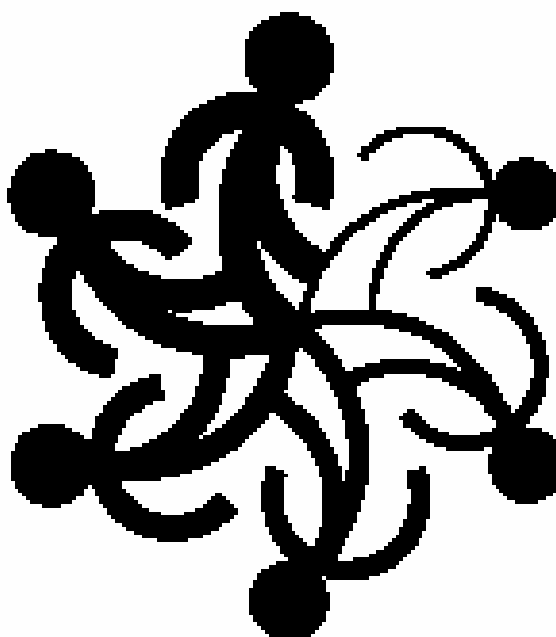




NATIONAL LONGITUDINAL SURVEY OF CHILDREN & YOUTH

Cycle 5 Survey Instruments 2002/03 Book 2 – Kindergarten Teacher & Youth Questionnaires



2005



Statistics Canada
Social Development
Canada

Statistiques Canada
Développement social
Canada

Canada

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Ottawa, Ontario
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Client Services
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E-mail: ssd@statcan.ca

Également disponible en français sous le titre: Enquête longitudinale nationale sur les enfants et les jeunes, Matériel d'enquête pour la collecte des données de 2002-2003 - Cycle 5.

INTRODUCTION

NLSCY instruments, by which we mean the various questionnaires used to gather information from parents, children and youth, and kindergarten teachers could be divided into 3 groups:

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

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

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

- Kindergarten teacher's questionnaire
- Booklet 20 - self complete for 10-11 year olds
- Booklet 21 - self complete for 12-13 year olds
- Booklet 22 - self complete for 14-15 year olds
- Booklet 23 - self complete for 16-17 year olds
- Booklet 24 – self complete for 18-19 year olds
- Informed Consent Form

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

- Ages and Stages questionnaires (Parent self report, ages 3 to 47 months)
- Peabody Picture Vocabulary Test - Revised (PPVT - R) (Direct Measure, Age 4 to 5 years)
- Who Am I? (Direct Measure, age 4 and 5 year olds)
- Number Knowledge (Direct Measure, age 4 and 5 year olds)
- Math tests (Direct Measure, Grades 2 to 10)
- Cognitive measure (Direct Measure, ages 16 and 17)

For cycle 5, there are two published documents containing survey instruments: Book 1 contains the electronic questionnaires and Book 2 contains the self-administered paper questionnaires listed in B above. The instruments listed in C above will not be published. Several of them are available from publishers. Please see list at the end of this section.

This is **Book 2**. It includes the kindergarten teacher and youth paper self-complete questionnaires.

Most of the questions for cycle 5 are similar to those in previous cycles. Unlike cycle 4, only the Kindergarten teachers completed a questionnaire in cycle 5.

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

Cycle 1

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

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

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

Cycle 2

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

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

Cycle 3

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

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

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

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

List of the Direct Measures publishers

PPVT-R (English):

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

EVIP (French PPVT):

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

Math Tests (grades 2-10):

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

Who Am I?:

ACER Press Customer Service
347 Camberwell Road
Camberwell
Victoria, Australia 3124

Number Knowledge

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

Ages and Stages

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

National Longitudinal Survey of Children and Youth – Cycle 5
Book 2 – Contents

1. **Kindergarten Teacher's Questionnaire**
2. **Booklet 20:** Self-completed Questionnaire for 10- and 11-year-olds
3. **Booklet 21:** Self-completed Questionnaire for 12- and 13-year-olds
4. **Booklet 22:** Self-completed Questionnaire for 14- and 15-year-olds
5. **Booklet 23:** Self-completed Questionnaire for 16- and 17-year-olds
6. **Booklet 24:** Self-completed Questionnaire for 18- and 19-year-olds
7. **Informed Consent Form**

National Longitudinal Survey of Children & Youth

Cycle 5 Survey Instruments 2002-2003



KINDERGARTEN TEACHER'S QUESTIONNAIRE



Human Resources Development Canada & Statistics Canada

National Longitudinal Survey of Children and Youth - Cycle 5

Kindergarten Teacher's Questionnaire



Place label here

Confidential when complete

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

Aussi disponible en français

Instructions

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

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

INSTRUCTIONS

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

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

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

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





Please mark only one response unless otherwise indicated

SECTION 1 General Information

01 What grade is this child in?

- ☐ This child is not assigned to a grade
- ☐ In junior kindergarten/Primary (generally 2 years before grade 1)
- ☐ In senior kindergarten/Primary (generally 1 year before grade 1)
- ☐ In a combination of junior/senior kindergarten

02 In what type of program is this child enrolled?

- ☐ Full-day, every day
- ☐ Full-day, alternate days
- ☐ Half-day, every day
- ☐ Half-day, alternate days
- ☐ Half-day, four days a week
- ☐ Some other combination

03 Does this child:

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

04 Has this child missed 15 or more days of school this year?

- ☐ Yes
- ☐ No





05

Since the beginning of school in the fall, how often has this child arrived:

	Never	Rarely	Some- times	Often	Always	Don't know
a) inadequately dressed for the weather conditions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) too tired to participate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) without a lunch/snacks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) hungry?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

06

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

- ☐ Physical disability or visual or hearing impairment
- ☐ Speech impairment
- ☐ Learning disability
- ☐ Emotional or behavioural problem (e.g. Attention Deficit Disorder – ADD,
Attention Deficit and Hyperactivity Disorder - ADHD)
- ☐ Mental disability or limitation
- ☐ Home environment/problems at home
- ☐ Other (please specify) _____
- ☐ Not applicable → **Go to Question 8**

07

Does this child receive special help or resources because of this (these) limitation(s)?

- ☐ Yes
- ☐ No
- ☐ I do not know



**08**

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

	Yes	No	Contact not needed
a) participated in scheduled parent-teacher meetings or discussions in person or on the telephone? (including parent-teacher interviews and meet the teacher events)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) returned an unscheduled or informal call you made to discuss this child's progress or behaviour?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) contacted you in writing, by phone, or in any other manner to discuss this child's progress or behaviour?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) volunteered in your class/for class activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

09

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

- ☐ Very involved
- ☐ Somewhat involved
- ☐ Not involved
- ☐ I do not know / no opinion





SECTION 2 This Child's Development and Performance

10 In your opinion, how important is it to this child to do well in class?

- ☐ Very important
- ☐ Somewhat important
- ☐ Of little importance
- ☐ I do not know

11 In this section, please assess this child's language, reading and writing skills in English **or** French. In which language will you assess these skills?

- ☐ English
- ☐ French

12 For the following areas of development, how would you rate this child?

	Near the top of the class	Above the middle of the class, but not at the top	In the middle of the class	Below the middle of the class, but above the bottom	Near the bottom of the class
a) Social / emotional development (e.g., adaptability, cooperation, interaction, responsibility, self-control)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Gross motor skills (e.g., balance, strength, locomotor skills, and coordination)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Fine motor skills and hand-eye coordination (e.g., manual dexterity, holding and using a crayon or pencil)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Learning skills (e.g., attention, experimentation, observation, organization, problem solving)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Expressive language / communication skills (e.g., using language effectively, talking with others, ability to communicate ideas)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Receptive language / communication skills (e.g., understanding, interpreting, listening)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**13**

How would you rate this child's ability to:

	Excellent	Good	Average	Poor	Very poor
a) share an experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) tell a story (characters, time sequence, plot, conclusion)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) take part in imaginative play	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) clearly convey his/her needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) articulate clearly, without sound substitutions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) understand on first try what is being said to him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) follow a conversation and stay on the same topic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) pass simple messages from one person to another without getting the message mixed up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14Considering **reading skills**, this child:*(Mark all that apply)*

- ☐ is generally interested in books (pictures and print)
- ☐ is interested in reading (inquisitive/curious about the meaning of printed materials)
- ☐ knows how to handle a book (e.g. turn a page, right side up, distinguish between front and back)
- ☐ is able to identify some letters of the alphabet
- ☐ is able to attach sounds to letters
- ☐ shows an awareness of rhyming words
- ☐ is able to participate in group reading activities
- ☐ is able to read simple words
- ☐ is able to read complex words
- ☐ is able to read simple sentences
- ☐ is unable to read
- ☐ is uninterested in reading
- ☐ I do not know





15

Considering **writing skills**, this child is:

(Mark all that apply)

- ☐ experimenting with writing tools
- ☐ aware of writing directions (left to right, top to bottom)
- ☐ interested in writing voluntarily (not only under the teacher's direction)
- ☐ able to print his/her name
- ☐ able to print simple words
- ☐ able to print simple sentences
- ☐ unable to print
- ☐ uninterested in printing
- ☐ I do not know

16

Considering **mathematical skills**, this child is:

(Mark all that apply)

- ☐ interested in games involving numbers
- ☐ able to sort and classify objects (e.g., by shape, colour, size)
- ☐ able to make one-to-one correspondence
- ☐ able to count to 20
- ☐ able to recognize numbers 1 to 10
- ☐ able to say which number is the bigger of two
- ☐ showing an understanding of relationship between quantities (e.g., more versus less)
- ☐ able to recognize geometric shapes
- ☐ knowledgeable about time concepts (e.g., today, summer, bedtime)
- ☐ unable to do any of the above
- ☐ uninterested in mathematics
- ☐ I do not know





17 Compared with other classes at the **same grade** in your school, do you feel that this child's class generally has:

- ☐ a lower overall ability than the other classes
- ☐ a similar overall ability to the other classes
- ☐ a higher overall ability than the other classes
- ☐ a greater diversity of abilities than the other classes
- ☐ there are no other classes at the same grade

18 How physically active is this child compared to other children of the same age and sex?

- ☐ Much more active
- ☐ Moderately more active
- ☐ Equally active
- ☐ Moderately less active
- ☐ Much less active





SECTION 3 This child's classroom behaviour and work habits

19

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

	Never	Rarely	Some- times	Often	Always
a) works and plays cooperatively with other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) tries to help someone who has been hurt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) comforts another child who is crying or upset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) makes friends easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) willingly plays with various children (including those who may be left out by others)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) will invite others to join in a game	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) respects the property of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) keeps his/her temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) demonstrates self-control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) shows self-confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) shows creativity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) demonstrates problem-solving ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m) shows respect for adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n) shows respect for other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o) responds appropriately to the feelings of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p) accepts responsibility for his/her actions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q) shows curiosity about the world	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r) enjoys learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s) likes to try new things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**20**

The following statements describe work and classroom habits.
Please indicate how often this child:

	Never	Rarely	Some- times	Often	Always
a) follows rules and instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) listens attentively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) works independently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) takes care of materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) works neatly and carefully	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) adjusts well to changes in routine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) challenges the teacher in a positive way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) puts a lot of effort into work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) concentrates on a task and ignores distractions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) finishes things he/she starts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) persists with solving a problem even when things go wrong	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) shows independence in washroom habits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





21

How often would you say this child:

	Never or not true	Sometimes or somewhat true	Often or very true	Don't know
a) can't sit still or is restless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) seems to be unhappy or sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) gets into many fights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) is easily distracted, has trouble sticking to any activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) when mad at someone, tries to get others to dislike that person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) is not as happy as other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) is disobedient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) cannot concentrate, cannot pay attention for long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) is too fearful or nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) when mad at someone, becomes friends with another as revenge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) is impulsive, acts without thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) is worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m) has difficulty waiting for his/her turn in games or groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n) when somebody accidentally hurts him/her, he/she reacts with anger and fighting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o) tends to do things on his/her own, is rather solitary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p) when mad at someone, says bad things behind the other's back	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q) physically attacks people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**21** How often would you say this child: - Concluded

	Never or not true	Sometimes or somewhat true	Often or very true	Don't know
r) cries a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s) threatens people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t) bullies or is mean to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
u) when mad at someone, says to others: let's not be with him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
v) is nervous, high-strung or tense	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
w) kicks or hits other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
x) is inattentive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
y) cannot settle on anything for more than a few moments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
z) has trouble enjoying him/herself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
aa) when mad at someone, tells that person's secrets to a third person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
bb) is excessively shy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





22 How frequently does this child:

	Never	Rarely	Some- times	Often	Always
a) seem to enjoy being in the class you teach?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) seem bored in the class you teach?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) seem comfortable with the level of difficulty of the materials that are presented in class?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23 In your class, how often does this child use educational software?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always (every day)

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

- ☐ None
- ☐ 1 to 29 minutes per week
- ☐ 30 to 59 minutes per week
- ☐ 60 minutes or more per week





SECTION 4 This child's class

25 Approximately what percentage of instruction time in this class is in:

a) English?

