

Québec Survey on Smoking, Alcohol, Drugs and Gambling in High School Students (including other lifestyle habits)

2013

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Langue:

About the survey

Across Québec, thousands of high school students will be participating in this important survey on smoking, alcohol consumption, drug use and gambling. Your answers will help decision-makers design policies and programs for Québec's youth.

Confidentiality

No one in your school will be able to see the answers you give.

The Institut de la statistique du Québec guarantees the confidentiality of all the information you will provide as part of this survey, in accordance with the *Act respecting the Institut de la statistique du Québec* and the *Act respecting Access to documents held by public bodies and the Protection of personal information*.

By filling out this questionnaire, you agree to let the Institut de la statistique du Québec share the data collected in this survey with the Ministère de la Santé et des Services sociaux du Québec and the Institut national de santé publique du Québec. The data shared will not contain any information that can identify you.

Assistance

- ▶ This is not an exam.
- ▶ Do not write your name on this questionnaire.
- ▶ Read each question and choices of answers carefully.
- ▶ Give only one answer to each question, unless indicated otherwise.
- ▶ To answer:
 - darken
 - put a check mark
 - put an x

OR write your answer in the appropriate space on the line.

Example: I tried times.

- ▶ Carefully follow the arrows.  For some arrows, you will need to specify a response, while for others you will have to skip questions.

**Are you ready?
Let's begin!**

Please indicate the current time: :

Example: 02:15

Section 1 General information

1 (SD1_1) What grade are you in?

- Secondary I
- Secondary II
- Secondary III
- Secondary IV
- Secondary V

2 (SD1_2) How old are you?

- 11 years old or younger
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old or older

3 (SD1_3) Are you...

- A boy
- A girl

4 (SD1_4) What language do you speak most often at home?

- French
- English
- Other. **(SD1_4P)** Please, specify:

Mark only one answer.

Section 2 Your experience with cigars and electronic cigarettes

5 (CIG2_1) **In the past 30 days**, have you smoked cigarillos or little cigars (plain or flavoured), even just a few puffs?

No, I haven't smoked cigarillos or little cigars in the past 30 days

 [Go to question 7 \(CIG3_1\)](#)

Yes, every day

Yes, almost every day

Yes, a few times (a few days)

Yes, one or two days

6 (CIG2_2) **On the days you smoked**, how many cigarillos or little cigars did you usually smoke?

Less than one a day (a few puffs a day)

1 to 2

3 to 5

6 to 10

11 to 20

More than 20

7 (CIG3_1) Have you ever used an electronic cigarette (or e-cigarette), even if just for a few puffs?

Yes

No  [Go to question 9 \(CIG2_3\)](#)

8 (CIG3_2) **In the past 30 days**, did you use an electronic cigarette (or e-cigarette)?

Yes

No

9 (CIG2_3) Have you ever used **flavoured** tobacco products (menthol or with a cherry, strawberry, vanilla or other flavour)?

Yes

No  [Go to question 11 \(CIG2_5\)](#)

Don't count electronic cigarettes, since they don't contain any tobacco.

10 (CIG2_4) In the past 30 days, did you use any of the following flavoured tobacco products?

Answer each question.

	Yes	No
a) (CIG2_4_1) Menthol cigarette	<input type="checkbox"/>	<input type="checkbox"/>
b) (CIG2_4_2) Flavoured little cigar or cigarillo	<input type="checkbox"/>	<input type="checkbox"/>
c) (CIG2_4_3) Flavoured cigar	<input type="checkbox"/>	<input type="checkbox"/>
d) (CIG2_4_4) Flavoured tobacco in a water-pipe (also called hookah, nargile, shisha)	<input type="checkbox"/>	<input type="checkbox"/>
e) (CIG2_4_5) Other flavoured tobacco products. (CIG2_4_5P) Please, specify:	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>		
<input type="text"/>		

11 (CIG2_5) In the past 30 days, have you used a tobacco product without any flavour other than cigarettes, cigarillos or little cigars?

Don't count electronic cigarettes, since they don't contain any tobacco.

- Yes → (CIG2_5P) Please, specify the product(s):
-
-
-
-
- No

Section 3 Smoking cigarettes and you

12 (CIG1_1) Have you ever tried cigarette smoking, even just a few puffs?

- Yes
- No → Go to question 22 (CIG4_1)

13 (CIG1_2) Have you ever smoked a whole cigarette?

- Yes
- No → Go to question 16 (CIG1_5)

14 (CIG1_3) How old were you when you smoked your first whole cigarette?

- | | |
|---|--|
| <input type="checkbox"/> 5 years old or younger | <input type="checkbox"/> 12 years old |
| <input type="checkbox"/> 6 years old | <input type="checkbox"/> 13 years old |
| <input type="checkbox"/> 7 years old | <input type="checkbox"/> 14 years old |
| <input type="checkbox"/> 8 years old | <input type="checkbox"/> 15 years old |
| <input type="checkbox"/> 9 years old | <input type="checkbox"/> 16 years old |
| <input type="checkbox"/> 10 years old | <input type="checkbox"/> 17 years old |
| <input type="checkbox"/> 11 years old | <input type="checkbox"/> 18 years old or older |

15 (CIG1_4) Have you smoked 100 or more cigarettes in your lifetime?

