when you ride in a car?			nes or never there is no sea	at belt where I s	sit
-16	How often do you wear a helmet when you ride your bicycle?			nes or never ride a bicycle		

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

H7	During a school week (Monday to Friday), how many days do you normally eat breakfast?	 Never 1 or 2 days 3 or 4 days Every school day
HB	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?

Pu	berty	
		s might be difficult, but would appreciate you Changes in young people's bodies can affect
H9	Would you say that your body hair ("body hair" means underarm and pubic hair) has begun to grow?	¹ \bigcirc Has not yet started growing ² \bigcirc Has barely started growing
		^{3}O Growth of body hair is definitely underway
		$^4 O$ Growth of body hair seems completed
		Boys go to question H12 Girls go to question H10

For girls only	
H10 Have your breasts begun to grow?	⁵ O Have not yet started growing
	⁶ O Have barely started growing
	⁷ O Breast growth is definitely underway
	$^{\circ}O$ Breast growth seems completed
H11 Have you begun to menstruate (your monthly periods)?	¹ O Yes ² O No
	Girls go to question H14
Statistics Canada will keep your	r answers PRIVATE

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or boys only	
12 Have you noticed a deepening of your voice?	^{5}O Has not yet started changing
your voice:	⁶ O Has barely started changing
	^{7}O Voice is definitely changing
	⁸ O Voice change seems completed
Have you begun to grow hair on your face?	¹ O Has not yet started growing
your laoc.	² O Has barely started growing
	^{3}O Facial hair growth is definitely underway
	$^4 O$ Facial hair growth seems completed
Dating (for boys and girls)	
How old were you when you had your first boyfriend/girlfriend?	⁹³ O I've never had a boyfriend/girlfriend → Go to section I OR
	I was years old
Do you have a boyfriend/girlfriend right now?	¹ O Yes -> Go to question H16
	² O _{No} \rightarrow Go to question H17
Outside of school hours, about how many days a week do you see your boyfriend/girlfriend?	
	^{06}O Less than once a week
	C Less than once a week
	07
	⁰⁷ \bigcirc One day a week
	⁰⁷ One day a week ⁰⁸ 2 or 3 days a week
	⁰⁷ \bigcirc One day a week

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Ð	How often have you had the following experiences with a boyfriend/girlfriend?	Never	Once	A few times	Often
	a. Kissing.		² O	³ O	4
	b. Petting above the waist.	⁵ O	⁶ O	⁷ O	8
	c. Petting below the waist.		² O	°О	4
	d. Sexual intercourse (going all the way).	⁵ O	⁶ O	⁷ O	8 0

SECTION I Work Since September, on average, how many hours per week have you worked **for pay**? I have not worked since (\rightarrow) Go to section J 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 Does this work cause you to study less or do less school work than you would like? ¹ O Yes, a great deal 2 O Yes, somewhat з () No, not at all less

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SEC	TION J	Thank you.						
J	What time questionna	was it when you finished thi ire.	s		:			

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When you are finished, please:

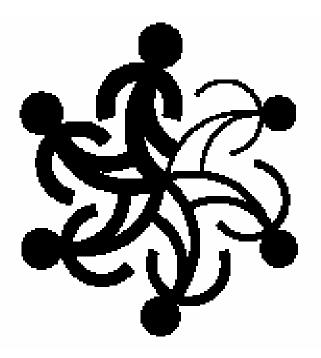
put this questionnaire in the envelope.

return it to the Interviewer.

Thank you very much for helping us.

National Longitudinal Survey of Children & Youth

Cycle 6 Survey Instruments 2004-2005



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

BOOKLET 22



National Longitudinal Survey of Children and Youth

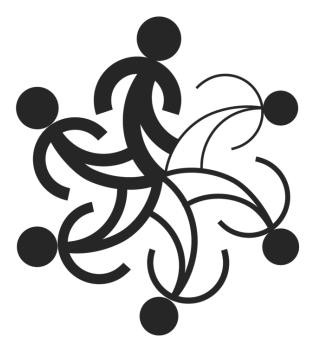
Cycle 6



Confidential when completed

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

Aussi disponible en français



Please read instructions on next page before beginning.

FOR OFFICE USE ONLY
Respondent's First Name
Assignment No.
Time Started

8-5300-448.1: 2004-05-26 STC/ENM-040-75020



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INSTRUCTIONS

This questionnaire asks about you, your family, your friends, how you feel and what you like to do. Your answers will help the government to plan programs and services for young people like yourself.

This is not a test and there are no right or wrong answers. Some questions may seem personal and some are about things not everybody does. Take your time and please be sure to answer each question based on what you really think. You can choose whether or not to fill out this questionnaire. If you need help with any questions, you may ask the interviewer.

When you answer these questions, you can mark your answers like this \otimes or fill in the circle \bullet , 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 Example 2 B1 How do you feel about school? A6 How many of your close friends are girls? $^{\circ}O$ I like school very much. ⁹³O None OR $1 \otimes$ I like school quite a bit. ^{2}O I like school a bit. 0 3 number of girls $^{\rm s}O\,$ I don't like school very much. ^{4}O I hate school.



-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!

EG	ION A Friends and Family					
	Please answer the following statements about your friends and others your age.					
	othere your age.	False	Mostly false	Sometimes true/ Sometimes false	Mostly true	True
D	I have many friends.	° O		² O	³ O	⁴ O
2	I get along easily with others my age.	5 🔿	⁶ O	⁷ O	⁸ O	٩O
3	Others my age want me to be their friend.	° O	1 🔘	² O	³ O	4 🔿
4	Most others my age like me.	5 🔿	6 🔿	7 🔿	8 O 8	°O
	For the rest of this question you trust and confide in. The or outside school.	nnaire, by ney may b	"close frie e friends t	ends", we mean t hat you hang out	he people with at se	e that chool
	I feel that my close friends really know	w who l	°O Fa	lse		
				ostly false		
			² () So	metimes false/Sometir	nes true	
			³О ма	ostly true		
			⁴ O Tru	le		
6	About how many days a week do you things with close friends outside of sch	do		ver		
	hours?	1001	02	ss than once a week		
			03	lay a week		
			04			
			05	3 days a week		
			06	o days a week		
			0 6-7	′ days a week		
-	How many of your close friends are:					
			None	Numb	er	
7	girls?		⁹³ O	OR		
8	boys?		94 🔿	OR		

*					
A 9	How often do you share your secrets and private feelings with your close friends?		 ⁰ O All the time ¹ O Most of the time ² O Some of the time ³ O Rarely ⁴ O Never 		
A10	How many of your close friends do the following:	None	A few	Most	All
	a. smoke cigarettes?	°O		² O	³ O
	b. drink alcohol?	⁴ O	5 🔘	⁶ O	⁷ O
	 break the law by stealing, hurting someone or damaging property? 	°O		² ()	³ O
	d. have tried marijuana?	⁴ O	5 ◯	⁶ O	⁷ O
	e. have tried drugs other than marijuana?	°O	¹ O	² O	³ O
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 🔿	⁵ O	⁶ O	
	b. cut or skipped a day at school without permission?	°O		² O	³ O
	c. been suspended from school?	⁴ O	5 🔘	⁶ O	7 🔿
	d. dropped out of school for more than one week?	° O		² O	³ O
A1 2	For each of the following statements, mark the circle that best corresponds to your situation with your close friends.	Rarely or Never	Some of the Time	Most of the Time	All the Time
	 a. My close friends push me to succeed and to do interesting things that I would not do by myself. 	4	⁵ O	⁶ O	⁷ O
	 b. When I make a decision, I take my close friends' opinion into account. 	°O		² O	°O
	c. My close friends push me to do foolish or stupid things.	4	⁵ O	⁶ O	⁷ O
1					

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A1 3	Other than your close friends, do you have anyone else in particular you can talk to about yourself or your problems?	⁸ Yes \rightarrow Go to question A14 ⁹ No \rightarrow Go to question A15
A14	What is their relationship to you? (Mark everyone you feel you can talk to about yourself or your problems.)	 Mother Father Stepmother Stepfather Stepfather Brother Sister Grandparent Other relative Other relative A friend of the family Parent's boyfriend/girlfriend Teacher/Counsellor at school Coach or leader (e.g. Scout, Guide or church leader) Other (e.g. family doctor)
415	Overall, how would you describe your relationship with your brother(s) and sister(s)? (Include step or foster siblings).	 ¹⁴ O Very close ¹⁵ Not very 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

+

B1	How do you feel about school?	$^{\circ}$ \bigcirc I like school very much
		1 O I like school quite a bit
		² O I like school a bit
		3 \bigcirc I don't like school very much
		⁴ O I hate school
B 2	Are you in the same school that you were in	
	two years ago?	* O Yes \rightarrow Go to question B5
		9 O No \rightarrow Go to question B3
B3	For your most recent change in schools, why did you change schools?	
	(Please mark all that apply.)	¹ O I changed from elementary school to high school
		I changed from elementary school to middle school or junior high
		³ O I changed from middle school or junior high to high school
		⁴ O I moved
		⁵ O I was expelled
		⁶ O Other reason
B 4	What did you find hard to get used to about	$^{\circ 1}$ O I did not find it hard to get used to my new school
	your new school? (Please mark all that apply.)	02 O Organizing homework
		$^{\circ\circ}$ O New teachers
		⁰⁴ O Changing classes
		$^{\circ 5}$ O Having to make new friends
		$^{\circ 6}$ O Finding my way around
		$^{\circ 7}$ \bigcirc Taking the bus to a new school
		⁰⁸ O Other
B 5	How well do you think you are doing in your school work?	⁰ O Very well
		¹⁰ O Well
		¹¹ O Average
		¹² O Poorly
		¹³ O Very poorly

B 6	How important is it to you to do the following in school:		Very importar		Somewhat important	Not very important	Not important at all
	a. make friends?				² O	³ O	4 🔿
	b. get good grades?		⁵ O		⁶ O	⁷ O	⁸ O
	c. participate in extra-curricula activities?	r	¹ O		² O	³ O	4 🔘
	d. learn new things?		⁵ O		⁶ O	⁷ O	⁸ O
	e. always show up for class on	time?	¹ O		² O	³ О	4 🔿
	f. express your opinion in clas	s?	⁵ O		⁶ O	⁷ O	⁸ O
	g. take part in student council o similar groups?	or other			² O	³ O	4 🔿
	h. hand in assignments on time	ə?	⁵ O		⁶ O	⁷ O	⁸ O
B7	How do you like the following subjects:	l hate it		don't like it very much	l like it a little	l like it a lot	l don't take it
	a. Math	⁰¹ O		⁰² O	03 🔘	04 🔿	05 🔘
	b. English	⁰⁶ O		⁰⁷ O	08 O	⁰⁹ O	
	c. French	⁰¹ O		⁰² O	⁰³ O	04 🔘	05 🔿
	d. Science	⁰⁶ O		07 🔿	08 O	⁰⁹ O	10 🔘
	e. Gym/Phys. Ed.	⁰¹ O		⁰² O	⁰³ O	04 🔘	⁰⁵ O
	f. Arts (art, music, drama)	06 🔿		07 🔿	08 O	⁰⁹ O	10 🔘
B8	How much school spirit does y have?	our sch	ool	° ()	Almost all stude	ents have a lot of	f school spirit
				¹ O	Most students	have a lot of scho	ool spirit
				² O	Some students	have a lot of sch	nool spirit
				3 🔿	Very few stude	nts have a lot of	school spirit
B 9	How much school spirit do you	have?		01 🔿	A great deal		
				⁰² O	Some		
				⁰³ O	Very little		
				⁰⁴ O	None		