--	--	--

 %

b) French?

--	--	--

 %

c) Other? (specify) _____

--	--	--

 %

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

1	0	0
---	---	---

 %

26 How many children are enrolled in this child's class?

--	--

 children

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

	Never	1 to 25%	26 to 50%	51 to 75%	More than 75%
	of total instructional time				
a) Qualified Teaching Assistant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Adult volunteer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28 In this child's class, how many children (including this child) have any of the following long-term problems, whether or not the problem has been officially identified?
(Some children may belong to more than one category)

a) A speech, hearing, vision, mobility or other health impairment that affects their learning?	<table border="1"><tr><td></td><td></td></tr></table> children		
b) An emotional or behavioural problem?	<table border="1"><tr><td></td><td></td></tr></table> children		
c) A learning disability?	<table border="1"><tr><td></td><td></td></tr></table> children		



**29**

In this child's class, how many children:
(Some children may belong to more than one category.)

a) are boys?

--	--

children

b) are girls?

--	--

children

c) have a first language other than English or French?

--	--

children

d) have a limited knowledge of the main language of instruction
that affects his/her classroom performance?

--	--

children

e) have arrived in Canada within the last year?

--	--

children

30

In this child's class, the children:

Never

Rarely

**Some-
times**

Often

Always

a) move smoothly from one classroom
activity to another

☐☐☐☐☐

b) are easily distracted by the
disruptive behaviour of a few

☐☐☐☐☐

c) work well together on group activities

☐☐☐☐☐

d) misbehave when you are called to the door
or must attend to other interruptions

☐☐☐☐☐

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

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a) Many of the children in this class are not capable of mastering the curriculum at their grade.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Classroom activities are affected by difficulties some children have with the language of instruction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) An important aspect of our program is beginning the development of academic skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) An important aspect of our program is the development of social skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) I have a strong effect on the academic achievement of the children I teach.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) I feel competent in dealing with children's behavioural problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) I feel competent in dealing with children's learning problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) I feel that children's success at school is determined mainly by their home environment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) I have high expectations for the academic success of the children I teach.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) I strongly encourage children to achieve their full academic potential.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



SECTION 5 School Characteristics

32 Is your school reserved for:

- ☐ physically impaired students only
- ☐ mentally/emotionally disabled students only
- ☐ both of the above
- ☐ none of the above

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

--	--	--	--

students

34 How would you describe the economic background of the students attending your school?
(Please specify the percentage of families in each category)

a) Family income above \$50,000 per year

--	--	--

 %

b) Family income between \$30,000 and \$50,000 per year

--	--	--

 %

c) Family income \$30,000 per year or below

--	--	--

 %

TOTAL

Total for a, b and c must equal 100%

1	0	0
---	---	---

 %

☐ I do not know





SECTION 6 Perceptions of your School

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

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a) The administrative, support and teaching staff work together as a team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) All staff are involved in decision making.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) School staff know what is expected of them in terms of their roles and responsibilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Staff clearly understand school policies and procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Teachers have considerable influence on school policies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Teachers have a strong influence on how resources (e.g. money, staff, instructional materials) are allocated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Children clearly understand school rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) The principal and/or vice-principal(s) provide(s) support to teachers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Teachers receive positive feedback from the principal and/or vice-principal(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) The principal and/or vice-principal(s) circulate in the school to talk with staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) The principal and/or vice-principal(s) spend(s) time getting to know the children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) The school provides a positive working environment for teachers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m) The school provides a positive working environment for children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





36

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

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a) Teachers in this school have reached a consensus about how to discipline children who break rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) All children who break rules in this school face the same consequences.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Teachers in this school rarely overlook physical aggression among children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Teachers in this school rarely overlook verbal aggression among children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Teachers feel there is insufficient support within the school for managing disciplinary problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





SECTION 7 Personal Information

37 Are you:

- ☐ Female?
- ☐ Male?

38 To which age group do you belong?

- ☐ 20 to 29
- ☐ 30 to 39
- ☐ 40 to 49
- ☐ 50 to 59
- ☐ 60 or older

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

- a) as a teacher? year(s) month(s)
- b) as a teacher at the grade level of this child? year(s) month(s)
- c) as a teacher at this school? year(s) month(s)

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

- | | Never | Rarely
(1 or 2
times a
week) | Sometimes
(3 or 4
times a
week) | Often
(5 or 6
times a
week) | Always
(Daily) |
|---|-----------------------|---------------------------------------|--|--------------------------------------|-----------------------|
| a) as a teaching tool for children
(inside or outside your classroom
but during class time)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b) as a learning/professional development
tool for yourself (e.g. education discussion
groups on the Internet)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c) as a communication tool (e.g. Internet,
e-mail, or other communications software)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



41

Please specify the highest level of education you have attained.

- ☐ Early Childhood Education Certificate
- ☐ Some course work towards a Bachelor's degree
- ☐ A teaching certificate, diploma or license
- ☐ A Bachelor's degree
- ☐ A Bachelor of Education degree
- ☐ Some post-Baccalaureate course work
- ☐ A post-Baccalaureate diploma or certificate
- ☐ Some course work towards a Master's degree
- ☐ A Master's degree
- ☐ Some course work towards a Doctorate
- ☐ A Doctorate degree
- ☐ Trade/vocational certification (including journeyperson certification)
- ☐ Other (*please specify*) _____

42

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

- ☐ English language and/or literature
- ☐ French language and/or literature
- ☐ Mathematics
- ☐ Computer Science/Informatics
- ☐ Science (e.g. physics, chemistry, biology)
- ☐ Trade/vocational
- ☐ Social Sciences (e.g. psychology, history, geography, economics, journalism, family studies)
- ☐ Environmental Studies
- ☐ Fine Arts
- ☐ Physical Education/Recreation
- ☐ Education
- ☐ Special Education
- ☐ Early Childhood Education
- ☐ General (no specialization/concentration, e.g. B.A. General)
- ☐ Other (*please specify*) _____



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

- ☐ One class in, or part of, a special education program
- ☐ A special education certificate
- ☐ A graduate degree in special education
- ☐ Other (*please specify*) _____
- ☐ None of the above

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

- ☐ One class in, or part of, a second language program
- ☐ A certificate in second language education
- ☐ A graduate degree in second language education
- ☐ Other (*please specify*) _____
- ☐ None of the above

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

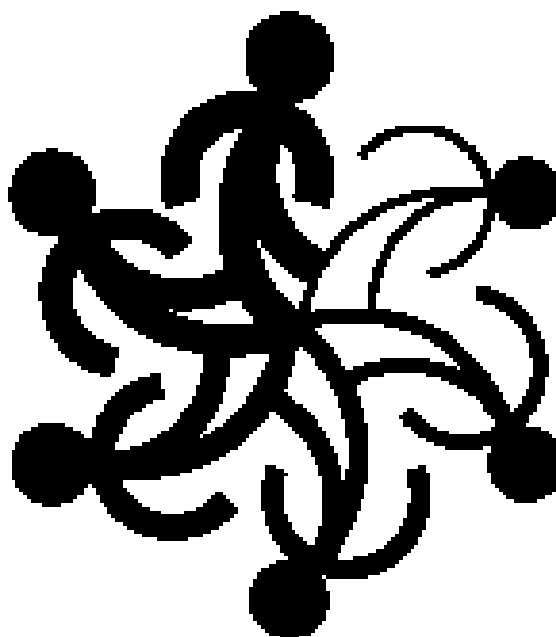
- ☐ Yes (*please specify*) _____
- ☐ No

Thank you for completing this questionnaire



National Longitudinal Survey of Children & Youth

Cycle 5 Survey Instruments 2002-2003



BOOKLET 20

Self-complete Questionnaire for 10- and 11-year-olds



National Longitudinal Survey of Children and Youth

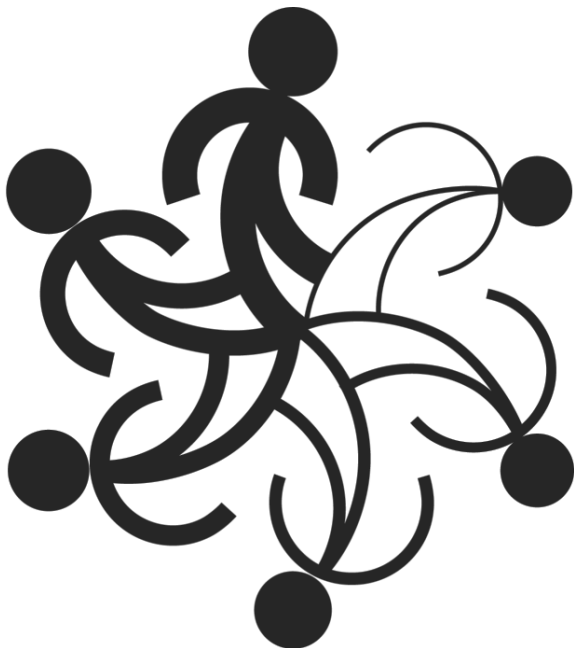
Cycle 5

Booklet 20E

Confidential when completed

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

Aussi disponible en français



Please read instructions on next page before beginning.



FOR OFFICE USE ONLY

Person ID

-

-

-

-

E

-

S

0

Questionnaire No.

Child's First Name

Assignment No.

Time Started

:





INSTRUCTIONS

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

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

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

Example 1

B1 How do you feel about school?

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

Example 2

A6 How many close friends do you have?

⁹³ ☐ None

OR

0	3
---	---

 number of close friends

KIDS HELP PHONE
JEUNESSE, J'ÉCOUTE



1-800-668-6868

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

1-(800) 668-6868

Statistics Canada will keep your answers PRIVATE.

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

THANK YOU FOR YOUR HELP!



SECTION A

Friends and Family

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

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

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

A5 About how many days a week do you do things with close friends outside of school hours?	⁰¹ <input type="radio"/> Never	⁰² <input type="radio"/> Less than once a week	⁰³ <input type="radio"/> 1 day a week	⁰⁴ <input type="radio"/> 2-3 days a week	⁰⁵ <input type="radio"/> 4-5 days a week	⁰⁶ <input type="radio"/> 6-7 days a week
A6 How many close friends do you have?	None ⁹³ <input type="radio"/>	OR	Number of close friends <div><div></div><div></div></div>			
A7 How many of your close friends do the following:	None	A few	Most	All		
a. smoke cigarettes?	⁰ <input type="radio"/>	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>		
b. drink alcohol?	⁴ <input type="radio"/>	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>		
c. have tried marijuana?	⁰ <input type="radio"/>	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>		
d. have tried drugs other than marijuana?	⁴ <input type="radio"/>	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>		



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

☐ ⁸ Yes → **Go to question A9**

☐ ⁹ No → **Go to question A10**

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

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

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

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

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

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



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



B1

How do you feel about school?

0

☐

I like school very much

1

☐

I like school quite a bit

2

☐

I like school a bit

3

☐

I don't like school very much

4

☐

I hate school

B2

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

09

☐

Very well

10

☐

Well

11

☐

Average

12

☐

Poorly

13

☐

Very poorly

B3

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

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

B4

How do you like the following subjects:

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

B5

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

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

About my teachers and homework.

B6

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

B7

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

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

C1

Choose the answer that best describes how you feel.

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

C2

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

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



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



D1

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

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



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D1

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

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



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D1

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

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

D2

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

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

D3

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

¹ ☐ Yes

² ☐ No

My mother

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

- ☐ ⁰¹ your biological/birth mother?
- ☐ ⁰² your adoptive mother?
- ☐ ⁰³ your stepmother?
- ☐ ⁰⁴ your foster mother?
- ☐ ⁰⁵ another person?

OR

☐ ⁰⁶ I am not in touch with my mother

→ Go to question E4

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

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

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

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

My Father

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

- ☐ ⁰¹ your biological/birth father?
- ☐ ⁰² your adoptive father?
- ☐ ⁰³ your stepfather?
- ☐ ⁰⁴ your foster father?
- ☐ ⁰⁵ another person?