- Yes
- No
- I don't know

100 cigarettes = 4 packs
of 25 cigarettes

16 (CIG1_5) How addicted to smoking cigarettes do you think you are?

- Not addicted at all
- A little addicted
- Quite addicted
- Very addicted

 **NOTE!** The next two questions (17 and 18) are about cigarette smoking in the past 30 days.

17 (CIG1_6) In the past 30 days, have you smoked cigarettes, even just a few puffs?

- No, I haven't smoked in the past 30 days
-  **Go to question 22 (CIG4_1)**
- Yes, every day
 - Yes, almost every day
 - Yes, a few times (a few days)

18 (CIG1_7) On the days you smoked, how many cigarettes did you usually smoke?

- Less than one cigarette a day (a few puffs a day)
- 1 to 2 cigarettes a day
- 3 to 5 cigarettes a day
- 6 to 10 cigarettes a day
- 11 to 20 cigarettes a day
- More than 20 cigarettes a day

Section 4 Access to cigarettes

Mark all that apply.

19 (CIG1_8) How do you usually get your cigarettes?

- (CIG1_8_1) I buy them myself in a store (convenience store – *dépanneur*, gas station, etc.)
- (CIG1_8_2) I buy them myself from a friend or someone else at school
- (CIG1_8_3) I buy them myself from a friend or someone else, but not at school
- (CIG1_8_4) I have someone buy them for me
- (CIG1_8_5) My father or mother gives them to me
- (CIG1_8_6) My brother or sister gives them to me
- (CIG1_8_7) A friend gives them to me
- (CIG1_8_8) Other. (CIG1_8_8P) Please, specify:

20 (CIG1_9) In the past four weeks, how often did you buy or try to buy cigarettes in a store (convenience store – *dépanneur*, gas station, etc.)?

- I didn't buy or try to buy cigarettes in a store in the past four weeks → [Go to question 22 \(CIG4_1\)](#)
- Less than once a week
- About once a week
- 2 to 5 times a week
- Every day or almost every day

21 (CIG1_10) In the past four weeks, when you went to buy cigarettes in a store...

Answer each question.

- | | Never | Less than half the time | About half the time | More than half the time | Always or almost always |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) (CIG1_10_1) how often were you asked for your age? | <input type="checkbox"/> |
| b) (CIG1_10_2) how often did the clerk refuse to sell you cigarettes because of your age? | <input type="checkbox"/> |

Section 5 Quitting smoking

Take into consideration [all tobacco products](#) that you smoke.

Don't count electronic cigarettes, since they don't contain any tobacco.

Take into consideration [all tobacco products](#) that you smoke.

Don't count electronic cigarettes, since they don't contain any tobacco.

22 (CIG4_1) Do you consider yourself to be a smoker?

Yes

No

23 (CIG4_2) Have you tried to quit smoking in the past 12 months?

I didn't smoke any tobacco products in the past 12 months

 **Go to question 29 (CIG4_8)**

Yes

No  **Go to question 27 (CIG4_6)**

24 (CIG4_3) Have you started smoking again since the last time you tried to quit?

Yes

No

25 (CIG4_4) How many times have you tried to quit smoking in the past 12 months?

I tried times.

26 (CIG4_5) The last time you tried to quit, how long did you stop smoking?

Less than 24 hours

1 to 2 days

3 to 7 days

Between 1 week and 1 month

Between 1 and 3 months

More than 3 months

27 (CIG4_6) Do you think you would be able to quit smoking if you wanted to?

Definitely yes

Probably yes

Probably not

Definitely not

28 (CIG4_7) Among the following methods, which one(s) would you use to try and quit smoking?

Answer each question.

	Yes	No
a) (CIG4_7_1) Participating in an online forum on quitting smoking	<input type="checkbox"/>	<input type="checkbox"/>
b) (CIG4_7_2) Making a deal with a friend to quit smoking	<input type="checkbox"/>	<input type="checkbox"/>
c) (CIG4_7_3) Asking for advice from a health professional (such as a doctor, dentist, psychologist, nurse, pharmacist, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
d) (CIG4_7_4) Participating in a school activity or program to quit smoking	<input type="checkbox"/>	<input type="checkbox"/>
e) (CIG4_7_5) Calling a smoker's helpline	<input type="checkbox"/>	<input type="checkbox"/>
f) (CIG4_7_6) Using nicotine replacement products (patches, gum, or nicotine inhaler)	<input type="checkbox"/>	<input type="checkbox"/>
g) (CIG4_7_7) Quitting by myself, without any help	<input type="checkbox"/>	<input type="checkbox"/>
h) (CIG4_7_8) Visiting websites to quit smoking	<input type="checkbox"/>	<input type="checkbox"/>
i) (CIG4_7_9) Receiving support and information by text message (SMS) or using a smartphone application, iPod, iPad or tablet	<input type="checkbox"/>	<input type="checkbox"/>
j) (CIG4_7_10) Other method. (CIG4_7_10P) Please, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>

Section 6 What is your opinion?

