

Québec Health Survey of High School Students 2010-2011 (QHSHSS)

Questionnaire #1

Contents of the questionnaire and copyright

The 2010-2011 QHSHSS questionnaire was developed in collaboration with experts in the health and social services sector. Many questions were taken from the *California Healthy Kids Survey* as well as from the *Enquête sociale et de santé auprès des enfants et des adolescents québécois 1999* (Health and Social Survey of Quebec Children and Adolescents 1999) of the Institut de la statistique du Québec (ISQ). In general, the exact wording of the questions was maintained to ensure comparability of the data among surveys. However, occasionally the wording was adapted with the permission of the copyright holder.

Therefore, questions which have already been validated or derived from other population surveys have been given priority. A number of topics are being studied for the first time. To this end, new questions have been suggested by the ISQ, the ministère de la Santé et des Services sociaux, members of the project steering committee and various experts. The questions specifically designed for this survey have been approved by the ISQ and the ministère de la Santé et des Services sociaux.

To see who holds the copyright and the way to communicate the sources of the questions, please refer to the “Methodological Aspects” (*Aspects méthodologiques*) sections in each of the chapters of Volume 1 (Tome 1) (Pica et autres, 2012) and Volume 2 (Tome 2) (Pica et autres, 2013) of the QHSHSS report.

Bibliography

PICA, Lucille A., Issouf TRAORÉ, Francine BERNÈCHE, Patrick LAPRISE, Linda CAZALE, Hélène CAMIRAND, Mikaël BERTHELOT, Nathalie PLANTE et autres (2012). *L'Enquête québécoise sur la santé des jeunes du secondaire 2010-2011. Le visage des jeunes d'aujourd'hui : leur santé physique et leurs habitudes de vie*, Tome 1, Québec, Institut de la statistique du Québec, 258 p.

PICA, Lucille A., Issouf TRAORÉ, Hélène CAMIRAND, Patrick LAPRISE, Francine BERNÈCHE, Mikaël BERTHELOT, Nathalie PLANTE et autres (2013). *L'Enquête québécoise sur la santé des jeunes du secondaire 2010-2011. Le visage des jeunes d'aujourd'hui : leur santé mentale et leur adaptation sociale*, Tome 2, Québec, Institut de la statistique du Québec, 141 p.

Question common to both questionnaires

Instructions on filling out this questionnaire

This questionnaire covers topics related to your mental and physical health, your lifestyle, your social and intimate relationships, your environment at home and at school, etc. Your answers will help decision-makers design policies and programs for Québec's youth.

THERE ARE NO RIGHT OR WRONG ANSWERS

THIS QUESTIONNAIRE IS NOT AN EXAM

No one from your school will be able to see any of the answers you give.

The *Institut de la statistique du Québec* (ISQ) (Québec Institute of Statistics) guarantees the confidentiality of all the information that you will provide in this survey in accordance with the provisions of 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 that the data collected in this survey by the ISQ can be transferred to the *ministère de la Santé et des Services sociaux du Québec* (Québec Ministry of Health and Social Services) and to the *Institut national de santé publique du Québec* (Québec Institute of Public Health). The data that will be transferred will not contain any information that can directly identify you.

- ◆ Don't enter your name in the questionnaire.
- ◆ Carefully read the questions and choices of answers.
- ◆ Please give only one answer per question, unless requested otherwise.
- ◆ To answer : Indicate your response by clicking in the small circle ○

OR

Where requested, write your answer on the line or in the appropriate cell using the computer keyboard.

Are you ready?

Let's start!

General Information

[Réponse à la SD9.1 sert de validation pour plusieurs questions]

(SD9.1) How old are you?

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

(SD9.2) What is your sex?

- Male
- Female

(SD9.3) What grade level are you in?

If you are taking courses in more than one level, indicate the level in which you take the most courses.

- Secondary 1
- Secondary 2
- Secondary 3
- Secondary 4
- Secondary 5

(SD9.4) What is your postal code?

If you do not know your postal code, you can find it by looking at your student card.

— — — — — — — — —

(SD12.1) With whom do you usually live?

- With my two 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, group home, co-tenant or roommate, etc.)

↳ Please specify: _____ [Max 100 caractères]

About your health

(HV8.1) In general, would you say your health is...

- Excellent
- Very good
- Good
- Fair
- Poor

(HV3.1) How tall are you (without shoes on)?