OR

☐ ⁰⁶ I am not in touch with my father

→ Go to question E7

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

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

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

⁵ ☐ Very close

⁶ ☐ Somewhat close

⁷ ☐ Not very close

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

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

⁰ ☐ Very well

¹ ☐ Fairly well

² ☐ Not very well

³ ☐ My parents are not in touch with each other

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

⁰¹ ☐ Never

⁰² ☐ Rarely

⁰³ ☐ Sometimes

⁰⁴ ☐ Often

⁰⁵ ☐ Always

⁰⁶ ☐ I don't know

⁰⁷ ☐ My parents are not in touch with each other

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

⁰⁸ ☐ Never

⁰⁹ ☐ Rarely

¹⁰ ☐ Sometimes

¹¹ ☐ Often

¹² ☐ Always

¹³ ☐ I don't know

¹⁴ ☐ My parents are not in touch with each other

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

My parent(s) ...

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


E10

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

My parent(s) ...

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

E11	How often do your parents let you decide ...	Almost never	Sometimes	Often	Always
a.	the time you go to bed on weeknights?	⁵ ○	⁶ ○	⁷ ○	⁸ ○
b.	the people you hang around with?	¹ ○	² ○	³ ○	⁴ ○
c.	how much television you watch?	⁵ ○	⁶ ○	⁷ ○	⁸ ○

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

★

SECTION F

Puberty

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

F1

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

1

☐

Has not yet started growing

2

☐

Has barely started growing

3

☐

Growth of body hair is definitely underway

4

☐

Growth of body hair seems completed

Boys go to question F4

Girls go to question F2

For girls only

F2

Have your breasts begun to grow?

5

☐

Have not yet started growing

6

☐

Have barely started growing

7

☐

Breast growth is definitely underway

8

☐

Breast growth seems completed

F3

Have you begun to menstruate (your monthly periods)?

1

☐

Yes

2

☐

No

Girls go to section G

For boys only

F4

Have you noticed a deepening of your voice?

5

☐

Has not yet started changing

6

☐

Has barely started changing

7

☐

Voice is definitely changing

8

☐

Voice change seems completed

F5

Have you begun to grow hair on your face?

1

☐

Has not yet started growing

2

☐

Has barely started growing

3

☐

Facial hair growth is definitely underway

4

☐

Facial hair growth seems completed



SECTION G Smoking, Drinking and Drugs

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

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

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

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

- ☐ I have never smoked
- ☐ I have only had a few puffs

→ **Go to question G3**

- ☐ I do not smoke anymore

→ **Go to question G2**

OR

I smoke ...

- ☐ A few times a year
- ☐ About once or twice a month
- ☐ About 1-2 days a week
- ☐ About 3-5 days a week
- ☐ About 6-7 days a week

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

- ☐ I have never done this

OR

I was years old



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





The next questions are about drinking alcohol.

A drink of alcohol is, for example:

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

G3

Have you ever had a drink of alcohol?

⁰¹ ☐ Yes, at least one drink

→ Go to question G4

⁰² ☐ I have only had a few sips

→ Go to question G5

⁰³ ☐ No

G4

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

I was

years old

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

G5

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

¹ ☐ Yes

² ☐ No

→ Go to section H

G6

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

I was

years old



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H1

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

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

H2

Thinking of the one sport or physical activity that you do the most often, how long do you usually spend being active in one session?
This may be an activity with or without a coach or instructor, but does not include gym class.

01

☐

I do not do physical activities

02

☐

1 to 15 minutes

03

☐

16 to 30 minutes

04

☐

31 to 59 minutes

05

☐

1 to 2 hours

06

☐

more than 2 hours

H3

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

01

☐

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

02

☐

Less than one hour a day

03

☐

1 to 2 hours a day

04

☐

3 to 4 hours a day

05

☐

5 to 6 hours a day

06

☐

7 or more hours a day

H4

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

07

☐

Every day

08

☐

A few times a week

09

☐

Once a week

10

☐

A few times a month

11

☐

Less than once a month

12

☐

Almost never

H5

Do you use the Internet ...

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

H6

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

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

H7

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

07

☐

I don't use a computer

08

☐

Less than 1 hour a day

09

☐

1 or 2 hours a day

10

☐

3 or 4 hours a day

11

☐

5 or 6 hours a day

12

☐

7 or more hours a day

H8

Is there a computer in your home?
(Even if you dont use it.)

1

☐

Yes

2

☐


No

J1


What time was it when you finished?

:

When you finish this survey:



Put this questionnaire in the envelope.

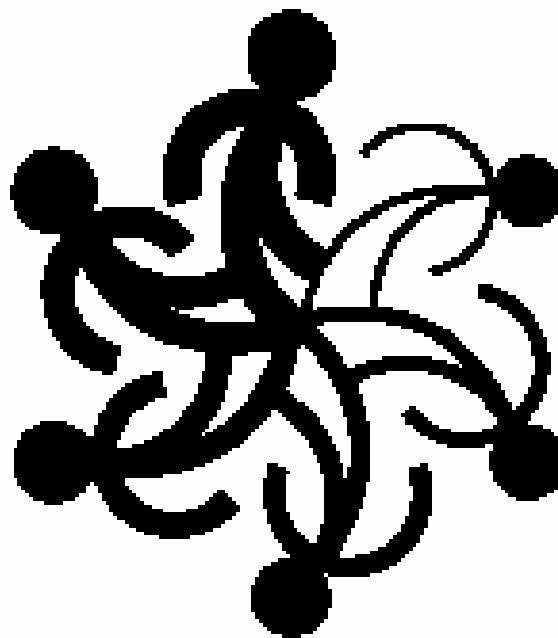


Return it to the interviewer.

Thank you very much for helping us.

National Longitudinal Survey of Children & Youth

Cycle 5 Survey Instruments 2002-2003



BOOKLET 21

Self-complete Questionnaire for 12- and 13-year-olds



National Longitudinal Survey of Children and Youth

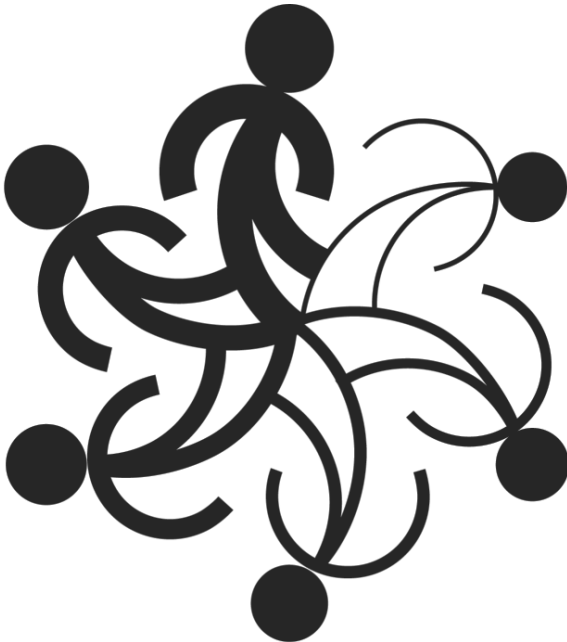
Cycle 5

Booklet 21E

Confidential when completed

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

Aussi disponible en français



Please read instructions on next page before beginning.



FOR OFFICE USE ONLY

Person ID

E

S

1

Questionnaire No.

Child's First Name

Assignment No.

Time Started

 : 



INSTRUCTIONS

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

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

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

Example 1

B1 How do you feel about school?

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

Example 2

A6 How many of your close friends are girls?

⁹³ ☐ None

OR

0	3
---	---

 number of girls

KIDS HELP PHONE
JEUNESSE, J'ÉCOUTE



1-800-668-6868

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

1-(800) 668-6868

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THANK YOU FOR YOUR HELP!





SECTION A Friends and Family

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

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

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

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

⁰¹ ☐ Never

⁰² ☐ Less than once a week

⁰³ ☐ 1 day a week

⁰⁴ ☐ 2 - 3 days a week

⁰⁵ ☐ 4 - 5 days a week

⁰⁶ ☐ 6 - 7 days a week

How many of your close friends are:

	None		Number
A6 ... girls?	⁹³ <input type="radio"/>	OR	<div><div></div><div></div></div>
A7 ... boys?	⁹⁴ <input type="radio"/>	OR	<div><div></div><div></div></div>

A8 How often do you share your secrets and private feelings with your close friends?

⁰ ☐ All the time

¹ ☐ Most of the time

² ☐ Some of the time

³ ☐ Rarely

⁴ ☐ Never



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A9

How many of your close friends do the following:

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

A10

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

⁸ ☐ Yes

→ Go to question A11

⁹ ☐ No

→ Go to question A12

A11

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

⁰¹ ☐ Mother

⁰² ☐ Father

⁰³ ☐ Stepmother

⁰⁴ ☐ Stepfather

⁰⁵ ☐ Brother

⁰⁶ ☐ Sister

⁰⁷ ☐ Grandparent

⁰⁸ ☐ Other relative

⁰⁹ ☐ A friend of the family

¹⁰ ☐ Sitter or babysitter

¹¹ ☐ Parent's boyfriend/girlfriend

¹² ☐ Teacher

¹³ ☐ Coach or leader (e.g. Scout, Guide or church leader)

¹⁴ ☐ Other (e.g. family doctor)

A12

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

¹⁵ ☐ Very well, no problems

¹⁶ ☐ Quite well, hardly any problems

¹⁷ ☐ Pretty well, some problems

¹⁸ ☐ Not too well, many problems

¹⁹ ☐ Not well at all, constant problems



A13

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

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



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SECTION B School

B1 How do you feel about school?

- ☐ I like school very much
- ☐ I like school quite a bit
- ☐ I like school a bit
- ☐ I don't like school very much
- ☐ I hate school

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

- ☐ Yes → **Go to question B5**
- ☐ No → **Go to question B3**

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

- ☐ I changed from elementary school to high school
- ☐ I changed from elementary school to middle school or junior high
- ☐ I changed from middle school or junior high to high school
- ☐ I moved
- ☐ I was expelled
- ☐ Other reason

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

- ☐ I did not find it hard to get used to my new school
- ☐ Organizing homework
- ☐ New teachers
- ☐ Changing classes
- ☐ Having to make new friends
- ☐ Finding my way around
- ☐ Taking the bus to a new school
- ☐ Other

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

- ☐ Very well
- ☐ Well
- ☐ Average
- ☐ Poorly
- ☐ Very poorly



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B6

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

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

B7

How do you like the following subjects:

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

B8

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

⁰ ☐ All the time

¹ ☐ Most of the time

² ☐ Some of the time

³ ☐ Rarely

⁴ ☐ Never

B9

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

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

B10

The next statements are about teachers and homework.

All the time

Most of the time

Some of the time

Rarely

Never

a. In general, my teachers treat me fairly.

00 ☐

01 ☐

02 ☐

03 ☐

04 ☐

Don't need help

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

05 ☐

06 ☐

07 ☐

08 ☐

09 ☐

10 ☐

No homework

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

00 ☐

01 ☐

02 ☐

03 ☐

04 ☐

05 ☐

No homework

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

06 ☐

07 ☐

08 ☐

09 ☐

10 ☐

11 ☐

B11

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

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

B12

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

All the time

Most of the time

Some of the time

Rarely

Never

No problems at school

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

00 ☐

01 ☐

02 ☐

03 ☐

04 ☐

05 ☐

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

06 ☐

07 ☐

08 ☐

09 ☐

10 ☐

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

00 ☐

01 ☐

02 ☐

03 ☐

04 ☐

B13

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

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



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SECTION C

About me

C1 Choose the answer that best describes how you feel.

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

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

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



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

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

C4 The next five years look good to me.

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

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

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

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

C6 threaten to hurt you but not actually hurt you?

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

C7 physically attack or assault you?