Take into consideration all tobacco products that you smoke.

Don't count electronic cigarettes, since they don't contain any tobacco.

29 (CIG4_8) Even if you don't smoke, how often do you feel a strong urge to smoke?

- Never
- Rarely
- Sometimes
- Often

30 (CIG5_1) How often are you exposed to second-hand cigarette smoke...

If you smoke, do not include the smoke from your own cigarettes. Refer only to smoke from others.

Answer each question.

	Every day	Almost every day	About once a week	About once a month	Less than once a month	Never
a) (CIG5_1_1) in your home?	<input type="checkbox"/>					
b) (CIG5_1_2) in a car?	<input type="checkbox"/>					

Section 7 About you and your family

31 (SD2_1) Compared to other people in your class, are your marks in English...

- better than average?
- average?
- below average?

32 (SD2_2) Who do you usually live with?

- With both my parents (biological or adoptive)
- With my mother only
- With my mother and her partner
- With my father only
- With my father and his partner
- As much with my mother as with my father
- Other (guardian, foster family/home, by yourself, with a roommate, etc.)

 **(SD2_2P) Please, specify:** _____

Mark only one answer.

33 (CIG5_2) Does your father smoke cigarettes?

- I never see my father  **Go to question 35 (CIG5_4)**
- No, he has never smoked
- No, he has stopped smoking
- Yes, he smokes cigarettes
- I don't know

34 (CIG5_3) Does, or would, your father approve of you smoking cigarettes?

- No, and he doesn't (or wouldn't) allow me to smoke
- No, but he does (or would) allow me to smoke
- Yes, he does (or would) approve
- I don't know

35 (CIG5_4) Does your mother smoke cigarettes?

- I never see my mother  **Go to question 37 (CIG5_6)**
- No she has never smoked
- No she has stopped smoking
- Yes she smokes cigarettes
- I don't know

36 (CIG5_5) Does, or would, your mother approve of you smoking cigarettes?

- No, and she doesn't (or wouldn't) allow me to smoke
- No, but she does (or would) allow me to smoke
- Yes, she does (or would) approve
- I don't know

37 (CIG5_6) Do any of your brothers or sisters smoke cigarettes?

- I don't have any brothers or sisters
- Yes
- No
- I don't know

38 (CIG5_7) How many of your friends, both boys and girls, smoke cigarettes?

- None
- A few
- Most
- All

39 (CIG5_8) What are the rules about smoking in your home?

- No one is allowed to smoke in my home
- Only special guests are allowed to smoke in my home
- People are allowed to smoke only in certain areas in my home
- People are allowed to smoke anywhere in my home

40 (SD2_3) Do you have a job (outside of the home) for which you get paid?

- Yes
- No

Example: babysitter, delivering newspapers, working in a store, etc.

41 (SD2_4) On average, how much money do you have a week for personal expenses?

- \$0
- De \$1 to \$10
- De \$11 to \$20
- De \$21 to \$30
- De \$31 to \$40
- De \$41 to \$50
- De \$51 to \$100
- More than \$100

Include money from jobs, allowances or any other source.

Section 8 Your experience with alcohol

For questions 42 to 49: 1 drink corresponds to...



1 glass of wine
(120-150 ml
or 4-5 oz)



1 small bottle of beer
(341 ml
or 10 oz)



**1 small shot
of hard liquor**
(30-40 ml
or 1-1½ oz)



1 shooter
(30-40 ml
or 1-1½ oz)

Do not consider beer with a 0.5% rating as an alcoholic beverage.

42 (ALC1_1) In your lifetime, have you ever drunk alcohol, that is, more than just a few sips?

- Yes
- No → **Go to question 50 (DRG1_1)**

43 (ALC1_2) How old were you when you first had more than a sip or two of beer, wine, etc.?

- | | |
|---|--|
| <input type="checkbox"/> 5 years old or younger | <input type="checkbox"/> 12 years old |
| <input type="checkbox"/> 6 years old | <input type="checkbox"/> 13 years old |
| <input type="checkbox"/> 7 years old | <input type="checkbox"/> 14 years old |
| <input type="checkbox"/> 8 years old | <input type="checkbox"/> 15 years old |
| <input type="checkbox"/> 9 years old | <input type="checkbox"/> 16 years old |
| <input type="checkbox"/> 10 years old | <input type="checkbox"/> 17 years old |
| <input type="checkbox"/> 11 years old | <input type="checkbox"/> 18 years old or older |

44 (ALC1_3) In the past 12 months, how often did you drink alcohol?