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B10	How often do you feel like an outsider (or of things) at school?	⁻ left out	1 O M 2 O S 3 O R	II the time lost of the time ome of the time arely ever		
B11	Since the beginning of the school year, how often have you taken part in the following school-based activities (other than in class)?		Never	Less than once a week	1 to 3 times a week	4 or more times a week
	 Played sports or done physical activiti without a coach or an instructor (e.g., softball at lunch)? 	es	⁰¹ O	02	⁰³ O	04 🔿
	 b. Played sports with a coach or instruct other than for gym class (e.g., school teams)? 	tor,	⁰⁵ O	⁰⁶ O	07 🔿	0 80
	c. Taken part in dance, gymnastics, kara or other groups or lessons, other than in gym class?	ate	⁰⁹ O	10 🔘	11 🔘	¹² O
	d. Taken part in art, drama or music grou clubs or lessons, outside of class?	ups,	⁰¹ O	⁰² O	⁰³ O	⁰⁴ O
	e. Taken part in a school club or group s as yearbook club, photography club or student council?	such	05 🔿	06 🔿	07 🔿	08 0
B1 2	Since the beginning of this school year, how many times have you a. skipped a day of school	Never		rice 4	3 or times	5 times or more
	without permission?	5 🔾		0	⁷ O	<u>۵</u>
B1 3	b. been suspended from school? Have you ever dropped out of school for than a week?	more		Yes → Go to		

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B14	The last time you dropped out of school, how ong was it for?		¹ \bigcirc Less than a month ² \bigcirc 1.2 \bigcirc 1.2				
			3 O	1-3 months 4-6 months			
			$\stackrel{4}{\circ}$ More than 6 months				
			C	wore than	o montria		
B15	The next statements are about tea homework.	achers and					
		All the time	Most of the time	Some of the time	Rarely	Never	
	a. In general my teachers treat me fairly.	\bigcirc	⁰¹ O	⁰² O	⁰³ O	⁰⁴ O	
							Don't need help
	b. If I need extra help, my teachers give it to me.	⁰⁵ O	⁰⁶ O	⁰⁷ O	080	⁰⁹ O	¹⁰ O
	c. I have a place at home to do	⁰⁰ C		02 C	~ •		No homework
	c. I have a place at home to do homework or study.	O^{00}	⁰¹ O	⁰² O	⁰³ O	⁰⁴ O	⁰⁵ O
							No homework
	d. When my teachers give me homework, I do it.	⁰⁶ O	⁰⁷ O	08	090	¹⁰ O	¹¹ O
316	How often do you talk to a teacher outside of class?		٥ ()	Everyday			
			¹ O	A few times a week			
			² O	Once a week			
			3 О	A few times a month			
			4 🔿	Less than once a month			
			5 🔿	⁵ O Almost never			

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B17 In the next statements, parents include guardians. They are the ones who live with you at home and influence your life. No All the Most of Some of Rarely Never problems time the time the time at school a. If I have problems at school, ^{00}O ⁰¹O ⁰³O ⁰⁴O ⁰⁵O ^{02}O my parents are ready to help. ⁰⁷O ⁰⁹O ⁰⁸O ¹⁰O b. My parents encourage me to ^{06}O do well at school. c. My parents expect too much ⁰²O ^{00}O ^{01}O ⁰⁴O 03 of me at school. **B18** How far do you hope to go in school? I hope ° O to complete ... middle school/junior high 1 high school ^{2}O college or CEGEP ЗO a university degree 4 more than one university degree ⁵ () I don't know ⁶ O Other

*

SECTION C About me

C2

describes how you feel.	False	Mostly false	Sometimes false/ Sometimes true	Mostly true	True
a. In general, I like the way I am.	00 🔿	⁰¹ O	⁰² O	⁰³ O	⁰⁴ O
b. Overall I have a lot to be proud of.	⁰⁵ O		⁰⁷ O	08 O	09 O
c. A lot of things about me are good.	00 00	01 🔿	⁰² O	⁰³ O	⁰⁴ O
d. When I do something, I do it well.	⁰⁵ O	⁰⁶ O	⁰⁷ O	08 🔿	⁰⁹ O
e. I like the way I look.	00 🔿	01	⁰² O	03 🔿	⁰⁴ O

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

	Rarely True Of Me	Sometimes True Of Me	Often True Of Me	Very Often True Of Me
a. It is easy to tell people how I feel.	1	² O	3О	4
b. I like doing things for others.	5	6 🔘	7 🔿	8
c. I get angry easily.	1	2 🔿	зO	4
d. I can understand hard questions.	5	6 🔿	7	8
e. I think that most things I do will turn out OK.	1	2 🔿	зO	4
f. I can talk easily about my feelings.	5	6 🔿	7	8
 g. I feel bad when other people have their feelings hurt. 	1	2 🔿	зO	4
h. I get upset easily.	5	6 🔿	7	08
 I can come up with many ways of answering a hard question when I want to. 	1	² O	зO	4
j. I hope for the best.	5	⁶ O	7	8
k. I can easily describe my feelings.	1	2	зO	4
 I know when people are upset, even when they say nothing. 	5	6 🔿	7 🔿	8
m. When I get angry, I act without thinking.	1	2 🔿	3	4
 Mhen answering hard questions, I try to think of many solutions. 	5	6 🔿	7 🔿	8
o. I enjoy the things I do.	1	2 🔿	зO	4

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In general, I am happy with how things are for me in my life now.	² O Dis ³ O Agr	ongly disagree agree ree ongly agree	
The next five years look good to me.	⁶ O Dis ⁷ O Agr	ongly disagree agree ree ongly agree	
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/girlfrie	end.	0	0
b. A serious problem in school.		³ O	4 🔿
c. A pregnancy or an abortion.		¹ O	² O
d. The death of someone close to you.		³ O	4 🔿
e. Another difficult event; specify:		¹ O	² O
In the past 12 months, have you personally been treated unfairly because of	Yes	No	l don't know
a. your sex/gender?	⁰¹ O	⁰² O	03 🔘
b. your race, skin colour, or ethnic group?	04 🔿	05 🔿	⁰⁶ O
	01 🔿	⁰² O	03 🔘
c. your religion?			

★

*					*
	In the past 12 months, how many times did	someone			
C 7	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 🔘	02 🔿	03 🔿	04 🔘
	b. Elsewhere (including at home).	05 🔿	06 🔿	07 🔿	08 🔘
C8	threaten to hurt you but not actually hurt you?		10 -	11 -	12 -
	a. While at school or on a school bus.	⁰⁹ O		¹¹ O	¹² O
	b. Elsewhere (including at home).	¹³ O	14 🔘	15 🔘	¹⁶ O
C9	physically attack or assault you?				
	a. While at school or on a school bus.	17 🔘	¹⁸ O	¹⁹ O	²⁰ O
	b. Elsewhere (including at home).	21 🔿	22 🔿	23 🔿	24 🔿
 (27	Statistics Canada will keep your an	swers PRIVA	ГЕ.		*

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D1	Read the fo
	answer that

SECTION D

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. 		² O	°O
b. I can't sit still, I am restless.	4 🔿	⁵ O	⁶ O
c. I destroy my own things.	⁷ O	°O	Qe
d. I try to help someone who has been hurt.		² O	³ O
e. I steal at home.	⁴ O	۶O	⁶ O
f. I am unhappy or sad.	⁷ O	°O	O ^e
g. I get into many fights.		² O	³ O
h. I offer to help clear up a mess someone else has made.	4	⁵ O	⁶
 I am easily distracted. I have trouble sticking to any activity. 	⁷ O	°O	٥°
 When I am mad at someone, I try to get others to dislike him/her. 		² O	٥
k. I am not as happy as other people my age.	4 🔿	⁵ O	⁶ O
 I destroy things belonging to my family or other young people. 		O ^s	O
m. If there is an argument, I try to stop it.		² O	°
n. I can't concentrate, I can't pay attention.	4	⁵ O	⁶ O
o. I am too fearful or nervous.	⁷ O	°O	Oe
 When I am mad at someone, I become friends with another as revenge. 		² O	٥
q. I am impulsive, I act without thinking.	4	⁵ O	⁶ O
r. I tell lies or cheat.	⁷ O	°O	O
 I offer to help other young people (friend, brother or sister) who are having difficulty with a task. 		² O	°O

Never

Sometimes

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D1	Reac answ	I the following statements and choose the rer that best describes you.	Never or not true	Sometimes or somewhat true	Often or very true
	t.	I worry a lot.	⁴ O	⁵ O	⁶ O
	u.	I have difficulty waiting for my turn in games or group activities.		°O	°Oe
	v.	When another young person accidentally hurts r assume that he/she meant to do it, and I react with anger and fighting.	ne, I	² O	°O
-	W.	When I am mad at someone, I say bad things behind his/her back.	4 🔿	⁵ O	⁶ O
	Х.	I physically attack people.	⁷ O	O ^s	°O
	у.	I comfort another young person (friend, brother or sister) who is crying or upset.		² O	°O
	Z.	l cry a lot.	⁴ O	⁵ O	⁶ O
	aa.	I vandalize.	⁷ O	°O	Oe
	bb.	I threaten people.		² O	³ O
	CC.	I help to pick up things which another young person has dropped.	4	⁵ O	⁶ O
	dd.	I bully or am mean to others.	⁷ O	O ⁸	Oe
	ee.	I cannot settle to anything for more than a few moments.		² O	³ O
	ff.	When I am mad at someone, I say to others: let's not be with him/her.	4	⁵ O	⁶ O
	gg.	I am nervous, highstrung or tense.	⁷ O	°O	٩
	hh.	I kick or hit other people my age.		² O	³ O
-	ii.	When I am playing with others, I invite bystanders to join in a game.	⁴ O	⁵ O	⁶ O
	jj.	I steal outside my home.	⁷ O	°O	٩
	kk.	I am inattentive, I have difficulty paying attention to someone.		² O	³ O
	١١.	I have trouble enjoying myself.	⁴ O	⁵ O	⁶ O
	mm.	I help other people my age (friends, brother or sister) who are feeling sick.		Ő	°O
	nn.	When I am mad at someone, I tell that person's secrets to a third person.		² O	³ O
	00.	I encourage other people my age who cannot do things as well as I can.	4	⁵ O	⁶ O

★

	Some of the following questions mi like you need support, we encourage or use the resources provided to you	e you to ta	alk to your fa	mily doctor	or nurse,
)2	Has anyone in your school committed suicide?	⁰ ⊖	Yes, within the la	ast vear	
		1	Yes, more than a	-	
			No, never		
			I don't know		
3	Has anyone that you have personally known committed suicide?	4 🔿	Yes, within the la	ast year	
		5 🔿	Yes, more than a	a year ago	
		6 🔿	No, never		
		7 🔿	l don't know		
4	In the past 12 months, did you seriously consider attempting suicide?		Yes		
		² O	No → Go to	o question D	707
5	In the past 12 months, how many times did you attempt suicide?	4 O 5 O	Never/ none → Go Once More than once	to question	D7
6	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)?	7 0	Yes No		
7	In the past 12 months, about how many times	Never	Once or twice	3 or 4 times	5 times o more
	a. have you stayed out all night without permission?		² O	³ O	⁴ O
	b. were you questioned by the police about anything that they thought you did?	⁵ O	⁶ O	⁷ O	O ^s
	c. have you run away from home?		² O	³ O	4
	 have you intentionally damaged or destroyed anything that didn't belong to you? 	⁵⊖	⁶ ()	⁷ O	⁸ O