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



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SECTION D

Feelings and Behaviours

D1

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

Never
or
not true

Sometimes
or
somewhat true

Often or
very true

a. I show sympathy to (I feel sorry for) someone who has made a mistake.	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>
b. I can't sit still, I am restless.	⁴ <input type="radio"/>	⁵ <input type="radio"/>	⁶ <input type="radio"/>
c. I destroy my own things.	⁷ <input type="radio"/>	⁸ <input type="radio"/>	⁹ <input type="radio"/>
d. I try to help someone who has been hurt.	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>
e. I steal at home.	⁴ <input type="radio"/>	⁵ <input type="radio"/>	⁶ <input type="radio"/>
f. I am unhappy or sad.	⁷ <input type="radio"/>	⁸ <input type="radio"/>	⁹ <input type="radio"/>
g. I get into many fights.	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>
h. I offer to help clear up a mess someone else has made.	⁴ <input type="radio"/>	⁵ <input type="radio"/>	⁶ <input type="radio"/>
i. I am easily distracted. I have trouble sticking to any activity.	⁷ <input type="radio"/>	⁸ <input type="radio"/>	⁹ <input type="radio"/>
j. When I am mad at someone, I try to get others to dislike him/her.	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>
k. I am not as happy as other people my age.	⁴ <input type="radio"/>	⁵ <input type="radio"/>	⁶ <input type="radio"/>
l. I destroy things belonging to my family or other young people.	⁷ <input type="radio"/>	⁸ <input type="radio"/>	⁹ <input type="radio"/>
m. If there is an argument, I try to stop it.	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>
n. I can't concentrate, I can't pay attention.	⁴ <input type="radio"/>	⁵ <input type="radio"/>	⁶ <input type="radio"/>
o. I am too fearful or nervous.	⁷ <input type="radio"/>	⁸ <input type="radio"/>	⁹ <input type="radio"/>
p. When I am mad at someone, I become friends with another as revenge.	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>
q. I am impulsive, I act without thinking.	⁴ <input type="radio"/>	⁵ <input type="radio"/>	⁶ <input type="radio"/>



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D1

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

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



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

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

Some of the following questions might be hard for you to answer. If you feel like you need support, we encourage you to talk to your family doctor or nurse, or use the resources provided to you by the interviewer.

D2 Has anyone in your school committed suicide?

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

D3 Has anyone that you have personally known committed suicide?

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

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

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



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D5

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

3

☐

Never/
none

→ Go to question D7

4

☐

Once

5

☐

More than once

D6

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

6

☐

Yes

7

☐

No

D7

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

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

D8

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

1

☐

Yes

2

☐

No

E1

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

Never

Less than once a week

1 to 3 times a week

4 or more times a week

a. played sports or done physical activities **without** a coach or an instructor (e.g. biking, skateboarding, etc.)?

1

2

3

4

b. played sports **with** a coach or instructor, other than in gym class? (swimming lessons, baseball, hockey, etc.)?

5

6

7

8

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

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

E2

Thinking of the one sport or physical activity that you do the most often, how long do you usually spend being active in one session? This may be an activity with or without a coach or instructor, but does not include gym class.

01

I do not do physical activities

02

1 to 15 minutes

03

16 to 30 minutes

04

31 to 59 minutes

05

1 to 2 hours

06

More than 2 hours

E3

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

1

Yes

2

No

E4

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

07

Every day

08

A few times a week

09

Once a week

10

A few times a month

11

Less than once a month

12

Almost never

E5

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

1

☐

doing activities at school (yearbook committee, school patrol, student council, etc.)

2

☐

supporting a cause (food bank, environmental group, etc.)

3

☐

fund raising (a charity, school trips, etc.)

4

☐

helping in your community (hospital volunteering, work in a community organization, etc.)

5

☐

helping neighbours or relatives (cutting grass, babysitting or shovelling snow for a neighbour, etc.)

6

☐

doing another volunteer activity (without pay)

7

☐

I have not done any of these activities without pay. → Go to question E7

E6

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

01

☐

Everyday

02

☐

A few times a week

03

☐

Once a week

04

☐

A few times a month

05

☐

Less than once a month

E7

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

01

☐

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

02

☐

Less than 1 hour a day

03

☐

1 to 2 hours a day

04

☐

3 to 4 hours a day

05

☐

5 to 6 hours a day

06

☐

7 or more hours a day

E8

Do you use the Internet ...

Yes

No

a. at home?

1

☐

2

☐

b. at school?

3

☐

4

☐

c. somewhere else?

5

☐

6

☐

E9

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

Yes

No

a. at home?

1

☐

2

☐

b. at school?

3

☐

4

☐

c. somewhere else?

5

☐

6

☐



E10

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

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

E11

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

- ¹ ☐ Yes
- ² ☐ No

E12

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

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

E13

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

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



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SECTION F

Smoking, Drinking and Drugs

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

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

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

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

⁰¹ ☐ I have never smoked

→ Go to question F4

⁰² ☐ I have only had a few puffs

⁰³ ☐ I do not smoke anymore

→ Go to question F3

OR

I smoke ...

⁰⁴ ☐ A few times a year

⁰⁵ ☐ About once or twice a month

⁰⁶ ☐ About 1-2 days a week

⁰⁷ ☐ About 3-5 days a week

⁰⁸ ☐ About 6-7 days a week

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

number of cigarettes

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

⁹⁸ ☐ I have never done this

OR

I was years old



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The next questions are about drinking alcohol.

A drink of alcohol is, for example:

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

F4

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

⁰¹ ☐

I have never had a drink of alcohol

⁰² ☐

I have only had a few sips

→ **Go to question F9**

⁰³ ☐

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

⁰⁴ ☐

I do not drink alcohol anymore

OR

I drink (at least one drink) ...

⁰⁵ ☐

A few times a year

⁰⁶ ☐

About once or twice a month

⁰⁷ ☐

About 1-2 days a week

⁰⁸ ☐

About 3-5 days a week

⁰⁹ ☐

About 6-7 days a week

F5

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

I was

years old.

F6

Have you ever been drunk?

¹ ☐

Yes

² ☐

No

→ **Go to question F9**

F7

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

I was

years old.

F8

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

⁰¹ ☐

Never

⁰² ☐

A few times

⁰³ ☐

About once or twice a month

⁰⁴ ☐

About 1-2 days a week

⁰⁵ ☐

About 3-5 days a week

⁰⁶ ☐

About 6-7 days a week



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

F9

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

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

OR

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

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

F10

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

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

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



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F11

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

I have never done it

I first
did it when
I was ...

a. Marijuana and cannabis products	⁹⁹ <input type="radio"/>	OR	<div><div></div><div></div></div> years old
b. Hallucinogens like LSD/acid, magic mushrooms	⁹⁹ <input type="radio"/>	OR	<div><div></div><div></div></div> years old
c. Glue or solvents	⁹⁹ <input type="radio"/>	OR	<div><div></div><div></div></div> years old
d. Drugs without a prescription or advice from a doctor: downers, uppers, tranquilizers, ritalin, etc.	⁹⁹ <input type="radio"/>	OR	<div><div></div><div></div></div> years old
e. Other drugs like ecstasy, crack, cocaine, heroin, or speed etc.	⁹⁹ <input type="radio"/>	OR	<div><div></div><div></div></div> years old



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My mother

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

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

OR

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

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

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

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

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

My Father

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

- 01

☐

your biological/birth father?
- 02

☐

your adoptive father?
- 03

☐

your stepfather?
- 04

☐

your foster father?
- 05

☐

another person (a father figure)?

OR

- 06

☐

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

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

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

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

- 1

☐

Very close
- 2

☐

Somewhat close
- 3

☐

Not very close

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

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

- 0

☐

Very well
- 1

☐

Fairly well
- 2

☐

Not very well
- 3

☐

My parents are not in touch with each other

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

- 01

☐

Never
- 02

☐

Rarely
- 03

☐

Sometimes
- 04

☐

Often
- 05

☐

Always
- 06

☐

I don't know
- 07

☐

My parents are not in touch with each other



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G9

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

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

G10

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

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



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G11 Your parents **let you decide...**

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



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H1

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

1

☐

excellent?

2

☐

very good?

3

☐

good?

4

☐

fair?

5

☐

poor?

H2

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

Feet

Inches

OR

Metre

Centimetres

H3

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

Pounds

OR

Kilograms

H4

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

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

H5

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

5

☐

Always

6

☐

Often

7

☐

Sometimes

8

☐

Seldom or never

9

☐

Usually there is no seat belt where I sit

H6

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

0

☐

Always

1

☐

Often

2

☐

Sometimes

3

☐

Seldom or never

4

☐

I do not ride a bicycle



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★

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H7

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

5

☐

Never

6

☐

1 or 2 days

7

☐

3 or 4 days

8

☐

Every school day

H8

Would you say you are ...

1

☐

Trying to lose weight?

2

☐

Trying to gain weight?

3

☐

Trying to stay the same weight?

4

☐

Not trying to do anything about your weight?

Puberty

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

H9

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

1

☐

Has not yet started growing

2

☐

Has barely started growing

3

☐

Growth of body hair is definitely underway

4

☐

Growth of body hair seems completed

Boys go to question H12

Girls go to question H10

For girls only

H10

Have your breasts begun to grow?

5

☐

Have not yet started growing

6

☐

Have barely started growing

7

☐

Breast growth is definitely underway

8

☐

Breast growth seems completed

H11

Have you begun to menstruate (your monthly periods)?

1

☐

Yes

2

☐

No

Girls go to question H14

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For boys only

H12

Have you noticed a deepening of your voice?

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

H13

Have you begun to grow hair on your face?

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

Dating (for boys and girls)

H14

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

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

OR

I was years old

H15

Do you have a boyfriend/girlfriend right now?

- 1 ☐ Yes → Go to question H16

- 2 ☐ No → Go to question H17

H16

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

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



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H17

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

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



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SECTION I

Work

I1

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

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

→ Go to section J

I2

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

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



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SECTION J

Thank you.

J1

What time was it when you finished this questionnaire.

:

When you finish this survey:

Put this questionnaire in the envelope.

Return it to the Interviewer.

Thank you very much for helping us.

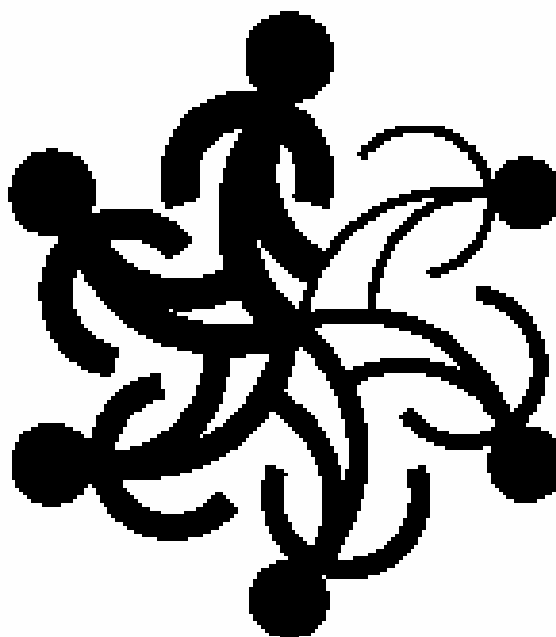


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National Longitudinal Survey of Children & Youth

Cycle 5 Survey Instruments 2002-2003



BOOKLET 22

Self-complete Questionnaire for 14- and 15-year-olds



National Longitudinal Survey of Children and Youth

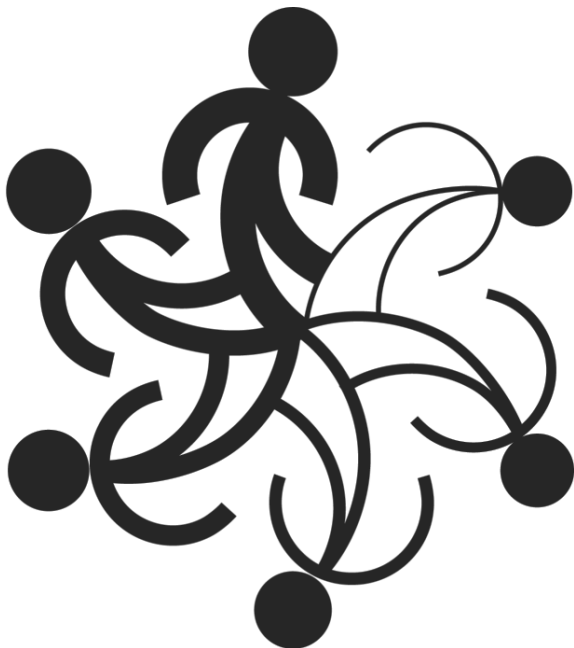
Cycle 5

Booklet 22E

Confidential when completed

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Aussi disponible en français



Please read instructions on next page before beginning.



FOR OFFICE USE ONLY

Person ID

E

-

S

2

Questionnaire No.

Child's First Name

Assignment No.

Time Started

 : 



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

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

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

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

Example 1

B1 How do you feel about school?