- I didn't drink alcohol in the past 12 months → **(ALC1_6) Go to question 47**
- Just once to try
- Less than once a month (occasionally)
- About once a month
- Weekends **or** once or twice a week
- 3 times or more a week **but** not every day
- Every day

45 (ALC1_4) In the past 12 months, how many times have you...

None Once 2 times 3 times 4 times 5 times
or more

Answer each question.

- a) (ALC1_4_1) had 5 drinks or more of alcohol on the same occasion? None Once 2 times 3 times 4 times 5 times or more
- b) (ALC1_4_2) had 8 drinks or more of alcohol on the same occasion? None Once 2 times 3 times 4 times 5 times or more

46 (ALC1_5) In the past 30 days, did you drink alcohol?

- Yes
 No

47 (ALC1_6) Have you ever consumed alcohol on a regular basis, meaning at least once a week for at least one month?

- Yes
 No [→ Go to question 49 \(ALC1_8\)](#)

48 (ALC1_7) How old were you when you first drank alcohol on a regular basis, meaning at least once a week for at least one month?

- | | |
|---|--|
| <input type="checkbox"/> 5 years old or younger | <input type="checkbox"/> 12 years old |
| <input type="checkbox"/> 6 years old | <input type="checkbox"/> 13 years old |
| <input type="checkbox"/> 7 years old | <input type="checkbox"/> 14 years old |
| <input type="checkbox"/> 8 years old | <input type="checkbox"/> 15 years old |
| <input type="checkbox"/> 9 years old | <input type="checkbox"/> 16 years old |
| <input type="checkbox"/> 10 years old | <input type="checkbox"/> 17 years old |
| <input type="checkbox"/> 11 years old | <input type="checkbox"/> 18 years old or older |

49 (ALC1_8) **In the past 12 months**, how often did you drink alcohol **mixed** with an energy drink (such as Red Bull, Rock Star, Monster, Red Rave, Energy, Rush or another brand) or a **premixed** caffeinated alcoholic beverage (such as Rock Star + vodka, REv, Octane, Mojo or another brand)?

- I didn't drink any alcohol mixed with an energy drink or premixed caffeinated alcoholic beverage in the past 12 months
- Just once to try
- Less than once a month (occasionally)
- About once a month
- Weekends **or** once or twice a week
- 3 times or more a week **but** not every day
- Every day

Section 9 Your experience with drugs

50 (DRG1_1) **In your lifetime**, have you ever used drugs?

- Yes
- No **→ Go to question 56 (DRG1_7)**

51 (DRG1_2) How old were you when you **first** used drugs?

- | | |
|---|--|
| <input type="checkbox"/> 5 years old or younger | <input type="checkbox"/> 12 years old |
| <input type="checkbox"/> 6 years old | <input type="checkbox"/> 13 years old |
| <input type="checkbox"/> 7 years old | <input type="checkbox"/> 14 years old |
| <input type="checkbox"/> 8 years old | <input type="checkbox"/> 15 years old |
| <input type="checkbox"/> 9 years old | <input type="checkbox"/> 16 years old |
| <input type="checkbox"/> 10 years old | <input type="checkbox"/> 17 years old |
| <input type="checkbox"/> 11 years old | <input type="checkbox"/> 18 years old or older |

52 (DRG1_3) During the past 12 months, how often did you use each of the following drugs?

Answer each question.

	I didn't	Just once to try	Less than once a month OR occasionally	About once a month	Weekends OR once or twice a week	3 times or more a week BUT not every day	Every day
a) (DRG1_3_1) Cannabis (marijuana, pot, hachisch, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) (DRG1_3_2) Cocaine (coke, snow, crack, free base, powder, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) (DRG1_3_3) Solvents, glue, gas, poppers, cleaners, nitrites, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) (DRG1_3_4) Hallucinogens (LSD, acid, blotters, PCP, mescaline, mess, magic mushrooms, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) (DRG1_3_5) Ecstasy (E, XTC, X, pill, dove, love drug, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) (DRG1_3_6) Heroin (smack, junk, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) (DRG1_3_7) Amphetamines or methamphetamines (speed, upper, peanut, meth, crystal, ice, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) (DRG1_3_8) Medication <u>without a prescription</u> , to get high (e.g. Valium, Librium, Dalmane, Halcion, Ativan, Ritalin, Dilaudid, Codeine, Oxycontin, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) (DRG1_3_9) Other drug (e.g. Salvia, Spice, 2-CB, Nexus, Ketamine, GHB, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

→ (DRG1_3_8P) Please specify the name of the medication (or medications) without a prescription that you took:

→ (DRG1_3_9P) Please specify the name of the drug (or drugs) that you took:

53 (DRG1_4) In the past 30 days, did you consume any of the above drugs?

- Yes
- No

54 (DRG1_5) Have you ever used drugs on a regular basis, meaning at least once a week for at least one month?

Yes

No → Go to question 58 (DRG2_1)

55 (DRG1_6) How old were you when you first used drugs on a regular basis, meaning at least once a week for at least one month?