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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
	e. have you fought with someone to the point where they needed care for their injuries?		² O	зО	4
	f. have you carried a weapon for the purpose of defending yourself or using it in a fight?	⁵ O	⁶ O	⁷ O	°O
	g. have you sold any drugs?		² O	ЗO	⁴ O
	 have you attempted to touch anyone in a sexual way while knowing that they would probably object to this? 	⁵ O	⁶ O	⁷ O	⁸ O
D 8	In the past 12 months, were you part of a gang that broke the law by stealing, hurting someone, damaging property, etc.?	2	∕es No		
<u> </u>					

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SECTION E Activities

6)	Outside of school, during the past 1 2 months , how often have you	2	Never	Less than once a week	1 to 3 times a week	4 or more times a week
	a. played sports or done physical act without a coach or an instructor (biking, skateboarding, etc.)?	ivities e.g.		² O	³ O	4 🔘
	b. played sports with a coach or inst (swimming lessons, baseball, hoc	ructor ‹ey, etc.)?	⁵ O	⁶ O	7 🔿	° O
	c. taken part in dance, gymnastics, k other groups or lessons (always o outside of school)?	arate or rganized		² O	³ O	4 〇
	d. taken part in art, drama or music g clubs or lessons (again outside of	roups, school)?	⁵ O	⁶ O	7 🔿	⁸ O
	e. taken part in clubs or groups such Guides or Scouts, 4-H club, comm church or other religious groups?	as junity,		² O	³ О	4 🔘
	f. done a hobby or craft (drawing, me building, etc.)?	odel	5 🔿	6 🔿	⁷ O	⁸ O
	Thinking of the one sport or physical that you do the most often, how long usually spend being active in one ses This may be an activity with or withou or instructor, but does not include gyr	do you sion? It a coach	0^{2} 1 0^{3} 1 0^{4} 3 0^{5} 1	do not do physica to 15 minutes 6 to 30 minutes 1 to 59 minutes to 2 hours Nore than 2 hours		
E3	In any of your activities, at school or or school, do you have special responsi such as team leader, captain, secreta	bilities	2 0	∕es lo		
E4	Excluding for school or for work, how often do you	Daily	Weekly	/ Monthly	Several times a year	Never
	a. use a public library?	⁰¹ O	⁰² O	⁰³ O	⁰⁴ O	⁰⁵ O
	 b. write letters, poetry, stories, journals, etc.? 	⁰⁶ O	07	080	090	10
	c. read newspapers or magazines?	¹¹ O	¹² O	13	¹⁴ O	15
	d. read books?	¹⁶ O	17	18	19	20

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*				*
E5	In the past 12 months, have you volunteered or helped without pay by (Include volunteer work done for credit at	¹ O doing a student	ctivities at school (yearbook committee, council, etc.)	
	school) (Mark all that apply.)	² O support group, e	ing a cause (food bank, environmental etc.)	
		³ O fund rai	sing (a charity, school trips, etc.)	
		⁴ O helping work in	in your community (hospital volunteering a community organization, etc.)	g,
		⁵ O helping babysitt etc.)	neighbours or relatives (cutting grass, ing or shovelling snow for a neighbour,	
		⁶ O doing a	nother volunteer activity (without pay)	
		⁷ O I have r these a	not done any of \rightarrow Go to E7	
E6	In the past 12 months, how often have you volunteered or helped without pay?	⁰¹ Everyda	ау	
		⁰² A few ti	mes a week	
		⁰³ O Once a	week	
		Ŭ	mes a month	
		⁰⁵ O Less th	an once a month	
Ē	On average, about how many hours a day do you watch TV or videos, or play video games?	⁰¹ O I don't v	vatch TV or videos or play video games	
		⁰² O Less the	an 1 hour a day	
		⁰³ O 1 or 2 h	ours a day	
		Ŭ	ours a day	
		•	ours a day	
		⁰⁶ 7 or mo	re hours a day	
E8	Do you use the Internet			
		Yes	Νο	
	a. at home?		² ()	
	b. at school?	3 O	4 🔿	
	c. somewhere else?	5 🔿	e 🔿	
E9	Not including Internet use, do you use a computer			
		Yes	Νο	
	a. at home?	1 🔘	² 🔿	
	b. at school?	3 O	4 🔿	
	c. somewhere else?	5 🔿	6 🔿	

★

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On average, about how many hours a day do you spend on a computer (doing work, playing games, e-mailing, chatting, surfing the Internet, etc.)?	
Is there a computer in your home ? (Even if you don't use it.)	¹ O Yes ² O No
On average, how much time in a day do you spend at home looking after a younger brother or sister while your parents are not home?	 ⁰¹ I don't have a younger brother or sister ⁰² I don't spend any time at home looking after a younger brother or sister while my parents are not home
	03 Less than 1 hour a day
	⁰⁴ \bigcirc 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

*

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:		I have never smoked I have only had a few puffs $ \begin{array}{c} \bullet & \text{Go to} \\ \text{question F4} \\ \hline \text{I do not smoke anymore} \\ \bullet & \text{Go to} \\ \text{question F3} \\ \end{array} $
		OR	
		l smo	oke
		⁰⁴ O	A few times a year
		⁰⁵ O	About once or twice a month
		⁰⁶ O	About 1-2 days a week
		⁰⁷ O	About 3-5 days a week
		08 O	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 O	I have never done this
			OR
			I was years old
L Contraction of the second se	Statistics Canada will keep your answ	ers PRIV	ATE. *

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

F4 Whi exp	ich of the following best describes your erience with drinking alcohol:		I have never had a drink of alcohol I have only had a few sips
		⁰³ O	I only tried once or twice (at least one drink) I do not drink alcohol anymore
		OR	
		l drir	nk (at least one drink)
		⁰⁵ O	A few times a year
		⁰⁶ O	About once or twice a month
		⁰⁷ O	About 1-2 days a week
		08 O	About 3-5 days a week
		⁰⁹ O	About 6-7 days a week
How alco	w old were you when you first had a drink of bhol?		I was years old.
F6 Hav	ve you ever been drunk?		Yes
		(°O	No → Go to question F9
How the	v old were you when you were drunk for first time?		I was years old.
F8 In t bee	he past 12 months, how often have you on drunk?	⁰¹ O	Never
		⁰² O	A few times
		⁰³ O	About once or twice a month
		⁰⁴ O	About 1-2 days a week

 $^{\rm \tiny 05}{
m O}$ About 3-5 days a week

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		he next questions are a rugs	bout dru	ug use.	Pleas	se answe	er even if y	ou do no	t use
F9	you	ich of the following best descr ir experience with using mariju	iana		⁰¹ O	l have ne	ver done it		
	a jo	l cannabis products (also know bint, pot, grass or hash) in the months ?	vn as past		^{02}O	I have do	ne it, but not	during the p	ast 12 months
					OR				
					In the mariju	past 12 m uana	ionths, I hav	e used	
					⁰³ O	A few tim	es		
						About on	ce or twice a	month	
						About 1-2	2 days a weel	k	
					⁰⁶ O	About 3-	ō days a weel	k	
					⁰⁷ O	About 6-7	′ days a wee	k	
F10	exp	ich best describes your berience with the following gs in the past 12 months:	l have never	l have done it, k	out	In the	past 12 mon	ths I have ι	used it
			done it	not in th past 12 months	2	1 or 2 times	3 to 5 times	6 to 9 times	10 times or more
		Hallucinogens like LSD/acid, magic mushrooms	⁰¹ O	⁰² O		03	⁰⁴ O	⁰⁵ O	⁰⁶ O
	b.	Glue or solvents	⁰⁷ O	080		⁰⁹ O	¹⁰ O	¹¹ O	¹² O
		Drugs without a prescription or advice from a doctor: downers, uppers, tranquilizers, ritalin, etc.	13	¹⁴ O		15 🔿	¹⁶ O	17 🔿	18 🔿
		Other drugs like ecstasy, crack, cocaine, heroin, speed, etc.	¹⁹ O	20 🔿		²¹ O	²² O	23	²⁴ O
	lf	you have never tried a	ny of the	e above o	drugs	s, go to s	ection G.		
E1)	Hov follo	w old were you when you did t owing drugs for the first time	he ?			l have ne done		l first did i was	
	a.	Marijuana and cannabis proc	lucts			⁹⁹ O	OR		years old
	b.	Hallucinogens like LSD/acid,	magic mu	Ishrooms		⁹⁹ O	OR		years old
	C.	Glue or solvents				⁹⁹ O	OR		years old
	d.	Drugs without a prescription doctor: downers, uppers, trai				⁹⁹ O	OR		years old
	e.	Other drugs like ecstasy, cra cocaine, heroin, speed, etc.	ck,			⁹⁹ O	OR		years old
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	S	tatistics Canada will ke		answors	PRI\	/ATF			*

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CTION G My Parent(s)			
mother			
Think of the mother you spend the most time with. Is she (Mark one only.)	<ul> <li>⁰¹ your biological/b</li> <li>⁰² your adoptive me</li> <li>⁰³ your stepmother</li> <li>⁰⁴ your foster mother</li> <li>⁰⁵ another person (</li> </ul>	other? ? er?	e)?
	⁰⁶ O I am not in touch with my mother		tion G4
Thinking of the mother you have identified in the previous question:	A great deal	Some	Very little/ Not at all
a. How well do you feel that your mother understands you?	°O		² O
b. How much fairness do you receive from your mother?	³ O	4	⁵ O
c. How much affection do you receive from your mother?	⁶ O	7	°O
Overall, how would you describe your relationship with your mother?	<ul> <li>¹ O Very close</li> <li>² O Somewhat close</li> <li>³ O Not very close</li> </ul>		

F	ather				
<u> </u>		01 -			
,	Now think of the father you spend the most time with. Is he (Mark one only.)	⁰¹ O	your biological/bir	th father?	
		⁰² O	your adoptive fath	er?	
		⁰³ O	your stepfather?		
		⁰⁴ O	your foster father?	?	
		⁰⁵ O	another person (a	father figure	)?
			OR		
		06			
			I am not in touch with my father	→ Go to quest	ion G7
•	Thinking about the father you have identified in the previous question:				
		ļ	A great deal	Some	Very little Not at al
	a. How well do you feel that your father understands you?		°O		² O
	b. How much fairness do you receive from your father?		³ O	⁴ O	⁵ O
-	c. How much affection do you receive from your father?		⁶ O	⁷ O	°O
•	Overall, how would you describe your relationship with your father?	¹ O	Very close		
		² O	Somewhat close		
		3 O	Not very close		
	Answer the following questions think	ving of th	-	other you	have
	identified in the previous questions.				nave
	How well do you think your parents get along with each other?	° ()	Very well		
			Fairly well		
		² O	Not very well		
		³ O	My parents are no	ot in touch wit	h each other
_		$\bigcirc$			
	How often do your parents disagree about how to deal with you and your brother(s) and sister(s)?	⁰¹ O	Never		
		⁰² O	Rarely		
		03	Sometimes		
		⁰⁴ O	Often		
		⁰⁵ O	Always		
		06 O	l don't know		
		⁰⁷ O	My parents are no	ot in touch wit	h each other