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

Example 2

A6 How many of your close friends are girls?

⁹³ ☐ None

OR

0	3
---	---

 number of girls

KIDS HELP PHONE
JEUNESSE, J'ECOUTE



1-800-668-6868

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

1-(800) 668-6868

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THANK YOU FOR YOUR HELP!



SECTION A

Friends and Family

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

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

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

A5 I feel that my close friends really know who I am.	<div><div>⁰ <input type="radio"/> False</div><div>¹ <input type="radio"/> Mostly false</div><div>² <input type="radio"/> Sometimes false/Sometimes true</div><div>³ <input type="radio"/> Mostly true</div><div>⁴ <input type="radio"/> True</div></div>
A6 About how many days a week do you do things with close friends outside of school hours?	<div><div>⁰¹ <input type="radio"/> Never</div><div>⁰² <input type="radio"/> Less than once a week</div><div>⁰³ <input type="radio"/> 1 day a week</div><div>⁰⁴ <input type="radio"/> 2-3 days a week</div><div>⁰⁵ <input type="radio"/> 4-5 days a week</div><div>⁰⁶ <input type="radio"/> 6-7 days a week</div></div>

How many of your close friends are:

	None		Number
A7 ... girls?	⁹³ <input type="radio"/>	OR	<div><div></div><div></div></div>
A8 ... boys?	⁹⁴ <input type="radio"/>	OR	<div><div></div><div></div></div>



A9

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

0

☐

All the time

1

☐

Most of the time

2

☐

Some of the time

3

☐

Rarely

4

☐

Never

A10

How many of your close friends do the following:

None

A few

Most

All

a.

smoke cigarettes?

0

☐

1

☐

2

☐

3

☐

b.

drink alcohol?

4

☐

5

☐

6

☐

7

☐

c.

break the law by stealing, hurting someone or damaging property?

0

☐

1

☐

2

☐

3

☐

d.

have tried marijuana?

4

☐

5

☐

6

☐

7

☐

e.

have tried drugs other than marijuana?

0

☐

1

☐

2

☐

3

☐

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

☐

6

☐

7

☐

b.

cut or skipped a day at school without permission?

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

☐

3

☐

A12

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

Rarely or Never

Some of the Time

Most of the Time

All the Time

a.

My close friends push me to succeed and to do interesting things that I would not do by myself.

4

☐

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

☐

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A13

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

☐ Yes → Go to question A14

☐ No → Go to question A15

A14

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

- ☐ Mother
- ☐ Father
- ☐ Stepmother
- ☐ Stepfather
- ☐ Brother
- ☐ Sister
- ☐ Grandparent
- ☐ 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)

A15

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

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



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B1

How do you feel about school?

0

☐

I like school very much

1

☐

I like school quite a bit

2

☐

I like school a bit

3

☐

I don't like school very much

4

☐

I hate school

B2

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

8

☐

Yes → Go to question B5

9

☐

No → Go to question B3

B3

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

1

☐

I changed from elementary school to high school

2

☐

I changed from elementary school to middle school or junior high

3

☐

I changed from middle school or junior high to high school

4

☐

I moved

5

☐

I was expelled

6

☐

Other reason

B4

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

01

☐

I did not find it hard to get used to my new school

02

☐

Organizing homework

03

☐

New teachers

04

☐

Changing classes

05

☐

Having to make new friends

06

☐

Finding my way around

07

☐

Taking the bus to a new school

08

☐

Other

B5

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

09

☐

Very well

10

☐

Well

11

☐

Average

12

☐

Poorly

13

☐

Very poorly

B6

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

Very important

Somewhat important

Not very important

Not important at all

a. make friends?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. get good grades?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c. participate in extra-curricular activities?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. learn new things?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e. always show up for class on time?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. express your opinion in class?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
g. take part in student council or other similar groups?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
h. hand in assignments on time?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

B7

How do you like the following subjects:

I hate it

I don't like it very much

I like it a little

I like it a lot

I don't take it

a. Math	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
b. English	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>
c. French	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
d. Science	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>
e. Gym/Phys. Ed.	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
f. Arts (art, music, drama)	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>

B8

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

0 ☐ Almost all students have a lot of school spirit

1 ☐ Most students have a lot of school spirit

2 ☐ Some students have a lot of school spirit

3 ☐ Very few students have a lot of school spirit

B9

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

01 ☐ A great deal

02 ☐ Some

03 ☐ Very little

04 ☐ None

B10

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

- 0

☐

All the time
- 1

☐

Most of the time
- 2

☐

Some of the time
- 3

☐

Rarely
- 4

☐

Never

B11

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

Never

Less than once a week

1 to 3 times a week

4 or more times a week

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

- 01

☐
- 02

☐
- 03

☐
- 04

☐

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

- 05

☐
- 06

☐
- 07

☐
- 08

☐

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

- 09

☐
- 10

☐
- 11

☐
- 12

☐

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

- 01

☐
- 02

☐
- 03

☐
- 04

☐

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

- 05

☐
- 06

☐
- 07

☐
- 08

☐

B12

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

Never

Once or twice

3 or 4 times

5 times or more

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

- 1

☐
- 2

☐
- 3

☐
- 4

☐

b. been suspended from school?

- 5

☐
- 6

☐
- 7

☐
- 8

☐

B13

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

01

☐

Yes → Go to question B14

02

☐

No → Go to question B15



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B14

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

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

B15

The next statements are about teachers and homework.

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

B16

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

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



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B17

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

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

B18

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

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



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C1

Choose the answer that best describes how you feel.

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

C2

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

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



C3

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

1

Strongly disagree

2

Disagree

3

Agree

4

Strongly agree

C4

The next five years look good to me.

5

Strongly disagree

6

Disagree

7

Agree

8

Strongly agree

C5

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

Yes

No

1

2

a. A painful break-up with your boyfriend/girlfriend.

3

4

b. A serious problem in school.

1

2

c. A pregnancy or an abortion.

3

4

d. The death of someone close to you.

1

2

e. Another difficult event; specify:

C6

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

Yes

No

I don't know

01

02

03

a. your sex/gender?

04

05

06

b. your race, skin colour, or ethnic group?

01

02

03

c. your religion?

04

05

06

d. another reason?

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

C7

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

Never

Once or twice

3 or 4 times

5 times or more

a. While at school or on a school bus.

01

02

03

04

b. Elsewhere (including at home).

05

06

07

08

C8

threaten to hurt you but not actually hurt you?

09

10

11

12

a. While at school or on a school bus.

09

10

11

12

b. Elsewhere (including at home).

13

14

15

16

C9

physically attack or assault you?

17

18

19

20

a. While at school or on a school bus.

17

18

19

20

b. Elsewhere (including at home).

21

22

23

24



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SECTION D Feelings and Behaviours

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

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



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D1

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

Never
or
not true

Sometimes
or
somewhat true

Often or
very true

t. I worry a lot.

4 ☐

5 ☐

6 ☐

u. I have difficulty waiting for my turn in games or group activities.

7 ☐

8 ☐

9 ☐

v. When another young person accidentally hurts me, I assume that he/she meant to do it, and I react with anger and fighting.

1 ☐

2 ☐

3 ☐

w. When I am mad at someone, I say bad things behind his/her back.

4 ☐

5 ☐

6 ☐

x. I physically attack people.

7 ☐

8 ☐

9 ☐

y. I comfort another young person (friend, brother or sister) who is crying or upset.

1 ☐

2 ☐

3 ☐

z. I cry a lot.

4 ☐

5 ☐

6 ☐

aa. I vandalize.

7 ☐

8 ☐

9 ☐

bb. I threaten people.

1 ☐

2 ☐

3 ☐

cc. I help to pick up things which another young person has dropped.

4 ☐

5 ☐

6 ☐

dd. I bully or am mean to others.

7 ☐

8 ☐

9 ☐

ee. I cannot settle to anything for more than a few moments.

1 ☐

2 ☐

3 ☐

ff. When I am mad at someone, I say to others: let's not be with him/her.

4 ☐

5 ☐

6 ☐

gg. I am nervous, highstrung or tense.

7 ☐

8 ☐

9 ☐

hh. I kick or hit other people my age.

1 ☐

2 ☐

3 ☐

ii. When I am playing with others, I invite bystanders to join in a game.

4 ☐

5 ☐

6 ☐

jj. I steal outside my home.

7 ☐

8 ☐

9 ☐

kk. I am inattentive, I have difficulty paying attention to someone.

1 ☐

2 ☐

3 ☐

ll. I have trouble enjoying myself.

4 ☐

5 ☐

6 ☐

mm. I help other people my age (friends, brother or sister) who are feeling sick.

7 ☐

8 ☐

9 ☐

nn. When I am mad at someone, I tell that person's secrets to a third person.

1 ☐

2 ☐

3 ☐

oo. I encourage other people my age who cannot do things as well as I can.

4 ☐

5 ☐

6 ☐



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Some of the following questions might be hard for you to answer. If you feel like you need support, we encourage you to talk to your family doctor or nurse, or use the resources provided to you by the interviewer.

D2 Has anyone in your school committed suicide?

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

D3 Has anyone that you have personally known committed suicide?

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

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

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

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

- ³ ☐ Never/none → Go to question D7
- ⁴ ☐ Once
- ⁵ ☐ More than once

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

- ⁶ ☐ Yes
- ⁷ ☐ No

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

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



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D7

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

Never Once or 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?

¹ ☐ ² ☐ ³ ☐ ⁴ ☐

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

⁵ ☐ ⁶ ☐ ⁷ ☐ ⁸ ☐

g. have you sold any drugs?

¹ ☐ ² ☐ ³ ☐ ⁴ ☐

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

⁵ ☐ ⁶ ☐ ⁷ ☐ ⁸ ☐

D8

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

¹ ☐ Yes

² ☐ No



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E1

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

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

E2

Thinking of the one sport or physical activity that you do the most often, how long do you usually spend being active in one session? This may be an activity with or without a coach or instructor, but does not include gym class.

⁰¹ ☐

I do not do physical activities

⁰² ☐

1 to 15 minutes

⁰³ ☐

16 to 30 minutes

⁰⁴ ☐

31 to 59 minutes

⁰⁵ ☐

1 to 2 hours

⁰⁶ ☐

More than 2 hours

E3

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

¹ ☐

Yes

² ☐

No

E4

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

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

E5

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

1

☐

doing activities at school (yearbook committee, student council, etc.)

2

☐

supporting a cause (food bank, environmental group, etc.)

3

☐

fund raising (a charity, school trips, etc.)

4

☐

helping in your community (hospital volunteering, work in a community organization, etc.)

5

☐

helping neighbours or relatives (cutting grass, babysitting or shovelling snow for a neighbour, etc.)

6

☐

doing another volunteer activity (without pay)

7

☐

I have not done any of these activities without pay → **Go to E7**

E6

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

01

☐

Everyday

02

☐

A few times a week

03

☐

Once a week

04

☐

A few times a month

05

☐

Less than once a month

E7

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

01

☐

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

02

☐

Less than 1 hour a day

03

☐

1 or 2 hours a day

04

☐

3 or 4 hours a day

05

☐

5 or 6 hours a day

06

☐

7 or more hours a day

E8

Do you use the Internet ...

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

E9

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

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



E10

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

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

E11

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

- ¹ ☐ Yes
- ² ☐ No

E12

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

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



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SECTION F

Smoking, Drinking and Drugs

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

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

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

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

⁰¹ ☐ I have never smoked

⁰² ☐ I have only had a few puffs

→ Go to question F4

⁰³ ☐ I do not smoke anymore

→ Go to question F3

OR

I smoke...

⁰⁴ ☐ A few times a year

⁰⁵ ☐ About once or twice a month

⁰⁶ ☐ About 1-2 days a week

⁰⁷ ☐ About 3-5 days a week

⁰⁸ ☐ About 6-7 days a week

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

number of cigarettes

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

⁹⁸ ☐ I have never done this

OR

I was years old



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★

The next questions are about drinking alcohol.

A drink of alcohol is, for example:

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

★

F4

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

01

☐

I have never had a drink of alcohol

02

☐

I have only had a few sips

→ Go to question F9

03

☐

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

04

☐

I do not drink alcohol anymore

OR

I drink (at least one drink)...

05

☐

A few times a year

06

☐

About once or twice a month

07

☐

About 1-2 days a week

08

☐

About 3-5 days a week

09

☐

About 6-7 days a week

F5

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

I was years old.

F6

Have you ever been drunk?

1

☐

Yes

2

☐

No → Go to question F9

F7

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

I was years old.