→ Check age and go to question 58 (DRG2_1)

5 years old or younger

12 years old

6 years old

13 years old

7 years old

14 years old

8 years old

15 years old

9 years old

16 years old

10 years old

17 years old

11 years old

18 years old or older

56 (DRG1_7) In the past 12 months, how often did you take medication without a prescription, to get an effect similar to that of a drug (e.g. Valium, Librium, Dalmane, Halcion, Ativan, Ritalin, Dilaudid, Codeine, Oxycontin, etc.)?

I didn't take any medication without a prescription in the past 12 months

↳ Go to question 58 (DRG2_1)

Just once to try

Less than once a month (occasionally)

About once a month

Weekends or once or twice a week

3 times or more a week but not every day

Every day

57 (DRG1_7P) Please specify the name of the medication (or medications) without a prescription that you took:

58 (DRG2_1) In the past 12 months, did you visit one or more websites on the internet that deal with the prevention of alcohol and drug problems, such as www.intenseaunaturel.com, www.parlonsdrogue.com or www.dependances.gouv.qc.ca?

Yes

No

Check age and go to question 58.

Section 10 Your experience with gambling



59 (JEU1_1) In your lifetime, have you ever gambled/played games for money (for example: Internet or online gambling, lottery tickets, scratch tickets, video lottery terminals or video poker, casino, cards, dice, bingo, Kinzo, betting on sports events, etc.)?

Yes

No → [Go to question 65 \(ACTP2_1\)](#)

60 (JEU1_2) How old were you when you first gambled, played games for money?

5 years old or younger

12 years old

6 years old

13 years old

7 years old

14 years old

8 years old

15 years old

9 years old

16 years old

10 years old

17 years old

11 years old

18 years old or older

61 (JEU1_3) In the past 12 months, have you...

Answer each question.

	Never	Just once to try	Less than once a month OR occasionally	About once a month	Weekends OR once or twice a week	3 times or more a week BUT not every day	Every day
a) (JEU1_3_1) bought lottery tickets (such as 6/49®, Banco™ or Lotto-Max®)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) (JEU1_3_2) played Mise-O-Jeu®?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) (JEU1_3_3) played scratch tickets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) (JEU1_3_4) played bingo for money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) (JEU1_3_5) played Kinzo?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) (JEU1_3_6) gambled online (Internet)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) (JEU1_3_7) played on video lottery terminals (VLT) <u>but</u> not in a casino?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) (JEU1_3_8) played card games for money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) (JEU1_3_9) bet money on sports events (other than with Mise-O-Jeu®)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) (JEU1_3_10) gambled in a casino?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) (JEU1_3_11) bet money on games of skills (such as when you were playing pool, basket-ball, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) (JEU1_3_12) played dice games for money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) (JEU1_3_13) received lottery tickets (such as 6/49®, Banco™ or Lotto-Max®) or scratch tickets as gifts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

↳ Who gave you these tickets (such as 6/49®, Banco™ or Lotto-Max®) or scratch tickets as gifts?

Mark all that apply.

(JEU1_3_14_1) A relative (mother, father, uncle, etc.)

(JEU1_3_14_2) A friend

(JEU1_3_14_3) Other. (JEU1_3_14_3P) Please, specify:

62 (JEU2_1) In the past 12 months, have you done any of the following on the Internet or online (whether from a computer, tablet or smartphone)...

Answer each question.

	Yes	No
a) (JEU2_1_1) bought lottery tickets (such as 6/49®, Banco™ or Lotto-Max®, but other than Mise-O-Jeu®)?	<input type="checkbox"/>	<input type="checkbox"/>
b) (JEU2_1_2) played Mise-O-Jeu®?	<input type="checkbox"/>	<input type="checkbox"/>
c) (JEU2_1_3) played bingo for money?	<input type="checkbox"/>	<input type="checkbox"/>
d) (JEU2_1_4) played on video lottery terminals (VLT) or slot machines?	<input type="checkbox"/>	<input type="checkbox"/>
e) (JEU2_1_5) played poker with real money (Cash Game)?	<input type="checkbox"/>	<input type="checkbox"/>
f) (JEU2_1_6) played poker in a tournament for money?	<input type="checkbox"/>	<input type="checkbox"/>
g) (JEU2_1_7) bet money on sports events (other than Mise-O-Jeu®)?	<input type="checkbox"/>	<input type="checkbox"/>
h) (JEU2_1_8) played table games for money (other than poker, for example Baccarat, Sic Bo, Blackjack, Roulette, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
i) (JEU2_1_9) Other. (JEU2_1_9P) Please, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>

63 (JEU2_2) Concerning card games, in the past 12 months, how often did you bet money in poker games...

Answer each question.

	Never	Just once to try	Less than once a month OR occasionally	About once a month	Weekends OR once or twice a week	3 times or more a week BUT not every day	Every day
a) (JEU2_2_1) on the Internet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) (JEU2_2_2) with friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) (JEU2_2_3) at events organized by a person other than a friend (private game rooms, underground poker)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) (JEU2_2_4) in a casino or a Ludoplex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

64 (JEU2_3) In the past 12 months, how often...