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<b>G</b> 9	How often do your parents get upset with one another, including times when they are mad but don't say much?		⁰⁸ O Never ⁰⁹ O Rarely			
			¹⁰ O Sometin	nes		
			¹¹ O Often			
			¹² O Always			
			¹³ O I don't k	now		
			¹⁴ O My pare	nts are not in tou	ich with eac	h other
G10	For each of the following statements, use the stepparent(s), foster parent(s) or guardian(st	ne choice th s)) in gener	nat best describ al have acted to	es the way your oward you <b>in the</b>	parent(s) (o past 6 moi	r n <b>ths</b> .
	My parent(s)	Never	Rarely	Sometimes	Often	Always
	a. smile at me.	⁵ O	⁶ O		°O	°
	<ul> <li>b. want to know exactly where I am and what I am doing.</li> </ul>	°O		² O	³ O	⁴ O
	c. soon forget a rule they have made.	⁵ O	⁶ O		°O	°
	d. praise me (say good things about me).	°O		² O	ЗO	4
	e. let me go out any evening I want.	⁵ O	⁶ O	⁷ O	O ⁸	⁹ O ^e
	f. tell me what time to be home when I go out.	°O		² O	ЗO	⁴ O
	g. nag me about little things.	⁵ O	⁶ O	⁷ O	°O	O.e
	h. listen to my ideas and opinions.	°O		² O	ЗО	4
	<ul> <li>i. and I solve a problem together whenever we disagree about something.</li> </ul>	⁵ O	⁶ O	⁷ O	⁸ O	O ^e
	$j_{\cdot}$ only keep rules when it suits them.	°O		² O	³ O	⁴ O
	k. get angry and yell at me.	⁵ O	⁶ O	⁷ O	⁸ O	٩
	I. make sure I know I am appreciated.	°O		² O	°	⁴ O
	<ul> <li>m. threaten punishment more often than they use it.</li> </ul>	⁵ O	⁶ O	⁷ O	⁸ O	° O
	n. speak of the good things I do.	°O		² O	³ O	4
	o. find out about my misbehaviour.	⁵ O	⁶ O	⁷ O	⁸ O	٩
	<ul> <li>p. enforce a rule or do not enforce a rule depending upon their mood.</li> </ul>	° O		² O	ЗO	4
	q. hit me or threaten to do so.	⁵ O	⁶ O		°O	° O
	r. seem proud of the things I do.	° ()		² O	³ O	⁴ O
	s. seem too busy to spend as much time with me as I'd like.	⁵ O	⁶ O	⁷ O	⁸ O	٥°
	t. take an interest in where I am going and who I am with.	°O		² O	³ O	⁴ O

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	n general, would you say your health is		¹ excell ² very g ³ good? ⁴ fair? ⁵ poor?	good? ?		
	How tall are you? Please estimate if you are not sure.)		OR	eet	Inches	etres
H3 + (	How much do you weigh? Please estimate if you are not sure.)		OR	Poun Kilogr		
	During the past 6 months, how often have you had the following?	Seldom or never	About once a month	About once a week	More than once a week	Most days
	a. Headache	5	⁶ O		°O	٩
t	o. Stomach ache	°O		² O	³ O	⁴ O
_(	c. Backache	⁵ O	⁶ O	⁷ O	°O	°
(	d. Difficulties in getting to sleep	°O		² O	³ O	⁴ O
h	n a school week (Monday to Friday), now many days do you normally eat preakfast?		⁷ O 3 or 4	days a week days a week school day		
H6 V	Vould you say you are		² $\bigcirc$ trying t	to lose weight? to gain weight? to stay the sam ing to do anyth	ne weight?	weight?

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Puberty	
	s might be difficult, but would appreciate you Changes in young people's bodies can affect
Would you say that your body hair ("body hair" means underarm and pubic hair) has begun to grow?	<ul> <li>¹ Has not yet started growing</li> <li>² Has barely started growing</li> <li>³ Growth of body hair is definitely underway</li> <li>⁴ Growth of body hair seems completed</li> <li>Boys go to question H10</li> </ul>
For girls only	Girls go to question H8

HB	Have your breasts begun to grow?	<ul> <li>Have not yet started growing</li> <li>Have barely started growing</li> <li>Breast growth is definitely underway</li> <li>Breast growth seems completed</li> </ul>
H9	If you have begun to menstruate (your monthly periods), at what age did you start?	I was years and months old. OR
		⁹⁹ O Have not yet started
		Girls go to question H12

For boys only	
H10 Have you noticed a deepening of your voice?	<ul> <li>⁵ O Has not yet started changing</li> <li>⁶ O Has barely started changing</li> <li>⁷ O Voice is definitely changing</li> <li>⁸ O Voice change seems completed</li> </ul>
H1 Have you begun to grow hair on your face?	<ul> <li>¹ Has not yet started growing</li> <li>² Has barely started growing</li> <li>³ Facial hair growth is definitely underway</li> <li>⁴ Facial hair growth seems completed</li> </ul>
Statistics Canada will keep your answe	ers PRIVATE.

How old were you when you had your first boyfriend/girlfriend?	<ul> <li>⁹³ O I've never had a boyfriend/girlfriend</li> <li>Go to question H17</li> <li>OR</li> <li>I was years old</li> </ul>
Do you have a boyfriend/girlfriend right now?	¹ O Yes → Go to question H14
	² O No $\rightarrow$ Go to question H16
4 How long have you been going out with (dating) him/her?	⁰¹ O Less than 1 month
	02 O 1 to 5 months
	⁶ 6 months to a year
	Over a year
Outside of school hours, about how many days a week do you see your boyfriend/girlfriend?	⁰⁵ O Never
	$^{\rm \tiny 06}{\rm O}$ Less than once a week
	⁰⁷ O One day a week
	08 O 2 or 3 days a week
	09 O 4 or 5 days a week
	10 O 6 or 7 days a week

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

H16	In the past 12 months, how many boyfriends/girlfriends have you had?	¹¹ O None
		$^{12}O_{1}$
		- •
		¹³ O 2 or 3
		¹⁴ O 4 or 5
		15 O 6 or more
	We know that the following questions you answering them as well as you ca understand the concerns of youth yo	s might be sensitive, but would appreciate an. Your answers will help us to better our age.
	Please remember that Statistics Cana filled out each questionnaire.	ada will make sure no one will find out who
<b>H17</b>	Have you ever had consentual sexual	
	intercourse?	[®] O Yes → Go to question H18
		°O No → Go to section I
118	How old were you when you first had consentual sexual intercourse?	I was years old
<u>-</u>		
H19	How old was the partner with whom you first had consentual sexual intercourse?	He or she was years old
		OR
		"O I don't know
120	Did you or your partner use a condom the last time you had consentual sexual intercourse?	¹ O Yes
		20
		O No
121	Did you or your partner use other methods of	3 🔿
	birth control (birth control pills, diaphragm, etc.) the last time you had consentual sexual	O Yes
	intercourse?	⁴ O No
		⁵ O I don't know
	Statistics Canada will keep your answ	Inre DDIV/ATE

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#### SECTION I Work

rk during this school year			
Are you <b>currently</b> doing any work		Yes	No
a. for pay for an employer (for example, at a store or restaurant)?		09 O	¹⁰ O
b. for pay at odd jobs (babysitting, mowing a neighbour's lawn or delivering flyers)?		11 🔘	¹² O
c. at your family's farm or business (with or without pay)?		¹³ O	¹⁴ O
d. without pay (for example, CO-OP Program)?		¹⁵ O	¹⁶ O
	<ul> <li>³ Working in constructi</li> <li>⁴ Doing odd neighbour</li> <li>⁵ Working a</li> </ul>	station, clothing or sl n another type of serv on, hospital, office, ar l jobs (babysitting, mo 's lawn or delivering f at my family's business e of work. Specify:	rice (for example rena, etc.) owing a lyers, etc.)

		None		Number of hours		
a.	Monday to Friday?	⁹⁵ O	OR			
b.	Saturday and Sunday?	⁹⁷ O	OR			]
Do	bes this work cause you to study hool work than you would like?	less or do less		³ O	Yes, a great o	
				5 O	Yes, somewh	
					No, not at all	
					l do not go to	school anymore
me	er Work					
	nis past summer, did you do ar	iy work			Yes	Νο
а.	for pay for an employer (for example, at a store or rest	aurant)?			¹² O	¹³ O
b.	for pay at odd jobs (for exampl mowing a neighbour's lawn or	e, babysitting, delivering flyers)?			¹⁴ O	¹⁵ O
C.	at your family's farm or busine (with or without pay)?	3S			¹⁶ O	17 🔿
d.	without pay (for example, CO-0	OP program)?			¹⁸ O	¹⁹ O
Tł	If you did not work last s nink of all the jobs you had thi ummer; what types of work did y lark all that apply)	s past	$\begin{array}{c} 1 \\ 2 \\ 3 \\ 4 \\ 5 \\ 6 \\ 7 \\ 8 \\ 8 \\ \end{array}$	Workin store, Workin Workin hospit Workin paintir Doing babys newsp	ng in a restaura ng in a store (g clothing or sho ng in a gas sta ng in a camp ng in another t al, office, aren ng in construct ng odd jobs (cutti itting, deliverin papers, running	tion ype of service (for exam

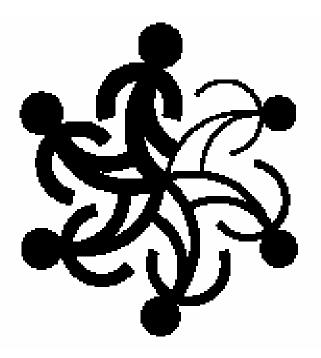
SECTION J Than	nk you.	
J1 What time was it w	vhen you finished?	
When you are	finished, please:	put this questionnaire in the envelope.
	$\searrow$	return it to the interviewer.

## Thank you very much for helping us.

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#### National Longitudinal Survey of Children & Youth

Cycle 6 Survey Instruments 2004/2005



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

#### **BOOKLET 23**



# National Longitudinal Survey of Children and Youth

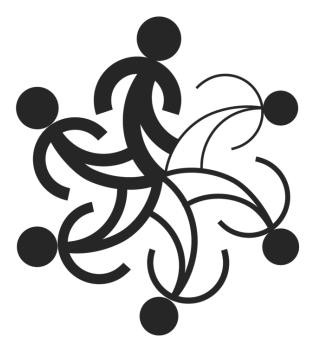
Cycle 6



Confidential when completed

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

Aussi disponible en français



## Please read instructions on next page before beginning.

FOR OFFICE USE ONLY
Respondent's First Name
Assignment No.
Time Started

8-5300-449.1: 2004-05-26 STC/ENM-040-75020



## Canadä

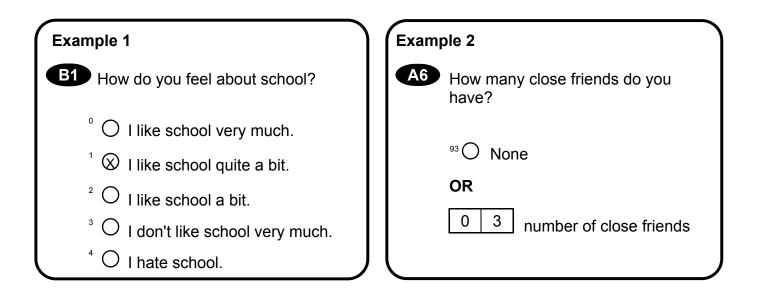
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## INSTRUCTIONS

This is a questionnaire that asks about you, your family, your friends, how you feel and what you like to do. Your answers will help the government to plan programs and services for young people like yourself.

This is not a test and there are no right or wrong answers. Some questions may seem personal and some are about things not everybody does. Take your time and please be sure to answer each question based on what you really think. You can choose whether or not to fill out this questionnaire. If you need help with any questions, you may ask the interviewer.