F8

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

01

☐

Never

02

☐

A few times

03

☐

About once or twice a month

04

☐

About 1-2 days a week

05

☐

About 3-5 days a week

06

☐

About 6-7 days a week

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

- F9

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

01

☐

I have never done it

02

☐

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

OR

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

03

☐

A few times

04

☐

About once or twice a month

05

☐

About 1-2 days a week

06

☐

About 3-5 days a week

07

☐

About 6-7 days a week
- F10

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

	I have never done it	I have done it, but not in the past 12 months	In the past 12 months I have used it...			
			1 or 2 times	3 to 5 times	6 to 9 times	10 times or more
a. Hallucinogens like LSD/acid, magic mushrooms	<div><div>01</div><div><input type="radio"/></div></div>	<div><div>02</div><div><input type="radio"/></div></div>	<div><div>03</div><div><input type="radio"/></div></div>	<div><div>04</div><div><input type="radio"/></div></div>	<div><div>05</div><div><input type="radio"/></div></div>	<div><div>06</div><div><input type="radio"/></div></div>
b. Glue or solvents	<div><div>07</div><div><input type="radio"/></div></div>	<div><div>08</div><div><input type="radio"/></div></div>	<div><div>09</div><div><input type="radio"/></div></div>	<div><div>10</div><div><input type="radio"/></div></div>	<div><div>11</div><div><input type="radio"/></div></div>	<div><div>12</div><div><input type="radio"/></div></div>
c. Drugs without a prescription or advice from a doctor: downers, uppers, tranquilizers, ritalin, etc.	<div><div>13</div><div><input type="radio"/></div></div>	<div><div>14</div><div><input type="radio"/></div></div>	<div><div>15</div><div><input type="radio"/></div></div>	<div><div>16</div><div><input type="radio"/></div></div>	<div><div>17</div><div><input type="radio"/></div></div>	<div><div>18</div><div><input type="radio"/></div></div>
d. Other drugs like ecstasy, crack, cocaine, heroin, speed, etc.	<div><div>19</div><div><input type="radio"/></div></div>	<div><div>20</div><div><input type="radio"/></div></div>	<div><div>21</div><div><input type="radio"/></div></div>	<div><div>22</div><div><input type="radio"/></div></div>	<div><div>23</div><div><input type="radio"/></div></div>	<div><div>24</div><div><input type="radio"/></div></div>
- If you have never tried any of the above drugs, go to section G.
- F11

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

	I have never done it		I first did it when I was...
a. Marijuana and cannabis products	<div><div>99</div><div><input type="radio"/></div></div>	OR	<div><div><div></div><div></div></div> years old</div>
b. Hallucinogens like LSD/acid, magic mushrooms	<div><div>99</div><div><input type="radio"/></div></div>	OR	<div><div><div></div><div></div></div> years old</div>
c. Glue or solvents	<div><div>99</div><div><input type="radio"/></div></div>	OR	<div><div><div></div><div></div></div> years old</div>
d. Drugs without a prescription or advice from a doctor: downers, uppers, tranquilizers, ritalin, etc.	<div><div>99</div><div><input type="radio"/></div></div>	OR	<div><div><div></div><div></div></div> years old</div>
e. Other drugs like ecstasy, crack, cocaine, heroin, speed, etc.	<div><div>99</div><div><input type="radio"/></div></div>	OR	<div><div><div></div><div></div></div> years old</div>
-
- Statistics Canada will keep your answers **PRIVATE**.
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- ★
- 8-5300-448.1

Page 23

My mother

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

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

OR

⁰⁶☐ I am not in touch with my mother

→ **Go to question G4**

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

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

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

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

My Father

G4

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

- 01

☐

your biological/birth father?
- 02

☐

your adoptive father?
- 03

☐

your stepfather?
- 04

☐

your foster father?
- 05

☐

another person / (a father figure)?

OR

- 06

☐

I am not in touch with my father

→ Go to question G7

G5

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

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

G6

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

- 1

☐

Very close
- 2

☐

Somewhat close
- 3

☐

Not very close

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

G7

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

- 0

☐

Very well
- 1

☐

Fairly well
- 2

☐

Not very well
- 3

☐

My parents are not in touch with each other

G8

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

- 01

☐

Never
- 02

☐

Rarely
- 03

☐

Sometimes
- 04

☐

Often
- 05

☐

Always
- 06

☐

I don't know
- 07

☐

My parents are not in touch with each other



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G9

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

08

☐

Never

09

☐

Rarely

10

☐

Sometimes

11

☐

Often

12

☐

Always

13

☐

I don't know

14

☐

My parents are not in touch with each other

G10

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

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

H1

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

1

☐

excellent?

2

☐

very good?

3

☐

good?

4

☐

fair?

5

☐

poor?

H2

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

Feet

Inches

OR

Metre

Centimetres

H3

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

Pounds

OR

Kilograms

H4

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

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

H5

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

5

☐

Never

6

☐

1 or 2 days a week

7

☐

3 or 4 days a week

8

☐

Every school day

H6

Would you say you are ...

1

☐

trying to lose weight?

2

☐

trying to gain weight?

3

☐

trying to stay the same weight?

4

☐

not trying to do anything about your weight?



Puberty

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

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

- ☐ Has not yet started growing
- ☐ Has barely started growing
- ☐ Growth of body hair is definitely underway
- ☐ Growth of body hair seems completed

Boys go to question H10
Girls go to question H8

For girls only

H8 Have your breasts begun to grow?

- ☐ Have not yet started growing
- ☐ Have barely started growing
- ☐ Breast growth is definitely underway
- ☐ Breast growth seems completed

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

I was years and months old.

OR

- ☐ Have not yet started

Girls go to question H12

For boys only

H10 Have you noticed a deepening of your voice?

- ☐ Has not yet started changing
- ☐ Has barely started changing
- ☐ Voice is definitely changing
- ☐ Voice change seems completed

H11 Have you begun to grow hair on your face?

- ☐ Has not yet started growing
- ☐ Has barely started growing
- ☐ Facial hair growth is definitely underway
- ☐ Facial hair growth seems completed



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





Dating (for boys and girls)

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

⁹³

☐

I've never had a boyfriend/girlfriend



Go to question H17

OR

I was

years old

H13 Do you have a boyfriend/girlfriend right now?

¹

☐

Yes



Go to question H14

²

☐

No



Go to question H16

H14 How long have you been dating him/her?

⁰¹

☐

Less than 1 month

⁰²

☐

1 to 5 months

⁰³

☐

6 months to a year

⁰⁴

☐

Over a year

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

⁰⁵

☐

Never

⁰⁶

☐

Less than once a week

⁰⁷

☐

One day a week

⁰⁸

☐

2 or 3 days a week

⁰⁹

☐

4 or 5 days a week

¹⁰

☐

6 or 7 days a week



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H16 In the past 12 months, how many boyfriends/girlfriends have you had?

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

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

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

H17 Have you ever had consensual sexual intercourse?

⁸ ☐ Yes → **Go to question H18**

⁹ ☐ No → **Go to section I**

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

I was years old

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

He or she was years old

OR

⁹⁹ ☐ I don't know

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

- ¹ ☐ Yes
- ² ☐ No

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

- ³ ☐ Yes
- ⁴ ☐ No
- ⁵ ☐ I don't know



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



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

Work during this school year

I1

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

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

If you are not currently working → Go to question I5

I2

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

1

☐ Working in a restaurant or fast food outlet, etc.

2

☐ Working in a store (convenience store, grocery store, gas station, clothing or shoe store, etc.)

3

☐ Working in another type of service (for example, construction, hospital, office, arena, etc.)

4

☐ Doing odd jobs (babysitting, mowing a neighbour's lawn or delivering flyers, etc.)

5

☐ Working at my family's business or farm

6

☐ Other type of work. Specify:



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



13

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

None

Number of hours

I usually do not work

a. Monday to Friday?

95

☐

OR

OR

96

☐

b. Saturday and Sunday?

97

☐

OR

OR

98

☐

14

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

3

☐

Yes, a great deal less

4

☐

Yes, somewhat less

5

☐

No, not at all less

6

☐

I do not go to school anymore

Summer Work

15

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

Yes

No

a. for pay for an employer (for example, at a store or restaurant)?

12

☐

13

☐

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

14

☐

15

☐

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

16

☐

17

☐

d. without pay (for example, CO-OP program)?

18

☐

19

☐

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

16

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

1

☐

Working in a restaurant or fast food outlet, etc.

2

☐

Working in a store (grocery or convenience store, clothing or shoe store, etc.)

3

☐

Working in a gas station

4

☐

Working in a camp

5

☐

Working in another type of service (for example, hospital, office, arena, etc.)

6

☐

Working in construction, landscaping or painting

7

☐

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

8

☐

Working at my family business or farm

9

☐

Other type of work. Specify:



SECTION J

Thank you.

J1

What time was it when you finished?

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

When you finish this survey:



Put this questionnaire in the envelope.



Return it to the interviewer.

Thank you very much for helping us.

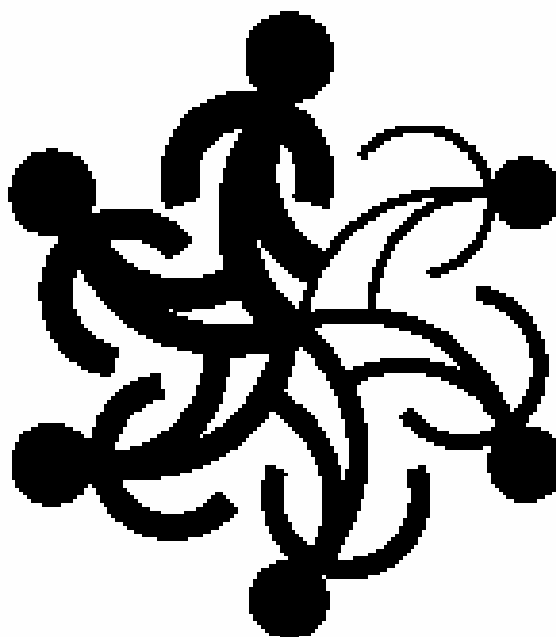


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National Longitudinal Survey of Children & Youth

Cycle 5 Survey Instruments 2002-2003



BOOKLET 23

Self-complete Questionnaire for 16- and 17-year-olds



National Longitudinal Survey of Children and Youth

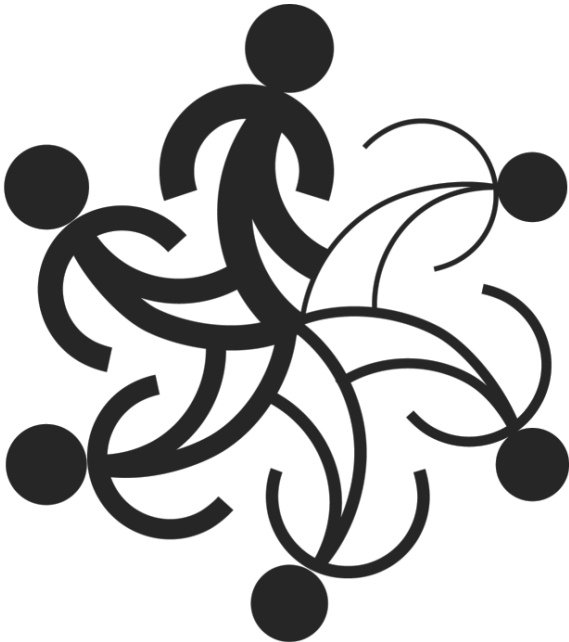
Cycle 5

Booklet 23E

Confidential when completed

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

Aussi disponible en français



Please read instructions on next page before beginning.



FOR OFFICE USE ONLY

Person ID

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

E	-	S	3
---	---	---	---

Questionnaire No.

Child's First Name

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

Assignment No.

--	--	--	--	--

Time Started

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



INSTRUCTIONS

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

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

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

Example 1

B1 How do you feel about school?

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

Example 2

A6 How many close friends do you have?

⁹³ ☐ None

OR

0	3
---	---

 number of close friends



Remember that the KIDS HELP PHONE is available to help you at any time if you feel like you would like to talk to someone about a problem.
1-(800) 668-6868

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

THANK YOU FOR YOUR HELP!



SECTION A

Friends and Family

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

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

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

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

⁰ ☐ False

¹ ☐ Mostly false

² ☐ Sometimes false/Sometimes true

³ ☐ Mostly true

⁴ ☐ True

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

⁰¹ ☐ Never

⁰² ☐ Less than once a week

⁰³ ☐ 1 day a week

⁰⁴ ☐ 2-3 days a week

⁰⁵ ☐ 4-5 days a week

⁰⁶ ☐ 6-7 days a week

How many of your close friends are:

A7 ...female?