Answer each question.

	Never	Once or twice	Some-times	Often
a) (JEU2_3_1) did you find yourself thinking about gambling activities at odd times of the day and/or planning the next time you will play?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) (JEU2_3_2) did you find the need to spend more and more money on gambling activities to get the amount of excitement you want?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) (JEU2_3_3) did you become restless, tense, fed up, or bad-tempered when trying to cut down on or stop gambling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) (JEU2_3_4) did you gamble as a way of escaping problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) (JEU2_3_5) after spending money on gambling activities, did you play again another day to try and win your money back?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) (JEU2_3_6) did you lie to your family and friends to hide how much you gambled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) (JEU2_3_7) did you spend your lunch money or money for bus or train fares on gambling activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) (JEU2_3_8) have you taken money from someone you live with, without their knowing, to gamble?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) (JEU2_3_9) have you stolen money from outside the family, or shoplifted, to gamble?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) (JEU2_3_10) have you fallen out with members of your family, or close friends, because of your gambling behaviour?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) (JEU2_3_11) have you missed school to participate in gambling activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) (JEU2_3_12) have you gone to someone for help with a serious money problem caused by your gambling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) (JEU2_3_13) have you borrowed money from a money lender or bookie (bookmaker)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 11 Physical activity related to means of transportation

The following questions are about the means of active transportation you use such as walking, cycling, rollerblading (or other), to get to school, work, a friend's place or elsewhere.

65 (ACTP2_1) During the school year, do you use one (or more) of these means of active transportation?

Yes

No → [Go to question 69 \(ACTP1_1\)](#)

66 (ACTP2_2) In general, during the school year, do you use this/these means of active transportation every week?

Yes

No → [Go to question 69 \(ACTP1_1\)](#)

67 (ACTP2_3) In general, during the school year, how many days a week do you use this/these means of active transportation?

1 day a week

2 days a week

3 days a week

4 days a week

5 days a week

6 days a week

7 days a week

68 (ACTP2_4) On a typical school day, how much time do you spend on this/these means of active transportation?

Less than 10 minutes

From 10 to 19 minutes

From 20 to 39 minutes

From 40 to 59 minutes

From 1 hour to 1 hour and 29 minutes

From 1 hour and 30 minutes to 1 hour and 59 minutes

2 or more hours

Section 12 Physical activity during your leisure time

The following questions are about the leisure-time physical activities you engage in at home, at school or elsewhere: sports, outdoor recreation, physical conditioning, dance or simply walking.

They can involve activities in an organized context (with a monitor, coach, trainer or other person in charge) or a non-organized context (alone or with other people). Specialized programs (sports-studies, dance-studies, sports concentration or other) should also be indicated in your responses.



NOTE ! You must exclude:

- your physical education classes;
- your active transportation (on foot, bicycle or other physical means) to get somewhere (to school, to work, to the store or another place);
- activities you do in the context of a paid job.

69 (ACTP1_1) During the school year, do you engage in these types of physical activity?

Yes

No → Go to question 74 (ALIM1_1)

70 (ACTP1_2) In general, during the school year, do you engage in these types of physical activity every week?

Yes

No → Go to question 74 (ALIM1_1)

71 (ACTP1_3) In general, during the school year, how many days a week do you engage in these types of physical activity?

1 day a week

2 days a week

3 days a week

4 days a week

5 days a week

6 days a week

7 days a week

72 (ACTP1_4) On a typical school day, how much time do you spend on these types of physical activity?

Less than 10 minutes

From 10 to 19 minutes

From 20 to 39 minutes

From 40 to 59 minutes

From 1 hour to 1 hour and 29 minutes

From 1 hour and 30 minutes to 1 hour and 59 minutes

2 or more hours

73 (ACTP1_5) Most often, when you engage in these types of physical activity, is your level of effort...

- Very low (Your breathing and heartbeat change very little)
- Low (Your breathing and heartbeat increase slightly)
- Moderate (Your breathing and heartbeat are fairly rapid)
- High (Your breathing and heartbeat are very rapid)

Section 13 Your eating habits

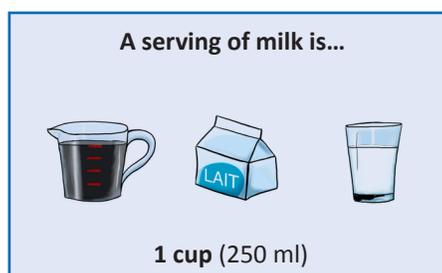
74 (ALIM1_1) In general, how many days a week do you drink milk?

Including the milk you drink as a beverage or in cereals, coffee, tea or chocolate milk.