#### When you answer these questions, you can mark your answers like this $\otimes$ 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.



## KIDS HELP PHONE EUNESSE, J'ECOUTE



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!**

SECT	ION A Friends and Family					
state	se answer the following ements about your friends others your age.	False	Mostly false	Sometimes false / Sometimes true	Mostly true	True
A1	I have many friends.	°O		² O	ЗO	⁴ O
A2	I get along easily with others my age.	⁵ O	⁶ O	7 🔿	⁸ O	٩O
A3	Others my age want me to be their friend.	°O		² O	³ O	4 🔿
A4	Most others my age like me.	5	6 🔿	⁷ O	8 <b>O</b> 8	٩O
tru	or the rest of this questionnaire ust and confide in. They may be chool.	e, by "clos e friends t	se friends' hat you ha	", we mean the p ing out with at scl	eople tha hool or ou	it you utside
	I feel that my <b>close friends</b> really know v am.	vho I	$1 \bigcirc M$ $2 \bigcirc Sc$ $3 \bigcirc M$	alse ostly false ometimes false/Sometir ostly true ue	mes true	
	About how many days a week do you do things with close friends outside of schoo hours?		02 $\bigcirc$ Let 03 $\bigcirc$ 1 04 $\bigcirc$ 2-1 05 $\bigcirc$ 4-1	ever ever day a week 3 days a week 5 days a week 7 days a week		
47	How many of your close friends are:		None	Number		
	female?		O			
8	male?		⁹⁴ O	OR		
	How often do you share your secrets and private feelings with your close friends?	1	¹ O Mo ² O So ³ O Ra	I the time ost of the time ome of the time arely ever		

D H	ow many of your close friends do the llowing:				
		None	A few	Most	All
a.	Smoke cigarettes?	٥ ()	1 🔿	² O	3 <b>O</b>
b.	Drink alcohol?	4 🔘	5 🔘	6 🔘	7 🔿
C.	Break the law by stealing, hurting someone or damaging property?	٥ ()	1 🔘	² O	3 ()
d.	Have tried marijuana?	4 🔿	5 🔘	6 🔘	7 🔿
e.	Have tried drugs other than marijuana?	0 🔘	1 🔘	2 🔿	3 🔘
	ince September 1st, how many of yo ose friends have done the following:	our None	A few	Most	All
a.	Worked for an employer or at odd jobs?	4 🔿	5 🔿	6 🔿	7 🔿
b.	Cut or skipped a day at school without permission?	0 0	1 🔘	2 🔿	3 ()
C.	Been suspended from school?	4 🔿	5 🔿	6 🔿	7 🔿
d.	Dropped out of school for more than one week?	0 🔘	1 🔘	2 🔿	з 🔘
th	or each of the following statements, m le circle that corresponds to your situa ith your close friends.	nark ation 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 🔿	5 🔿	6 🚫	7 🔿
b.	When I make a decision, I take my close friends' opinion into account.	0 🔘	1 🔘	2 🔿	3 🔘
C.	My close friends push me to do foolish or stupid things.	4 🔘	5 🔿	6 🔿	7 🔿
ar	ther than your close friends, do you h nyone else in particular you can talk to bout yourself or your problems?		⁸ O Yes → ⁹ O No →	Go to question A14 Go to question A15	

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				7
14	What is their relationship to you?	⁰¹ O	Mother	
	(Mark everyone you feel you can talk to about yourself or your problems.)	⁰² O	Father	
		⁰³ O	Stepmother	
		⁰⁴ O	Stepfather	
		⁰⁵ O	Brother	
		⁰⁶ O	Sister	
		07 🔿	Grandparent	
		⁰⁸ O	Other relative	
		⁰⁹ O	A friend of the family	
		¹⁰ O	Parent's boyfriend/girlfriend	
		¹¹ O	Teacher / counsellor at school	
		12 🔿	Coach or leader (e.g. sports coach or spiritual leader)	
		¹³ O	Other (eg., family doctor)	
15		14	Very close	
	relationship with your brother(s) and sister(s)? (Include step or foster siblings).	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	

#### **SECTION B** About Me

describes how y	/ou feel.	False	Mostly false	Sometimes false/ Sometimes true	Mostly true	True
a. In general, I way I am.	like the	00 00	01	⁰² O	03 🔘	⁰⁴ O
b. Overall I hav proud of.	e a lot to be	05 🔿	06	07 🚫	08	090
c. A lot of thing good.	js about me are	00 00	01	⁰² O	⁰³ O	04
d. When I do s it well.	omething, I do	05 🔿	06 🔘	07 🔿	08 🔘	09
e. I like the wa	y I look.	00 🔘	01 🔘	02 🔿	03 🔘	04

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

	Rarely True Of Me	Sometimes True Of Me	Often True Of Me	Very Often True Of Me
a. It is easy to tell people how I feel.	1	2 🔿	³ O	4
b. I like doing things for others.	5	6 🔿	7	8
c. I get angry easily.	1	2	3	4
d. I can understand hard questions.	5	6 🔿	7	8
e. I think that most things I do will turn out OK.	1	² 🔿	зO	4
f. I can talk easily about my feelings.	5	6 🔿	7	8
<ul> <li>I feel bad when other people have their feelings hurt.</li> </ul>	1	² O	зO	4
h. I get upset easily.	⁵O	⁶ O	⁷ O	08
<ul> <li>I can come up with many ways of answering a hard question when I want to.</li> </ul>	1	2 🔿	зO	4
j. I hope for the best.	5	⁶ 🔿	7	8
k. I can easily describe my feelings.	1	2 🔿	зO	4
<ol> <li>I know when people are upset, even when they say nothing.</li> </ol>	5	6 🔿	7 🔿	8
m. When I get angry, I act without thinking.	1	2 🔿	3	4
<ul> <li>When answering hard questions, I try to think of many solutions.</li> </ul>	5	6 🔿	7 🔿	8
o. I enjoy the things I do.	1	2	3 <b>O</b>	4

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

### SECTION B About Me

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thir	general, I am happy with how ngs are for me in my life now.	1	Strongly disagre	ee	
		2	Disagree		
		ЗO	Agree		
		4 🔿	Strongly agree		
The	e next five years look good to me.	5	Strongly disagre	e	
		6	Disagree		
		⁷ O	Agree		
		8	Strongly agree		
In t bee	the past <b>2 years</b> , have you personally en through any of these events?				
				Yes	No
a.	A painful break-up with your boyfriend/girlfriend.			1 🔿	² O
b.	A serious problem in school or at work.			3 🔘	4 🔿
C.	A pregnancy or an abortion.			1 🔿	² O
d.	The death of someone close to you.			3 ()	4 🔿
e.	The divorce or separation of your parents.			1 🔘	² O
f.	Another difficult event; specify:			3 🔘	4 🔾
	the past 12 months, have you personally en treated unfairly because of				
			Yes	No	l don knov
a.	your sex/gender?		01	02 🔿	03 🔿
b.	your race, skin colour, or ethnic group?		04 🔿	05 🔘	06 🔿
C.	your religion?		01	02 🔿	03 🔾
d.	another reason?		04 🔿	05 🔘	06 🔿

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

B7	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)	⁰² O M ⁰³ O S ⁰⁴ O F	Il the time Nost of the time Some of the time Rarely lever		
<b>B</b> 8	In the past 12 months, how many times did someone	Never	Once or twice	3 or 4 times	5 times or more
	a. say something personal about you that made you feel extremely uncomfortable?	° ()	1 🔿	2 🔿	3 <b>O</b>
	b. threaten to hurt you but not actually hurt you?	4 🔘	5 🔿	6 🔿	7 ()
	c. physically attack or assault you?	° ()	1	2 🔿	3 <b>O</b>
89	How often do you see adults in your house physically fighting, hitting or otherwise trying to hurt each other?	2 S 3 S	Often Sometimes Seldom Iever		
810	How often do you watch television shows or movies that have a lot of violence in them?	² ) s	Often Gometimes Geldom Jever		

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

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

		Rarely or none of the time (less than 1 day)	Some or little of the time (1 to 2 days)	Occasion- ally or a moderate amount of the time (3 to 4 days)	Most o all of tl time (5 to 7 da
a.	I did not feel like eating; my appetite was poor.		$^{2}\bigcirc$	³ O	4 O
b.	I felt I could not shake off the blues even with help from my family or friends.	5 🔿	⁶ O	⁷ O	0 ⁸
C.	I had trouble keeping my mind on what I was doing.		² ()	³ O	4
d.	I felt depressed.	5 🔿	⁶ O	7	°O
e.	I felt that everything I did was an effort.		² O	³ O	4
f.	I felt hopeful about the future.	⁵ O	⁶ O	⁷ O	⁸ O
g.	My sleep was restless.		² O	зО	4
h.	I was happy.	⁵ O	⁶ O	⁷ O	°O ⁸
i.	I felt lonely.		$^{2}\bigcirc$	³ O	⁴ O
j.	I enjoyed life.	5 🔿	⁶ O	7	8
k.	I had crying spells.		² ()	³ O	4
١.	I felt people disliked me.	5 🔿	⁶ O	⁷ O	80
ppo ovio Ha	e of the following questions might ort, we encourage you to talk to yo ded to you by the interviewer. as anyone in your school committed licide?	our family do	you to answer. octor or nurse, Yes, within the las	or use the re	ke you ne sources

³ O I don't know

S S

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

<b>C</b> 3	Has anyone that you have personally known committed suicide?	⁵ ◯ Y 6 ◯ N						
<b>C</b> 4	In the past 12 months, did you <b>seriously</b> consider attempting suicide?		∕es No <b>→ Go to</b>	question C7				
C5	In the past 12 months, how many times did you attempt suicide?	4 () (	Never/none → Once More than once	Go to que	estion C7			
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)?	$\sim$	∕es No					
C7	In the past 12 months, about how many times	Never	Once or twice	3 or 4 times	5 times or more			
	a. have you stayed out all night without permission?		² O	³ O	4			
	b. were you questioned by the police about anything they thought you did?	5 🔿	⁶ O	7	8			
	c. have you run away from home?		² O	зО	4			
	d. have you stolen something from a store or school?	5 🔿	6	7	8			
	Statistics Canada will keep your ans		TE					

 $\star$ 

tin	the past 12 months, about how many nes	Never	Once or twice	3 or 4 times	5 tim or mo
0	have you intentionally damaged or destroyed	•			
с.	anything that didn't belong to you?	1	2 🔿	3	4
f.	have you fought with someone to the point where they needed care for their injuries?	5 🔿	6 🔾	7 🔿	⁸ C
g.	have you attacked soemone with the idea of seriously hurting him / her?	1	2 🔿	зO	4
h.	have you carried a weapon for the purpose of defending yourself or using it in a fight?	5 🔿	6 🔘	7 🔿	⁸ C
i.	Have you sold any drugs?	1	2 🔿	3	4
j.	have you attempted to touch anyone in any sexual way while knowing that they would probably object to this?	5 🔿	6 🔿	7 🔿	8
In tha so	the past 12 months, were you part of a gang at broke the law by stealing, hurting meone, damaging property, etc.?	¹ O N ² O N	/es No		