⁹³ ☐ None

OR

Number

A8 ...male?

⁹⁴ ☐ None

OR

Number

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


⁰ ☐ All the time

¹ ☐ Most of the time

² ☐ Some of the time

³ ☐ Rarely

⁴ ☐ Never

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

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Page 03



A10

How many of your close friends do the following:

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

A11

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

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

A12

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

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

A13

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

⁸ ☐

Yes → Go to question A14

⁹ ☐

No → Go to question A15



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



A14

What is their relationship to you?

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

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

A15

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

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



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

B1

Choose the answer that best describes how you feel.

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

B2

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

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

B3

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

1

☐

Strongly disagree

2

☐

Disagree

3

☐

Agree

4

☐

Strongly agree

B4

The next five years look good to me.

5

☐

Strongly disagree

6

☐

Disagree

7

☐

Agree

8

☐

Strongly agree

B5

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

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

B6

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

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

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)

01

☐

All the time

02

☐

Most of the time

03

☐

Some of the time

04

☐

Rarely

05

☐

Never

B8

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

Never

Once or twice

3 or 4 times

5 times or more

a. say something personal about you that made you feel extremely uncomfortable?

0

☐

1

☐

2

☐

3

☐

b. threaten to hurt you but not actually hurt you?

4

☐

5

☐

6

☐

7

☐

c. physically attack or assault you?

0

☐

1

☐

2

☐

3

☐

B9

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

1

☐

Often

2

☐

Sometimes

3

☐

Seldom

4

☐

Never

B10

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

1

☐

Often

2

☐

Sometimes

3

☐

Seldom

4

☐

Never

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

C1

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

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

Some of the following questions might be hard for you to answer. If you feel like you need support, we encourage you to talk to your family doctor or nurse.

C2

Has anyone in your school committed suicide?

⁰☐ Yes, within the last year

¹☐ Yes, more than a year ago

²☐ No, never

³☐ I don't know

C3

Has anyone that you have personally known committed suicide?

4

☐

Yes, within the last year

5

☐

Yes, more than a year ago

6

☐

No, never

7

☐

I don't know

C4

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

1

☐

Yes

2

☐

No → Go to question C7

C5

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

3

☐

Never/none → Go to question C7

4

☐

Once

5

☐

More than once

C6

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

6

☐

Yes

7

☐

No

C7

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

Never

Once or twice

3 or 4 times

5 times or more

a.

have you stayed out all night without permission?

1

☐

2

☐

3

☐

4

☐

b.

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

5

☐

6

☐

7

☐

8

☐

c.

have you run away from home?

1

☐

2

☐

3

☐

4

☐

d.

have you stolen something from a store or school?

5

☐

6

☐

7

☐

8

☐

C7

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

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

C8

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

1 ☐ Yes

2 ☐ No

The next questions are about smoking cigarettes.

D1

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

01

☐

I have never smoked

02

☐

I only tried once or twice

03

☐

I do not smoke anymore

→ Go to question D3

OR

I smoke ...

04

☐

A few times a year

05

☐

About once or twice a month

06

☐

About 1-2 days a week

07

☐

About 3-5 days a week

08

☐

About 6-7 days a week

D2

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

Number of cigarettes

The next questions are about drinking alcohol.
A drink of alcohol is, for example:
✓ one bottle of beer or
✓ one glass of wine or
✓ one shot of liquor.

D3

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

01

☐

I have never had a drink of alcohol

02

☐

I have only had a few sips

03

☐

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

04

☐

I do not drink alcohol anymore

→ Go to question D5

OR

I drink (at least one drink)...

05

☐

A few times a year

06

☐

About once or twice a month

07

☐

About 1-2 days a week

08


☐

About 3-5 days a week

09

☐

About 6-7 days a week

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★

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

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

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

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

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

OR

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

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

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

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



D7

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

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

D8

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

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



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

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

E1

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

Feet Inches

OR

Metres Centimetres

E2

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

Pounds

OR

Kilograms

E3

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

Has not yet started growing

Has barely started growing

Growth of body hair is definitely underway

Growth of body hair seems completed

⇒ For young women only:

E4

Have your breasts begun to grow?

Have not yet started growing

Have barely started growing

Breast growth is definitely underway

Breast growth seems completed

E5

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

I was years and months → Go to Question E8

OR

Have not yet started → Go to Question E8

⇒ For young men only:

E6

Have you noticed a deepening of your voice?

Has not yet started changing

Has barely started changing

Voice is definitely changing

Voice change seems completed

- E7 Have you begun to grow hair on your face?
- 1

☐

Has not yet started growing
- 2

☐

Has barely started growing
- 3

☐

Facial hair is definitely underway
- 4

☐

Facial hair growth seems completed

⇒ For young men and young women:

- E8 Would you say you are...
- (Mark one)

- 1

☐

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

01

☐

dieted (ate less or differently)?

02

☐

exercised (to burn calories or fat)?

03

☐

took diet pills (i.e., Dexatrim)?

04

☐

smoked?

05

☐

other? Specify: _____

Go to
→ Section F

- 2

☐

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

06

☐

ate more food or took food supplements?

07

☐

lifted weights or exercised to build muscle?

08

☐

used steroids?

09

☐

other? Specify: _____

Go to
→ Section F

- 3

☐

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

01

☐

dieted (ate less or differently)?

02

☐

exercised (to burn calories or fat)?

03

☐

took diet pills (i.e., Dexatrim)?

04

☐

smoked?

05

☐

other? Specify: _____

Go to
→ Section F

- 4

☐

Not trying to do anything about your weight?
- Go to Section F

SECTION F

My Relationships (for young men and young women):

F1

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

93

☐

I've never had a boyfriend/girlfriend

→ Go to question F5

OR

I was

years old

F2

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

01

☐

I do not currently have a boyfriend/girlfriend

→ Go to question F4

02

☐

Less than 1 month

03

☐

1 to 5 months

04

☐

6 months to a year

05

☐

Over a year

F3

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

06

☐

Never

07

☐

Less than once a week

08

☐

One day a week

09

☐

2 or 3 days a week

10

☐

4 or 5 days a week

11

☐

6 or 7 days a week

F4

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

12

☐

None

13

☐

1

14

☐

2 or 3

15

☐

4 or 5

16

☐

6 or more

We know that the following questions might be sensitive, but would appreciate you answering them as well as you can.

F5

Have you ever had consensual sexual intercourse?

8

☐

Yes

9

☐

No

→ Go to Section G



F6

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

I was years old

F7

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

He or she was years old

OR

⁹⁹ ☐ I don't know

F8

Are you currently sexually active?

⁸ ☐ Yes

⁹ ☐ No → Go to Section G

F9

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

(Mark all that apply)

⁰¹ ☐ Condoms (rubbers)

⁰² ☐ Birth control pills

⁰³ ☐ Birth control injection (i.e. Depo-Provera, “the shot”)

⁰⁴ ☐ Withdrawal (pull-out)

⁰⁵ ☐ Emergency contraception (“the morning after pill”)

⁰⁶ ☐ Some other method

⁰⁷ ☐ Not sure

⁰⁸ ☐ None

F10

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

⁸ ☐ Yes

⁹ ☐ No → Go to Section G

¹⁰ ☐ I don't know → Go to Section G



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F11

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

(Mark one only)

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

OR

- ☐ We always use birth control/protection



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

- ☐ your biological/birth mother?
- ☐ your adoptive mother?
- ☐ your step-mother?
- ☐ your foster mother?
- ☐ another person (a mother figure)?

OR

- ☐ I am not in touch with my mother
- Go to question G6

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

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

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

- ☐ Very close
- ☐ Somewhat close
- ☐ Not very close

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

	Never	Less than once a week	1 or 2 days	3 or 4 days	5 or 6 days	Every day
a. Eat a meal together?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Have a discussion together?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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G5

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

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

G6

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

01

your biological/birth father

02

your adoptive father

03

your step-father

04

your foster father

05

another person (a father figure)

OR

06

I am not in touch with my father

→

Go to question G11

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G7

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

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

G8

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

5

Very close

6

Somewhat close

7

Not very close

G9

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

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

G10

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

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



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G10

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

Never

Rarely

Sometimes

Often

Always

h. When we disagree about something, we solve problems together.

5 ☐

6 ☐

7 ☐

8 ☐

9 ☐

i. When we disagree about something, I give in just to end the argument.

0 ☐

1 ☐

2 ☐

3 ☐

4 ☐

j. When we disagree, another person comes in to settle things or find a solution.

5 ☐

6 ☐

7 ☐

8 ☐

9 ☐

G11

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

My parent(s) ...

Never

Rarely

Sometimes

Often

Always

a. Tell me what time to be home when I go out.

0 ☐

1 ☐

2 ☐

3 ☐

4 ☐

b. Take an interest in where I am going and who I am with.

5 ☐

6 ☐

7 ☐

8 ☐

9 ☐

c. Ask me to leave a note or call to let them know where I am going.

0 ☐

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 ☐

9 ☐

G12

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

0 ☐ Very well

1 ☐ Fairly well

2 ☐ Not very well

3 ☐ My parents are not in touch with each other

G13

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

01 ☐ Never

02 ☐ Rarely


03 ☐ Sometimes

04 ☐ Often

05 ☐ Always

06 ☐ I don't know

07 ☐ My parents are not in touch with each other



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

★

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Page 23



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

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

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

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

¹ ☐ Yes

² ☐ No → **Go to Section H**

G16 How often has this occurred?

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

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

(Mark all that apply)

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



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





SECTION H

Thank you.

H1

What time was it when you finished this questionnaire?

:

When you finish this survey:

Put this questionnaire in the envelope.

Return it to the interviewer.

Thank you very much for helping us.

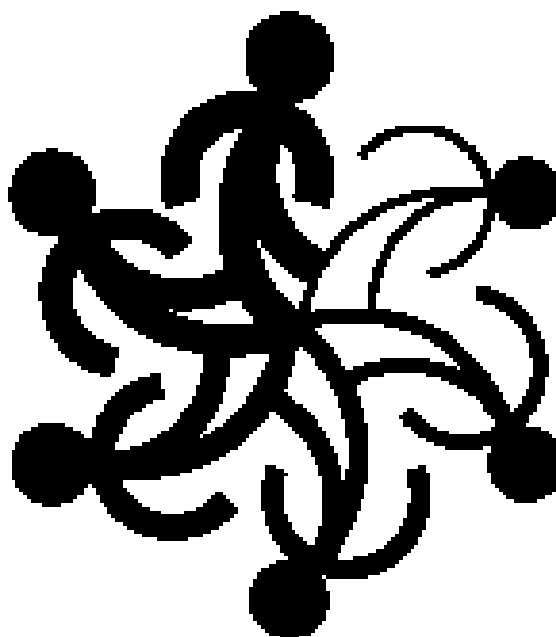


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National Longitudinal Survey of Children & Youth

Cycle 5 Survey Instruments 2002-2003



BOOKLET 24

Self-complete Questionnaire for 18- and 19-year-olds



National Longitudinal Survey of Children and Youth

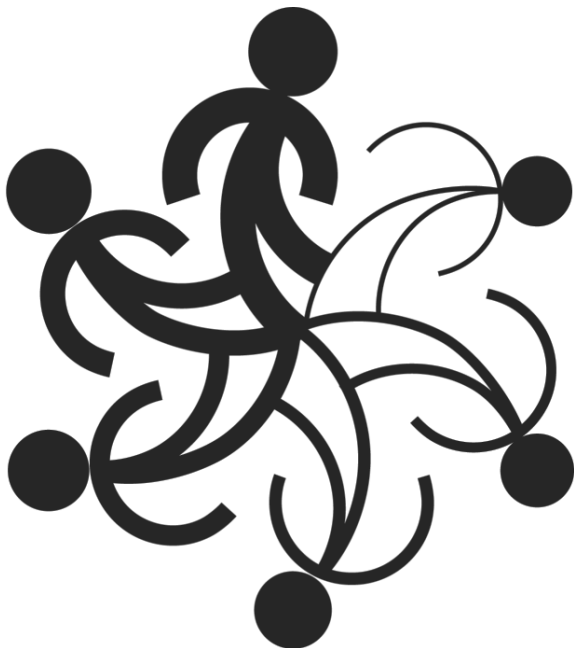
Cycle 5

Booklet 24E

Confidential when completed

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

Aussi disponible en français



Please read instructions on next page before beginning.