- I never drink milk → [Go to question 76 \(ALIM2_1\)](#)
- I drink milk occasionally (ex. 1 to 3 times a month)
- 1 day a week
- 2 days a week
- 3 days a week
- 4 days a week
- 5 days a week
- 6 days a week
- 7 days a week

75 (ALIM1_2) On the days you drink milk, how many servings do you usually have?

- Less than 1 serving
- 1 serving
- 2 servings
- 3 servings
- 4 servings or more



76 (ALIM2_1) In general, how many days a week do you eat fruit?

Including fresh fruit, frozen, canned and dried fruit.
Don't count fruit juice.

- I never eat fruit → [Go to question 78 \(ALIM3_1\)](#)
- I eat fruit occasionally (ex. 1 to 3 times a month)
- 1 day a week
- 2 days a week
- 3 days a week
- 4 days a week
- 5 days a week
- 6 days a week
- 7 days a week

77 (ALIM2_2) On the days you eat fruit, how many servings do you usually have?

Don't count fruit juice.

- Less than 1 serving
- 1 serving
- 2 servings
- 3 servings
- 4 servings
- 5 servings
- 6 servings
- 7 servings
- 8 servings or more

A serving of fruit is...

		
		
1 fresh fruit the size of a tennis ball	½ cup of canned fruit (in a tin or plastic container) (125 ml)	¼ cup of dried fruit (60 ml)

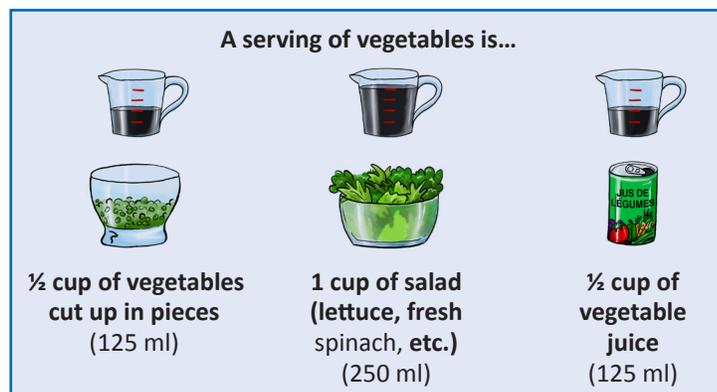
78 (ALIM3_1) In general, how many days a week do you eat vegetables?

Including vegetables that are fresh, frozen, canned or cooked, in salads or cut up, or that you drink as vegetable juice.

- I never eat vegetables → [Go to question 80 \(ALIM4_1\)](#)
- I eat vegetables occasionally (ex. 1 to 3 times a month)
- 1 day a week
- 2 days a week
- 3 days a week
- 4 days a week
- 5 days a week
- 6 days a week
- 7 days a week

79 (ALIM3_2) On the days you eat vegetables, how many servings do you usually have?

- Less than 1 serving
- 1 serving
- 2 servings
- 3 servings
- 4 servings
- 5 servings
- 6 servings
- 7 servings
- 8 servings or more



80 (ALIM4_1) How many glasses of water do you usually drink in a day?

Include only water from a tap, bottled (unflavoured) or from a drinking fountain. A glass of water equals a cup (250 ml) or half a bottle of water (individual size).

- None
- Less than 1 glass
- 1 glass
- 2 glasses
- 3 glasses
- 4 glasses or more

81 (ALIM5_1) How often do you usually eat the following foods and drink the following beverages?

	Never	Rarely	2 or 3 times a month	Once a week	2 to 6 times a week	Once a day	Twice or more a day
a) (ALIM5_1_1) Soft drinks (Coke, 7 UP, Pepsi, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) (ALIM5_1_2) Fruit-flavoured drinks (Fruit Punch, Slush, Fruitopia, Five Alive, Snapple, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) (ALIM5_1_3) Sports drinks (Gatorade, G2, Powerade, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) (ALIM5_1_4) Energy drinks (Red Bull, Red Rave, Energy, Rush, Rock Star, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

82 (ALIM5_2) During the past school week (Monday to Friday), how many times did you eat in a restaurant or snack bar foods like French fries, poutine, hamburgers, pizzas, pocket pizzas, chicken wings, fried chicken, hot dogs or pogos?

	Never	Once	Twice	3 times	4 times	5 times or more
a) (ALIM5_2_1) For breakfast	<input type="checkbox"/>					
b) (ALIM5_2_2) For lunch	<input type="checkbox"/>					
c) (ALIM5_2_3) For supper	<input type="checkbox"/>					
d) (ALIM5_2_4) At another time during the day or evening	<input type="checkbox"/>					

83 (ALIM4_2) During the past school week (Monday to Friday), how many days did you eat or drink something in the morning (including breakfast) before school began?