The next questions are about smoking	cigarettes.
Which of the following best describes your experience with smoking cigarettes:	
experience with emoking eightenees.	⁰¹ O I have never smoked
	⁰² I only tried once or twice $\rightarrow$ Go to question D3
	$^{\circ\circ}$ I do not smoke anymore
	OR
	I smoke
	04 A few times a year
	05 About once or twice a month
	⁰⁶ About 1-2 days a week
	⁰⁷ About 3-5 days a week
	⁰⁸ About 6-7 days a week
On the days that you smoke, about how ma cigarettes do you usually smoke?	Number of cigarettes
On the days that you smoke, about how macigarettes do you usually smoke? The next questions are about drinking A drink of alcohol is, for example: ✓ one bottle of beer or ✓ one glass of wine or ✓ one shot of liquor.	Number of cigarettes
cigarettes do you usually smoke? The next questions are about drinking A drink of alcohol is, for example: ✓ one bottle of beer or ✓ one glass of wine or ✓ one shot of liquor.	Number of cigarettes
cigarettes do you usually smoke? The next questions are about drinking A drink of alcohol is, for example: ✓ one bottle of beer or ✓ one glass of wine or ✓ one shot of liquor.	alcohol.
<ul> <li>cigarettes do you usually smoke?</li> <li>The next questions are about drinking A drink of alcohol is, for example:</li> <li>✓ one bottle of beer or</li> <li>✓ one glass of wine or</li> <li>✓ one shot of liquor.</li> </ul>	Image: Number of cigarettes         alcohol.         Image: Number of cigarettes         Image: Number of cigarettes <tr< td=""></tr<>
<ul> <li>cigarettes do you usually smoke?</li> <li>The next questions are about drinking A drink of alcohol is, for example:</li> <li>✓ one bottle of beer or</li> <li>✓ one glass of wine or</li> <li>✓ one shot of liquor.</li> <li>Which of the following best describes your</li> </ul>	Image: Number of cigarettes         alcohol.         Image: Number of cigarettes         Image: Number of cigarettes <t< td=""></t<>
<ul> <li>cigarettes do you usually smoke?</li> <li>The next questions are about drinking</li> <li>A drink of alcohol is, for example: <ul> <li>✓ one bottle of beer or</li> <li>✓ one glass of wine or</li> <li>✓ one shot of liquor.</li> </ul> </li> <li>Which of the following best describes your</li> </ul>	Image: Number of cigarettes         alcohol.         Image: Number of cigarettes         Image: Number of cigarettes <t< th=""></t<>
<ul> <li>cigarettes do you usually smoke?</li> <li>The next questions are about drinking A drink of alcohol is, for example:</li> <li>✓ one bottle of beer or</li> <li>✓ one glass of wine or</li> <li>✓ one shot of liquor.</li> <li>Which of the following best describes your</li> </ul>	Image: Number of cigarettes         alcohol.         Image: Number of cigarettes         Image: Number of cigarettes <t< td=""></t<>
<ul> <li>cigarettes do you usually smoke?</li> <li>The next questions are about drinking A drink of alcohol is, for example:</li> <li>✓ one bottle of beer or</li> <li>✓ one glass of wine or</li> <li>✓ one shot of liquor.</li> </ul>	Image: Number of cigarettes         alcohol.         01 O       I have never had a drink of alcohol         02 O       I have only had a few sips         03 O       I only tried once or twice (at least one drink)         04 O       I do not drink alcohol anymore
<ul> <li>cigarettes do you usually smoke?</li> <li>The next questions are about drinking A drink of alcohol is, for example:</li> <li>✓ one bottle of beer or</li> <li>✓ one glass of wine or</li> <li>✓ one shot of liquor.</li> <li>Which of the following best describes your</li> </ul>	Image: Number of cigarettes         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         OR       I drink (at least one drink)
<ul> <li>cigarettes do you usually smoke?</li> <li>The next questions are about drinking A drink of alcohol is, for example:</li> <li>✓ one bottle of beer or</li> <li>✓ one glass of wine or</li> <li>✓ one shot of liquor.</li> </ul>	Image: Number of cigarettes         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)         03       I do not drink alcohol anymore         04       I do not drink alcohol anymore         08       I drink (at least one drink)         05       A few times a year
<ul> <li>cigarettes do you usually smoke?</li> <li>The next questions are about drinking A drink of alcohol is, for example:</li> <li>✓ one bottle of beer or</li> <li>✓ one glass of wine or</li> <li>✓ one shot of liquor.</li> </ul>	Image: Number of cigarettes         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         OR       I drink (at least one drink)         05       A few times a year         06       About once or twice a month

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

**SECTION D** 

**Smoking, Drinking and Drugs** 

a. Hallucinogens like										
Which of the following best describes your experience with the following drugs in the past 12 months: Which of the following drugs in the past 12 months: Which of the following drugs in the past 12 months: I have done it, but not during the past 12 months, I have used marijuana and joint, pol, grass or hash) in the past 12 months, I have used marijuana and joint, pol, grass or hash) in the past 12 months, I have used marijuana and joint, pol, grass or hash) in the past 12 months, I have used marijuana and joint, pol, grass or hash) in the past 12 months, I have used marijuana and joint, pol, grass or hash) in the past 12 months, I have used marijuana Which best describes your experience with the following drugs in the past 12 months: I have fore it, but not during the past 12 months in the past 12 months in the past 12 months. I have fore it, but not during the past 12 months in the past 12 months in the past 12 months. I have fore it, but not during the past 12 months in the past 12 months. I have fore it, but not during the past 12 months. I have fore it, but not during the past 12 months. I have fore it, but not during the past 12 months. I have fore it, but not during the past 12 months. I have fore it, but not during the past 12 months. I have fore it, but not during the past 12 months. I have fore it, but not during the past 12 months. I have fore it, but not during the past 12 months. I have fore it, but not during the past 12 months. I have fore it, but not during the past 12 months. I have fore it, but not during the past 12 months. I have fore it, but not during the past 12 months. I have fore it, but not during the past 12 months. I have done it, but not during the past 12 months. I have fore it, but not during the past 12 months. I have fore it, but not during the past 12 months. I have fore it, but not during the past 12 mont		the past 12 months, how often ha	ve you	⁰¹ O N	ever					
About due of wode a monut About 1-2 days a week About 3-5 days a week About 6-7 days a week About 6-7 days a week About 6-7 days a week About 9-7 days a week About 9-7 days a week Which of the following best describes your experience with the past 12 months? In the past 12 months, I have used marituans a gloin, point of the following drugs a long point point point of the following drugs a long point poin				⁰² $\bigcirc$ A few times						
Which of the following best describes your experience with using marijuana and cannot be products (also known as a 10 m, top ones or hash) in the past 12 months? ^{on} I have never oven if you do not use drugs.          Which of the following best describes your experience with using marijuana and cannot be products (also known as a 10 m, top ones or hash) in the past 12 months? ^{on} I have never one it and the past 12 months. I have used marijuana and the past 12 months?          Image: Second				⁰³ O A	bout once or	twice a mon	th			
About 3-5 days a week ** About 6-7 days a week ** I have never done it ** I have never done it ** I have never done it ** I have never done it, but not during the past 12 months? •* I have never done it, but not during the past 12 months. I have used marijuana •* About 3-5 days a week ** About 5-7 days a week ** About 6-7 days a week ** About 1-2 days a week ** About 3-5 days a week ** About 5-7 days a week ** About 1-2 days a week ** About 5-7 days a week ** About 1-2 days a week ** About 5-7 days a week ** About 1-2 days a week ** About 5-7 days a week ** About 1-2 days a week ** About 5-7 days a week ** About 1-2 days a week ** About 5-7 days a week ** About 1-2 days a week ** About 5-7 days a week ** About 5-7 days a week ** About 5-7 days a week ** About 1-2 days a week ** About 5-7 days a week				⁰⁴ O A	bout 1-2 day	s a week				
Which of the following best describes your experience with using marijuana and cannabis products (also known as a joint, pot, grass or hash) in the past 12       "       I have never done it         In the past 12 months?       "       I have done it, but not during the past 12 months.         In the past 12 months?       "       I have done it, but not during the past 12 months.         In the past 12 months?       "       I have done it, but not during the past 12 months.         In the past 12 months?       "       A few times         "       A bout once or twice a month         "       About 6-7 days a week         "       About 6-7 days a week         "       About 5-7 days a week         "       About 5-7 days a week         "       About 5-7 days a week         "       About 6-7 days a week         "       I have mover done it, but not fully in the past 12 months i have used it         the past 12 months:       I have mover done it, but not fully in the past 12 months i have used it         the past 12 months:       I have mover done it, but not fully in the past 12 months i have used it         the past 12 months       I nere past 12 months i have used it				⁰⁵ O A	bout 3-5 day	s a week				
<ul> <li>Which of the following best describes your experience with using marijuana a joint, but grass or hash) in the past 12 months?</li> <li>⁶¹() I have never done it a joint, but not during the past 12 months?</li> <li>⁶²() I have done it, but not during the past 12 months?</li> <li>⁶³() I have done it, but not during the past 12 months?</li> <li>⁶⁴() I have done it, but not during the past 12 months?</li> <li>⁶⁵() I have done it, but not during the past 12 months?</li> <li>⁶⁶() A few times</li> <li>⁶⁶() A few times</li> <li>⁶⁶() About 1-2 days a week</li> <li>⁶⁶() About 3-5 days a week</li> <li>⁶⁶() About 3-5 days a week</li> <li>⁶⁶() About 6-7 days a week</li> <li>⁶⁶() About 6-7 days a week</li> <li>⁶⁶() About 6-7 days a week</li> <li>⁶⁷() I have months in the past 12 months I have used it</li> <li>⁶⁸() About 6-7 days a week</li> <li>⁶⁹() About 6-7 days a week</li> <li>⁶⁹() About 6-7 days a week</li> <li>⁶⁰() About 6-7 days a week</li> <li>⁶⁰() About 6-7 days a week</li> <li>⁶¹() I or 2 3 to 5 6 to 9 10 tim months times times times or month in the past 12 months?</li> <li>⁶¹() I or 2 3 to 5 6 to 9 10 tim months times times times 0 months in the past 12 months in</li></ul>				⁰⁶ O A	bout 6-7 day	s a week				
voir experience with using marijuana and cannable products (seles known as a joint, pot, grass or hash) in the past 12 months?       "       I have done it, but not during the past 12 months.         12 months?       If have done it, but not during the past 12 months?       "       I have done it, but not during the past 12 months.         In the past 12 months?       If have done it, but not during the past 12 months.       If have used marijuana         "       A few times       "       A few times         "       A bout once or twice a month       "       About 1-2 days a week         "       About 3-5 days a week       "       About 6-7 days a week         "       About 6-7 days a week       "       About 6-7 days a week         "       About 6-7 days a week       "       About 6-7 days a week         "       About 6-7 days a week       "       About 6-7 days a week         "       About 6-7 days a week       "       1 or 2       3 to 5       6 to 9       10 tim past 12         a.       Hallucinogens like       "       "       "       "       "       "       "       "       "       "       "       "       "       "       "       "       "       "       "       "       "       "       "       "       " <t< td=""><td>he n</td><td>ext questions are about dru</td><td>g use. Ple</td><td>ease answ</td><td>er even if</td><td>you do no</td><td>ot use dru</td><td>ıgs.</td></t<>	he n	ext questions are about dru	g use. Ple	ease answ	er even if	you do no	ot use dru	ıgs.		
and cannabis products (also known as a joint, pot, grass or hash) in the past 12 months?       "       I have done it, but not during the past 12 months?         In the past 12 months?       OR       In the past 12 months, I have used marijuana       OR         In the past 12 months, I have used marijuana       "       A few times       "         About once or twice a month       "       About 3-5 days a week       "         About 3-5 days a week       "       About 6-7 days a week       "         About 6-7 days a week       "       About 6-7 days a week       "         In the past 12 months:       I have never done it, but not during the past 12.       In the past 12 months         Which best describes your experience with the following drugs in the past 12 months:       I have never done it, but not for never done it, but not during the past 12 months I have used it         Mark and the past 12 months:       I have never done it, but not for never done it, but not during the past 12 months I have used it         a. Hallucinogens like LSD/acid, magic mushroom       "       "       "       1 or 2       3 to 5       6 to 9       10 times         b. Glue or solvents       "       "       "       "       "       "       "       "         c. Drugs without a prescription or advice from a doctor: downers, uppers, tranquilizers, ritalin, etc.       "       "		your experience with using marijuar	าล	⁰¹ O II	nave never d	lone it				
OR       In the past 12 months, I have used marijuana         Image: Second Sec	i	a joint, pot, grass or hash) <b>in the p</b> a	as ast	$\cup$	nave done it,	but not durir	ng the past	12		
a. Hallucinogens like       a. Hallucinogens like         a. Hallucinogens like       a. Hallucinogens like         b. Glue or solvents       a. a. data         a. Hallucinogens like       a. a. data         b. Glue or solvents       a. a. data         b. Glue or solvents       a. a. data         b. Glue or solvents       a. data         b. Glue or solvents       a. data         c. Drugs without a peers, drowers, downers, down					ontris					
<ul> <li>A rew times</li> <li>About once or twice a month</li> <li>About 1-2 days a week</li> <li>About 3-5 days a week</li> <li>About 6-7 days a week</li> <li>About 6</li></ul>						onths, I ha	ave used			
**       About 1-2 days a week         **       About 3-5 days a week         **       About 3-5 days a week         **       About 6-7 days a week         **       I have never done it but not in the past 12 months I have used it         but not in the past 12 months:       I nor 2         **       1 or 2       3 to 5       6 to 9         **       I so 5       6 to 9       10 times         **       Hallucinogens like       1 or 2       3 to 5       6 to 9         LSD/acid, magic       **       **       **       **         **       Glue or solvents       **       **       **       **         *       Glue or solvents       **       **       **       **       **         **       **       **       **       **       **       **       **         **       **       **       **       **       **       **       **       **         **       **       **       **       **       **				⁰³ O A	few times					
About 1-2 days a week     About 3-5 days a week     About 3-5 days a week     About 6-7 days a week     I have     About 6-7 days a week     I have				⁰⁴ O A	bout once o	r twice a mor	nth			
<ul> <li>About 3-5 days a week</li> <li>About 3-5 days a week</li> <li>About 6-7 days a week</li> <li>About 6-7 days a week</li> <li>About 6-7 days a week</li> <li>I have never done it, but not but not in the past 12 months I have used it</li> <li>I have never done it, but not in the past 12 months I have used it</li> <li>I or 2 3 to 5 6 to 9 10 tim months</li> <li>I are 2 3 to 5 6 to 9 10 tim months</li> <li>I are 2 3 to 5 6 to 9 10 tim months</li> <li>I are 2 3 to 5 6 to 9 10 tim months</li> <li>I are 2 3 to 5 6 to 9 10 tim months</li> <li>I are 2 3 to 5 0 00 00 00 00 00 00 00 00 00 00 00 00</li></ul>				⁰⁵ O A	bout 1-2 day	/s a week				
Which best describes your experience with the following drugs in the past 12 months:       I have never done it, but not in past 12 months I have used it       In the past 12 months I have used it         a. Hallucinogens like LSD/acid, magic mushroom       01 0       02 0       03 0       04 0       05 0       06 0         b. Glue or solvents       07 0       08 0       09 0       10 0       11 0       12 0         c. Drugs without a prescription or advice from a doctor: downers, uppers, tranquilizers, ritalin, etc.       13 0       14 0       15 0       16 0       17 0       16 0         d. Other drugs like exstay, crack, coccline, heroin or       19 0       20 0       21 0       22 0       23 0       24 0       24 0				⁰⁶ O A	bout 3-5 day	/s a week				
experience with the following drugs in the past 12 months:       I have never done it       I have but not in the past 12 months       I have to be in the past 12 months       In the past 12 months I have used it         a. Hallucinogens like LSD/acid, magic mushroom       01       02       03       04       05       06         b. Glue or solvents       07       08       09       10       11       12         c. Drugs without a prescription or advice from a doctor: downers, uppers, tranquilizers, ritalin, etc.       13       14       15       16       17       18         d. Other drugs like ecstasy, crack, coccaine, heroin or       19       20       21       22       23       24				⁰⁷ O A	bout 6-7 day	/s a week				
in the past 12 1 or 2 3 to 5 6 to 9 10 times months times times $1 \text{ or } 2$ 3 to 5 $10 \text{ times}$ or model. a. Hallucinogens like LSD/acid, magic 01 0 02 03 04 05 06 06 07 00 00 00 00 00 00 00 00 00 00 00 00	ex	perience with the following drugs	never	done it,	In the pas	t 12 months	I have use	ed it		
LSD/acid, magic mushroom       01       02       03       04       05       06         b. Glue or solvents       07       08       09       10       11       12         c. Drugs without a prescription or advice from a doctor: downers, uppers, tranquilizers, ritalin, etc.       13       14       15       16       17       18         d. Other drugs like ecstasy, crack, cocaine, heroin or       19       20       21       22       23       24			done it	in the past 12				10 time or mo		
<ul> <li>c. Drugs without a prescription or advice from a doctor: downers, uppers, tranquilizers, ritalin, etc.</li> <li>d. Other drugs like ecstasy, crack, cocaine, heroin or</li> <li>19 20 21 22 23 24 0</li> </ul>	а.	LSD/acid, magic	01	⁰² O	03	04	05	⁰⁶ C		
<ul> <li>prescription or advice from a doctor: downers, uppers, tranquilizers, ritalin, etc.</li> <li>d. Other drugs like ecstasy, crack, cocaine, heroin or</li> <li>19 20 21 22 23 24 (200)</li> </ul>	b.	Glue or solvents	07	080	090	10	¹¹ O	¹² C		
d. Other drugs like ecstasy, crack, cocaine, heroin or 19 20 21 21 22 23 23 24	C.	prescription or advice from a doctor: downers, uppers, tranquilizers, ritalin,	13	14	15	16	17 🔿	18 🥢		
ecstasy, crack, cocaine, heroin or 19 20 21 21 22 23 23 24		etc.	0	0			0			
	d.	ecstasy, crack, cocaine, heroin or	¹⁹	20	21	22	23	²⁴ C		