FOR OFFICE USE ONLY

Person ID

E

-

S

4

Questionnaire No.

Child's First Name

Assignment No.

Time Started

:



INSTRUCTIONS

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

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

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

Example 1

B1 How do you feel about school?

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

Example 2

A6 How many close friends do you have?

⁹³ ☐ None

OR

0	3
---	---

 number of close friends

KIDS HELP PHONE
JEUNESSE, J'ECOUTE



1-800-668-6868

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

1-(800) 668-6868

Statistics Canada will keep your answers PRIVATE.

THANK YOU FOR YOUR HELP!



A1

Choose the answer that best describes how you feel.

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

A2

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

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

A3

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

1

☐

Strongly disagree

2

☐

Disagree

3

☐

Agree

4

☐

Strongly agree

A4

The next five years look good to me.

5

☐

Strongly disagree

6

☐

Disagree

7

☐

Agree

8

☐

Strongly Agree

The next few questions ask you to evaluate your various skills. Please respond using Poor, Fair, Good, Very good, or Excellent.

A5	How would you rate your...	Poor	Fair	Good	Very good	Excellent
a. ability to use a computer? For example, using software applications, programming, or using a computer to find or process information.	00 <input type="radio"/>	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
b.	... writing abilities? For example, writing to get across information or ideas to others, or editing writing to improve it.	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>
c.	... reading abilities? For example, understanding what you read and identifying the most important issues, or using written material to find information.	00 <input type="radio"/>	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
d.	... oral communication abilities? For example, explaining ideas to others, speaking to an audience, or participating in discussions.	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>
e.	... ability to solve new problems? For example, identifying problems and possible causes, planning strategies to solve problems, or thinking of new ways to solve problems.	00 <input type="radio"/>	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
f.	... mathematical abilities? For example, using formulas to solve problems, interpreting graphs or tables, or using math to figure out practical things in everyday life.	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>

The following are events that may directly affect youths.

A6

Have you ever been pregnant or gotten someone pregnant?

1

☐

Yes

2

☐

No → Go to question A10

7

☐

I don't know → Go to question A10

A7

How many times have you been pregnant or gotten someone pregnant?

number of times

A8

How old were you the first time that you were pregnant or got someone pregnant?

I was years old.

A9

Did any of these pregnancies end with an abortion?

¹

 Yes

²

 No

A10

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

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

A11

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

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

A12

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?	<div><div>⁰</div><div></div></div>	<div><div>¹</div><div></div></div>	<div><div>²</div><div></div></div>	<div><div>³</div><div></div></div>
b. threaten to hurt you but not actually hurt you?	<div><div>⁴</div><div></div></div>	<div><div>⁵</div><div></div></div>	<div><div>⁶</div><div></div></div>	<div><div>⁷</div><div></div></div>
c. physically attack or assault you?	<div><div>⁰</div><div></div></div>	<div><div>¹</div><div></div></div>	<div><div>²</div><div></div></div>	<div><div>³</div><div></div></div>

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

B1

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

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

Some of the following questions might be hard for you to answer. If you feel like you need support, we encourage you to talk to your family doctor or nurse.

B2

Has anyone that you have personally known committed suicide?

4 ☐ Yes, within the last year

5 ☐ Yes, more than a year ago

6 ☐ No, never

7 ☐ I don't know



B3

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

¹ ☐ Yes

² ☐ No → **Go to question B6**

B4

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

³ ☐ Never/none → **Go to question B6**

⁴ ☐ Once

⁵ ☐ More than once

B5

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

⁶ ☐ Yes

⁷ ☐ No

B6

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

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

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

¹ ☐ ² ☐ ³ ☐ ⁴ ☐

b. have you stolen something?

⁵ ☐ ⁶ ☐ ⁷ ☐ ⁸ ☐

c. have you intentionally damaged or destroyed anything that didn't belong to you?

¹ ☐ ² ☐ ³ ☐ ⁴ ☐

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

⁵ ☐ ⁶ ☐ ⁷ ☐ ⁸ ☐

e. have you attacked someone with the idea of seriously hurting him/her?

¹ ☐ ² ☐ ³ ☐ ⁴ ☐

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

⁵ ☐ ⁶ ☐ ⁷ ☐ ⁸ ☐

g. have you sold any drugs?

¹ ☐ ² ☐ ³ ☐ ⁴ ☐

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

⁵ ☐ ⁶ ☐ ⁷ ☐ ⁸ ☐

B7

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

¹ ☐ Yes

² ☐ No



Statistics Canada will keep your answers PRIVATE.



SECTION C

My Relationships

C1

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

93

☐

I've never had a boyfriend/girlfriend

→ Go to question C5

OR

I was years old

C2

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

01

☐

I do not currently have a boyfriend/girlfriend

→ Go to question C4

02

☐

Less than 1 month

03

☐

1 to 5 months

04

☐

6 months to a year

05

☐

Over a year

C3

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

06

☐

Never

07

☐

Less than once a week

08

☐

One day a week

09

☐

2 or 3 days a week

10

☐

4 or 5 days a week

11

☐

6 or 7 days a week

C4

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

12

☐

None

13

☐

1

14

☐

2 or 3

15

☐

4 or 5

16

☐

6 or more

We know that the following questions might be sensitive, but would appreciate you answering them as well as you can.

C5

Have you ever had consensual sexual intercourse?

8

☐

Yes

9

☐

No

→ Go to section D

C6

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

I was years old

C7

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

He or she was years old

OR

99

☐

I don't know

C8

Are you currently sexually active?

8

☐

Yes

9

☐

No

→ Go to section D

C9

What kind of birth control or protection do you and/or your partner use most often?
(Mark all that apply)

01

☐

Condoms (rubbers)

02

☐

Birth control pills

03

☐

Birth control injection (i.e. Depo-Provera, “the shot”)

04

☐

Withdrawal (pull-out)

05

☐

Emergency contraception (“the morning after pill”)

06

☐

Some other method

07

☐

Not sure

08

☐

None

C10

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

8

☐

Yes

9

☐

No

→ Go to section D

10

☐

I don't know

→ Go to section D

C11

What was the **main** reason for not using any birth control or protection?
(Mark one only)

09

☐

Sex was unexpected (no time to prepare)

10

☐

I didn't think I (or she) would get pregnant

11

☐

I wanted (she wanted) to get pregnant

12

☐

My partner did not want to use it

13

☐

It's my partner's problem, not mine

14

☐

It reduces the pleasure

15

☐

It's too expensive

16

☐

It's morally wrong

17

☐

I am too embarrassed to get/use birth control/protection

18

☐

Other (specify:)

OR

19

☐

We always use birth control/protection

Statistics Canada will keep your answers **PRIVATE**.

8-5300-450.1

Page 09

D1

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

01

Your biological/birth mother?

02

Your adoptive mother?

03

Your step-mother?

04

Your foster mother?

05

Another person (a mother figure)?

OR

06

I am not in touch with my mother

→

Go to question D6

D2

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?	<div><div>0</div><div></div></div>	<div><div>1</div><div></div></div>	<div><div>2</div><div></div></div>
b. How much fairness do you receive from your mother?	<div><div>3</div><div></div></div>	<div><div>4</div><div></div></div>	<div><div>5</div><div></div></div>
c. How much affection do you receive from your mother?	<div><div>6</div><div></div></div>	<div><div>7</div><div></div></div>	<div><div>8</div><div></div></div>

D3

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

1

Very close

2

Somewhat close

3

Not very close

D4

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

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

D5

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

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

D6

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

⁰¹☐ Your biological/birth father

⁰²☐ Your adoptive father

⁰³☐ Your step-father

⁰⁴☐ Your foster father

⁰⁵☐ Another person (a father figure)?

OR

⁰⁶☐ I am not in touch with my father

→ Go to question D11

D7

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

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

D8

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

⁵ ☐ Very close

⁶ ☐ Somewhat close

⁷ ☐ Not very close

D9

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

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

D10

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

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

D10

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

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

D11

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

My parent(s) ...

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

D12

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

D13

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

01

Never

02

Rarely

03

Sometimes

04

Often

05

Always

06

I don't know

07

My parents are not in touch with each other

D14

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

07

Never

08

Rarely

09

Sometimes

10

Often

11

Always

12

I don't know

13

My parents are not in touch with each other

The next questions are about smoking cigarettes.

E1

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

01

☐

I have never smoked

02

☐

I only tried once or twice

03

☐

I do not smoke anymore

→ Go to question E3

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

E2

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

Number of cigarettes

The next questions are about drinking alcohol.
A drink of alcohol is, for example:
✓ one bottle of beer or
✓ one glass of wine or
✓ one shot of liquor.

E3

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

01

☐

I have never had a drink of alcohol

02

☐

I have only had a few sips

03

☐

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

04

☐

I do not drink alcohol anymore

→ Go to question E5

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

E4 In the past 12 months, how often have you been drunk?

- 01

☐

Never
- 02

☐

A few times
- 03

☐

About once or twice a month
- 04

☐

About 1-2 days a week
- 05

☐

About 3-5 days a week
- 06

☐

About 6-7 days a week

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

E5 Which of the following best describes your experience with using marijuana and cannabis products (also known as a joint, pot, grass or hash) **in the past 12 months?**

- 01

☐

I have never done it
- 02

☐

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

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

- 03

☐

A few times
- 04

☐

About once or twice a month
- 05

☐

About 1-2 days a week
- 06

☐

About 3-5 days a week
- 07

☐

About 6-7 days a week

E6 Which best describes your experience with the following drugs **In the past 12 months:**

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



E7

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

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

E8

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

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



Statistics Canada will keep your answers PRIVATE.





SECTION F

Thank you.

F1

What time was it when you finished this questionnaire?

:

When you finish this survey:

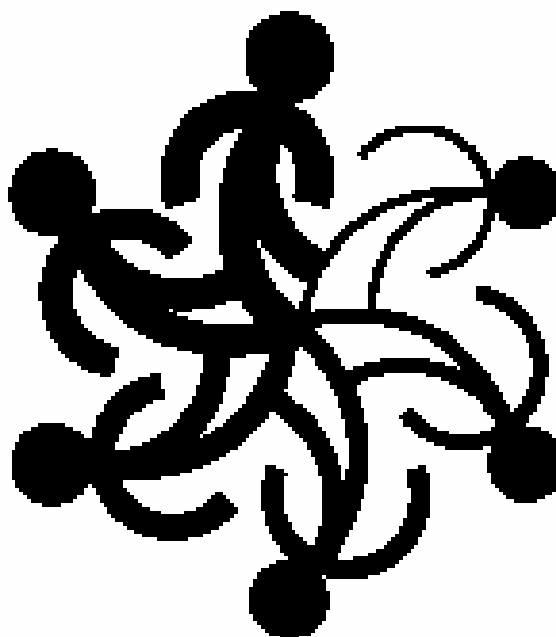
Put this questionnaire in the envelope.

Return it to the interviewer.

Thank you very much for helping us.

National Longitudinal Survey of Children & Youth

Cycle 5 Survey Instruments 2002-2003



INFORMED CONSENT FORM

Informed Consent

National Longitudinal
Survey of Children and Youth
Cycle 5

Consentement éclairé

Enquête longitudinale nationale
sur les enfants et les jeunes
Cycle 5

Confidential when completed

Confidentiel une fois rempli



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

Person ID.
N° de la personne

$\begin{array}{ccccccc} | & & | & & | & & | \\ | & & - & & | & & | \\ | & & & & | & & | \\ | & & & & | & & | \\ | & & & & | & & | \end{array}$

E	-	I	0
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Assignment No.
N° de tâche

Age Group	Percentage
18-24	~45
25-34	~15
35-44	~15
45-54	~15
55-64	~15
65-74	~10
75-84	~5
85-94	~5
95-104	~5

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

[illegible]

Child's First Name
Prénom de l'enfant

Child's Surname
Nom de famille de l'enfant

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

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

First name / Prénom

Last name / Nom de famille

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

Yes / Oui

1 ☐

No / Non

2 ☐

3 ☐ Consent obtained over the telephone – Consentement obtenu au téléphone

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

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

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

X

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

Informed Consent Form

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

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

Formulaire de consentement éclairé

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

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

What is the National Longitudinal Survey of Children and Youth?

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

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

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

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

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

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

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

What does my consent mean?

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

Qu'est-ce que mon consentement veut dire?

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

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

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

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

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