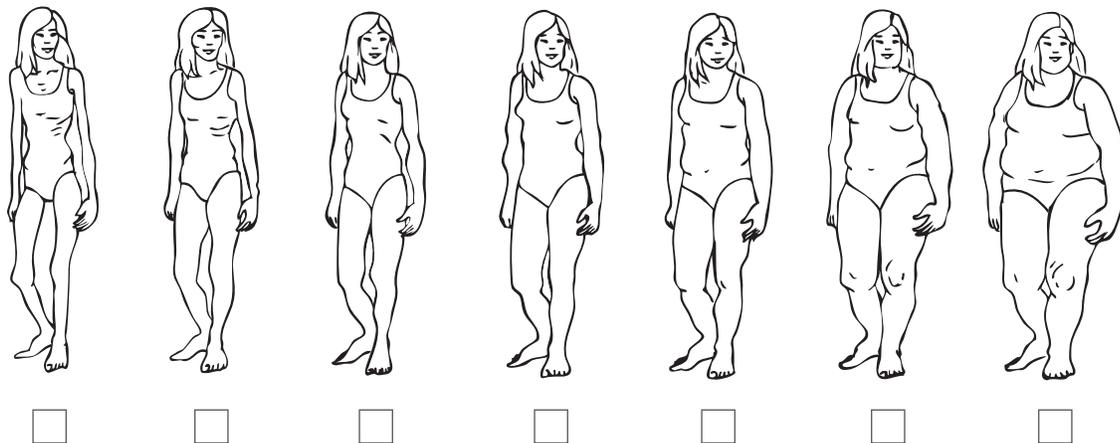
Don't count coffee, tea or water.

- None
- 1 or 2 days
- 3 or 4 days
- Every school day

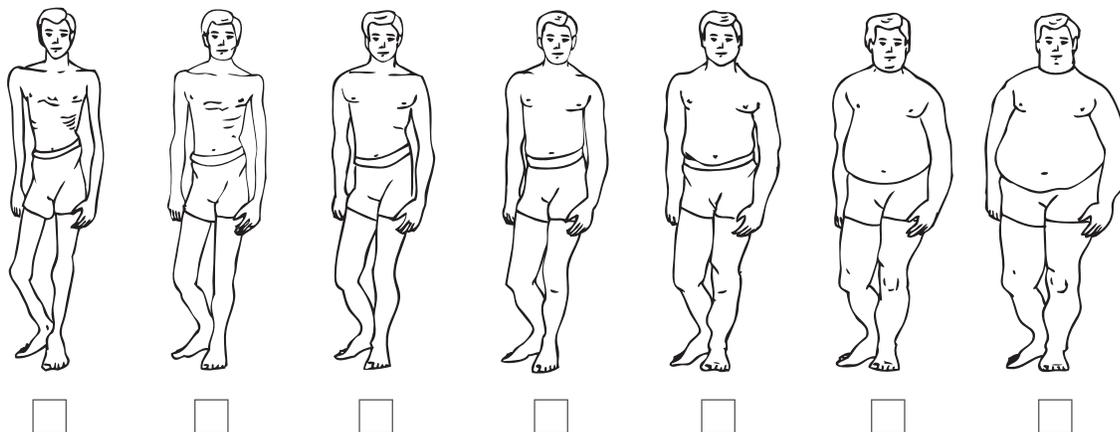
Section 14 How you perceive yourself

84 (APPC1) Check the illustration which best corresponds to your current appearance.

(APPC1_1) GIRLS

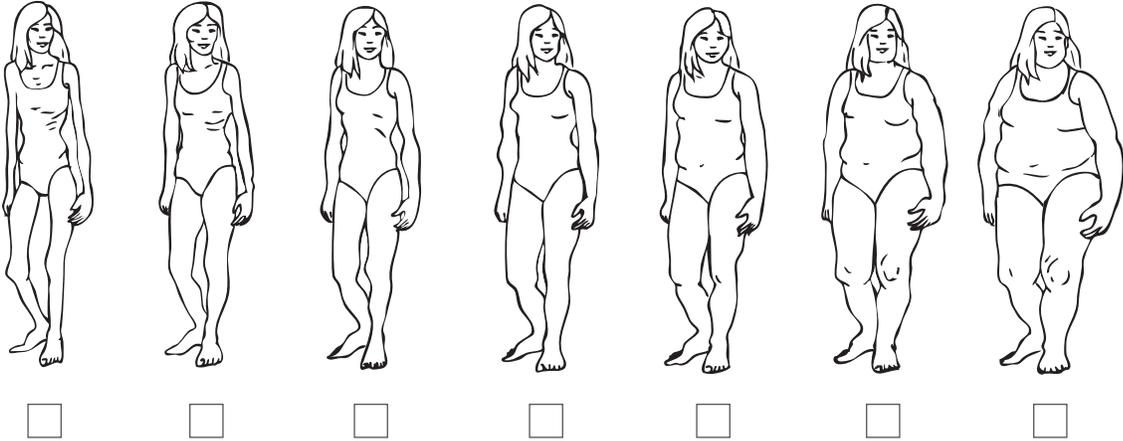


(APPC1_2) BOYS



85 (APPC2) Check the illustration which best corresponds to what you'd like to look like.

(APPC2_1) GIRLS



(APPC2_2) BOYS