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

*			
D7	In the past 12 months, how many times have you operated a motorized vehicle (eg. car, motorcycle, boat) after you have been drinking alcohol or doing drugs?	$1 \bigcirc 2 \bigcirc 2$ $3 \bigcirc 4 \bigcirc 2$	Never Once or twice 3 or 4 times 5 times or more
	In the past 12 months, how many times have guideen a passenger in a vehicle when the driver has been drinking alcohol or taking drugs?		Never Once or twice 3 or 4 times 5 times or more

## SECTION E Health

wo Ple	olescence is a time when there are many o uld like to know more about these change ase answer this section as honestly as po op your answers confidential.	changes to your body. In this section, we es. ossible and remember, Statistics Canada will
Ð	How tall are you? (Please estimate if you are not sure)	Feet Inches   OR   Metres   Centimetres
2	How much do you weigh? (Please estimate if you are not sure)	Pounds   OR   Kilograms
3	Would you say that your body hair ("body hair" means underarm and pubic hair) has begun to grow?	<ul> <li>¹ Has not yet started growing</li> <li>² Has barely started growing</li> <li>³ Growth of body hair is definitely underway</li> <li>⁴ Growth of body hair seems completed</li> </ul>
⇒ I	For young women only:	
4	Have your breasts begun to grow?	<ul> <li>Have not yet started growing</li> <li>Have barely started growing</li> <li>Breast growth is definitely underway</li> <li>Breast growth seems completed</li> </ul>
5	If you have begun to menstruate (your monthly periods), at what age did you start?	years and months → Go to Question E
	⁹³ O Hav	ve not yet started
⇒I	or young men only:	
6	Have you noticed a deepening of your voice?	<ul> <li>⁵ Has not yet started changing</li> <li>⁶ Has barely started changing</li> <li>⁷ Voice is definitely changing</li> <li>⁸ Voice change seems completed</li> </ul>

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

Have you begun to grow ha	ir on your face?	¹ O Has not yet started	d growing
		² Has barely started	l growing
		³ $\bigcirc$ Facial hair is defin	itely underway
		⁴ O Facial hair growth	seems completed
For young men and yo	ung women:		
Would you say you are			
(Mark only one	e or A, D, C	0 0)	
¹ O Trying to lose → weight?	In the past 7 days, to lose weight? (Mark all that apply	did you do any of the following	things
	⁰¹ O dieted (ate le	ess or differently)?	
Α	⁰² O exercised (to	burn calories or fat)?	Go to
	⁰³ O took diet pills	s (i.e., Dexatrim)?	→ Section F
	⁰⁴ O smoked?		
	⁰⁵ O other? Spec	ify:	
OR			
² ◯ Trying to gain → weight?	In the past 7 days, in order to gain weig (Mark all that apply	did you do any of the following ght or muscle? <b>/.)</b>	things
	⁰⁶ O ate more foo	od or took food supplements?	
В	⁰⁷ O lifted weights	s or exercised to build muscle?	Go to
	⁰⁸ O used steroid	s?	➔ Section F
	⁰⁹ O other? Spec	ify:	
OR			
³ ◯ Trying to stay → the same weight?	In the past 7 days, stay the same weigh (Mark all that apply		to
	⁰¹ O dieted (ate le	ess or differently)?	
C	⁰² O exercised (to	burn calories or fat)?	
	⁰³ O took diet pills	s (i.e., Dexatrim)?	Go to ➔ Section F
	⁰⁴ O smoked?		
	⁰⁵ O other? Spec	ify:	
OR			
<ul> <li>⁴ ○ Not trying to do anything about your weight?</li> </ul>	Go to Section F		

How lo (dating Outsid many boyfrie	u have a boyfriend/girlfriend right now?	OR       years old         ?       1       Yes       Yes       Go to question F3         ?       1       Yes       Yes       Go to question F3         ?       No       Yes       Go to question F5         °1       Less than 1 month       °2       1 to 5 months         °3       6 months to a year       °4       Over a year         °6       Never       °7       Less than once a week         °8       One day a week       °8       One day a week         °9       2 or 3 days a week       °9       2 or 3 days a week
How lo (dating Outsid many boyfrie	ong have you been going out with g) him/her? de of school or work hours, about how days a week do you see your	? () Yes $\rightarrow$ Go to question F3 () No $\rightarrow$ Go to question F5 () No $\rightarrow$ Go to question F5 () Less than 1 month () Less than 1 month () Less than 1 month () Cover a year () Over a year () Over a year () Less than once a week () One day a week
How lo (dating Outsid many boyfrie	ong have you been going out with g) him/her? de of school or work hours, about how days a week do you see your	1       Yes → Go to question F3         2       No → Go to question F5         01       Less than 1 month         02       1 to 5 months         03       6 months to a year         04       Over a year         05       Never         06       Never         07       Less than once a week         08       One day a week         09       2 or 3 days a week
Outsid many boyfrie	g) him/her?	² No $\rightarrow$ Go to question F5 ⁰¹ Less than 1 month ⁰² 1 to 5 months ⁰³ 6 months to a year ⁰⁴ Over a year ⁰⁶ Never ⁰⁶ Less than once a week ⁰⁶ One day a week ⁰⁹ 2 or 3 days a week
Outsid many boyfrie	g) him/her?	⁰¹ Less than 1 month ⁰² 1 to 5 months ⁰³ 6 months to a year ⁰⁴ Over a year ⁰⁶ Never ⁰⁷ Less than once a week ⁰⁸ One day a week ⁰⁹ 2 or 3 days a week
Outsid many boyfrie	g) him/her?	C Less than 1 month C Less than 1 month C 1 to 5 months C 1 to 5 months C 6 months to a year C 0 Ver a year C 0 Ver a year C 0 Never C Less than once a week C 0 0 ne day a week
In the	days a week do you see your	<ul> <li>⁰³ 6 months to a year</li> <li>⁰⁴ Over a year</li> <li>⁰⁶ Never</li> <li>⁰⁷ Less than once a week</li> <li>⁰⁸ One day a week</li> <li>⁰⁹ 2 or 3 days a week</li> </ul>
In the	days a week do you see your	$ \begin{array}{c}         0 & 6 \text{ months to a year} \\         0^{4} \\         0 & \text{Over a year} \\         0^{6} \\         0 & \text{Never} \\         0^{7} \\         Less than once a week \\         0^{8} \\         0 & \text{One day a week} \\         0^{9} \\         2 & \text{or 3 days a week} \\         10 \\         0     \end{array} $
In the	days a week do you see your	⁰⁶ Never ⁰⁷ Less than once a week ⁰⁸ One day a week ⁰⁹ 2 or 3 days a week
In the	days a week do you see your	⁰⁷ Less than once a week ⁰⁸ One day a week ⁰⁹ 2 or 3 days a week
boyfrie In the	end/girlfriend?	⁰⁸ One day a week ⁰⁹ 2 or 3 days a week
		09 2 or 3 days a week
		10 0
		10 4 or 5 days a week
		11 🔿
		$^{11}\bigcirc$ 6 or 7 days a week
	past 12 months, how many ends/girlfriends have you had?	¹² O None
		¹³ O 1
		¹⁴ 2 or 3
		¹⁵ 4 or 5
		$^{16}\bigcirc$ 6 or more
/e know	v that the following questions	might be sensitive, but would appreciate you
nswerin oncerns	ng them as well as you can. Y s of youth your age.	our answers will help us to better understand the
Have	you ever had consensual sexual ourse?	⁸ O Yes
		°O No → Go to Section G

F7 How old were you when you consensual sexual intercours	first had e?	I was years old
F8 How old was the partner with had consensual sexual interc	whom you first course?	He or she was years old OR ⁹⁹ O I don't know
F9 Are you currently sexually ac	tive?	⁸ Yes ⁹ No $\rightarrow$ Go to Section G
What kind of birth control or p and/or your partner use most (Mark all that apply)	orotection do you	<ul> <li>⁰¹ Condoms (rubbers)</li> <li>⁰² Birth control pills</li> <li>⁰³ Birth control injection (i.e. Depo-Provera, "the shot")</li> <li>⁰⁴ Withdrawal (pull-out)</li> <li>⁰⁵ Emergency contraception ("the morning after pill")</li> <li>⁰⁶ Some other method</li> <li>⁰⁷ Not sure</li> <li>⁰⁸ None</li> </ul>
Have there been any times we partner did <b>not</b> use any form protection?	/hen you and a of birth control or	⁸ Yes ⁹ No → Go to Section G ¹⁰ I don't know → Go to Section G

★

2	What was the main reason for not using any	1
	birth control or protection?	

## (Mark one only)

 $^{\tiny 09}{\hbox{O}}$  Sex was unexpected (no time to prepare)

- ¹⁰O I didn't think I (or she) would get pregnant
- ¹¹O I wanted (she wanted) to get pregnant
- ¹² $\bigcirc$  My partner did not want to use it
- ¹³O It's my partner's problem, not mine
- 14 O It reduces the pleasure
- ¹⁵O It's too expensive
- ¹⁶O It's morally wrong
- ¹⁷O I am too embarrassed to get/use birth control/protection
- 18 Other (specify:)

## OR

 $^{\rm 19}{\rm O}$   $\,$  We always use birth control/protection

Thi	nk of the mother you are most olved with. Is she		⁰¹ ⁰² ⁰³ ⁰⁴ ⁰⁵	your your your	biological/bin adoptive mo step-mother foster mothe her person (a	ther? ? er?		
					not in touch nother	with	→ Go t ques	o stion G6
Thi ide	nking of the mother you have ntified in the previous question:				A great		ome	Very little/Not at
a.	How well do you feel that your mother understands you?				deal ° 🔿			
b.	How much fairness do you receive from your mother?				3 🔘	4 (	C	5 🔘
C.	How much affection do you receive from your mother?				6 🔿	7 (	C	8 🔿
Ove	erall, how would you describe your ationship with your mother?		$1 \bigcirc 2 \bigcirc 3 \bigcirc$	Som	^r close ewhat close very close			
Tel follo	I us how often per week you do the owing activities with your mother:	Never	Less th once weel	а	1 or 2 days	3 or 4 days	5 or 6 days	Every day
	Eat a meal together?	⁰¹ O	⁰² O		⁰³ O	⁰⁴ O	05	⁰⁶ O
a.					09	10		

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		Never	Rarely	Sometimes	Often	Alw
a.	We make up easily when we have a fight.	٥ ()	1 🔘	² O	3 <b>O</b>	4 (
b.	We disagree and fight.	5 🔿	6 🔿	7 🔿	8 O	۹ (
C.	We bug each other or get on each other's nerves.	٥ ()	1 🔘	² O	3 О	4 (
d.	We yell at each other.	5 🔿	6 🔿	7 🔿	8 🔘	9
e.	When we argue we stay angry for a very long time.	٥ ()	1 🔿	² O	3 🔘	4 (
f.	When we disagree, we refuse to talk to each other.	5 🔿	6 🔿	7 🔿	8 🔘	٩(
g.	When we disagree, one of us stomps out of the room, or house, or yard.	٥ ()	1 🔿	2 🔿	3 🔘	4 (
h.	When we disagree about something, we solve problems together.	5 🔿	6 🔘	7 🔿	8 🚫	۹ (
i.	When we disagree about something, I give in just to end the argument.	٥ ()	1 🔿	2 🔿	3 🔘	4 (
j.	When we disagree, another person comes in to settle things or find a solution.	5 🔿	6 🔿	7 🔿	8 🔿	۹ (
Th inv	ink of the father you are most volved with. Is he		⁰² your ⁰³ your ⁰⁴ your	r biological/birth fa adoptive father? step-father? foster father? ther person (a fath		
				not in touch my father	→ Go to → ques	) stion G

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*

	_
	x
	~
i.	
	-

<b>G</b> 7	Thinking identifie	g of the father you have ad in the previous question:						
					A great deal	Some	litt	Very le/Not at all
	a. Hov fath	v well do you feel that your er understands you?			٥ О	1 🔿		² O
	b. How rece	v much fairness do you eive from your father?			3 О	4 🔿		5 🔿
	c. How rece	v much affection do you eive from your father?			6 🔿	⁷ O		⁸ O
G8	Overall, relation	, how would you describe your ship with your father?		⁵ O Ver	y close			
				Ŭ	newhat close			
				⁷ O Not	very close			
<b>G</b> 9	Tell us followin	how often per week you do the g activities with your father:	Never	Less than once a week	1 or 2 days	3 or 4 days	5 or 6 days	Every day
	a. Eat	a meal together?	⁰¹ O	⁰² O	⁰³ O	⁰⁴ O	⁰⁵ O	
		re a discussion ether?	07	080	0900	10	¹¹ O	¹² O
G10	People	often disagree with each other. d your father do the following the follo	The follow	ing sentences	describe disa	greements.	Tell us h	ow often
	you an		Never	Rarely	Sometime	es Ofte	n	Always
	a. We we l	make up easily when have a fight.	° 🔿	1 🔿	2 🔿	3 С	)	4 🔿
	b. We	disagree and fight.	5 🔿	6 🔿	7 🔿	8	)	9 O
	c. We eac	bug each other or get on h other's nerves.	٥ ()	1 🔿	2 🔿	3 С	)	4 🔿
	d. We	yell at each other.	5 🔿	6 🔿	7 🔿	8 🔾	)	٩
	e. Whe for a	en we argue we stay angry a very long time.	° ()	1 🔿	2 🔿	3 С	)	4 🔿
		en we disagree, we refuse alk to each other.	5 🔿	6 🔿	7 🔿	8 🔾	)	9 O
	stor	en we disagree, one of us nps out of the room, or se, or yard.	٥ ()	1 🔿	2 🔿	3 🔾	)	4 🔿

(F

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

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	ten you and your father do the follo					
		Never	Rarely	Sometimes	Often	Always
h.	When we disagree about something, we solve problems together.	5 🔿	6 🔿	7 🔿	8 🔘	٩O
i. When we disagree about something, I give in just to end the argument.		° ()	1 🔿	2 🔿	з 🔘	4 🔿
j.	When we disagree, another person comes in to settle things or find a solution.	5 🔿	6 🔿	7 🔿	8 🔿	9 <b>O</b>
sta	ninking about the mother and/or fathe atements, use the choice that best de y parent(s)	er you have id escribes the v Never	dentified in the way they have <b>Rarely</b>	e previous questio acted toward you Sometimes	ns, for each in the past of Often	of the follov 6 months. Alway
		Nevei	Karely	Sometimes	Onten	Alway
а.	Tell me what time to be home when I go out.	0 O	1 🔿	2 🔿	3 О	4 🔿
b.	Take an interest in where I am going and who I am with.	5 🔿	6 🔿	⁷ O	⁸ O	٩O
С.	Ask me to leave a note or call to let them know where I am going.	° ()	1 🔘	2 🔿	3 ()	4 🔿
d.	Let me know how to get in touch with them when they are not at home.	5 🔿	6 🔿	7 🔿	8 🔘	° O
Ho ge	ow well do you think your parents along with each other?		$1 \bigcirc Fairle ^{2} \bigcirc Not$	v well y well very well parents are not in	touch with ea	ch other

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G14	How often do your parents get upset with one another, including times when they are mad but don't say much?	⁰⁷ O ⁰⁸ O	Never Rarely
		$O^{e_0}$	Sometimes
		¹⁰ O	Often
		¹¹ O	Always
		12	I don't know
		¹³	My parents are not in touch with each other
		Ũ	
	metimes different situations or circumsta		
ne	t few questions are about one of these s	ituatio	ns.
<b>G1</b> 5	Have you ever experienced being hungry because there was no food in the house or money to buy food?		Yes
		$(^2 O)$	No → Go to Section H
<b>G16</b>	How often has this occurred?	³ O	More often than end of each month
		⁴ O	Regularly, end of the month
		⁵ O	Every few months
		⁶ O	Occasionally, not a regular occurrence
<b>G17</b>	How do you or your family cope when this happens?	000	My parent/guardian skips meals or eats less
	(Mark all that apply)		I skip meals or eat less
		⁰² O	I make sure that others in the house eat before I do
		⁰³	Cut down on variety of foods usually eaten
			Seek help from relatives
			Seek help from friends
		06 06	Seek help from social worker/government office
		⁰⁷ O	Seek help from food bank (emergency food program)
		080	Use school meal program
		090	Other
1			

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SECTION H	Thank you.		
H What time questionna	was it when you finished this ire?		
When vo	ou are finished, please:	$\square$	put this questionnaire in the envelope.
when yo	a are ministred, prease.		return it to the interviewer.

## Thank you very much for helping us.

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