Estimate your height if you are not certain.

In feet:

___ feet ___ inch(es) [Pieds : min 2, max 7. Si 2 pieds, pouces : min 7, max 11, Si 3-4-5-6 pieds, pouces : min 0, max 11, Si 7 pieds, min : 0 max 7]

Or

In meter(s):

___ meter(s) ___ centimeter(s) [Mètres : min 0, max 2. Si 0 mètre, cm : min 79, max 99. Si 1 mètre, cm : min 0, max 99, Si 2 mètres, cm : min 0, max 31]

[Convertir automatiquement les mesures.]

(HV3.2) How much do you weigh?

Estimate your weight if you are not certain.

In pounds:

___ ___ pounds [Continu : Min 50, Max 350]

or

In kilograms:

___ ___ kilograms [Continu : Min 23, Max 159]

[Convertir automatiquement les mesures.]

About you and your school

(SM_E-2) Do you like school?

- I don't like school at all
- I don't like school
- I like school
- I like school very much

(SM_E-3) In terms of your school marks, how would you rate yourself compared with other students your age at your school?

- I am one of the weaker students
- I am weaker than the average student
- I am an average student
- I am stronger than the average student
- I am one of the stronger students

(SM_E-4) How important is it for you to get good marks?

- Not important at all
- Somewhat important
- Important
- Very important

(SM_E-5a) During this school year, what is your average mark in English Language Arts (to the best of your knowledge)?

- 0 to 35%
- 36 to 40%
- 41 to 45%
- 46 to 50%
- 51 to 55%
- 56 to 60 %
- 61 to 65%
- 66 to 70%
- 71 to 75%
- 76 to 80%
- 81 to 85%
- 86 to 90%
- 91 to 95%
- 96 to 100%
- I'm not taking English Language Arts this school year

(SM_E-5b) During this school year, what is your average mark in mathematics (to the best of your knowledge)?

- 0 to 35%
- 36 to 40%
- 41 to 45%
- 46 to 50%
- 51 to 55%
- 56 to 60 %
- 61 to 65%
- 66 to 70%
- 71 to 75%
- 76 to 80%
- 81 to 85%
- 86 to 90%
- 91 to 95%
- 96 to 100%
- I'm not taking mathematics this school year

(SM_E-6) Have you ever repeated a year, in elementary or secondary school?

- No
- Yes, one year
- Yes, two years
- Yes, three years or more

(SM_E-7) If it were only up to you, how far would you go with your schooling?

- I don't care
- I don't want to finish secondary school (high school)
- I want to finish secondary school (high school)
- I want to finish CEGEP or university

(SM_C-3a) Since September, at your school or on the way to and from school, have you experienced the following?

	Often	Sometimes	Never
SM_C-3a.1 You've been insulted or called names.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_C-3a.2 Someone has threatened to hit you or break something belonging to you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_C-3a.3 You've experienced unwanted sexual touching or fondling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_C-3a.4 You've been hit (beat up, punched, kicked, bullied) or pushed around violently.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_C-3a.5 You've been offered money to do bad or illegal things (for example rob, threaten or hit someone, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_C-3a.6 You've been "taxed" (someone has robbed you of money or personal possessions after threatening you).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_C-3a.7 You've been threatened or attacked by gang members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(SM_C-3b) Cyber-bullying is when a person uses internet or cell phone technology to deliberately hurt another person. It means the mass distribution of images (photos or videos) or opinions. The origin is often anonymous.

(SM_C-3b.1) Since September, have you been a victim of cyber-bullying?

- Yes
- No [Passe à la question SM_D-1b]

(SM_C-3b.2) How often have you been a victim of cyber-bullying?

- Once
- A few times
- Often
- Very often

About you

(SM_D-1b) For each of the following statements, indicate the degree to which you agree or disagree.

	Completely Disagree	Somewhat Disagree	Somewhat Agree	Completely Agree
SM_D-1b.1 I think I'm someone who has something valuable to offer, at least as much as other people do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_D-1b.2 I think I have a certain number of good qualities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_D-1b.3 Everything considered, I tend to think I'm a failure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_D-1b.4 I'm able to do things as well as other people my age.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_D-1b.5 There's little reason to be proud of myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_D-1b.6 I have a positive attitude towards myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_D-1b.7 Overall, I'm satisfied with myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_D-1b.8 I find it difficult to accept myself as I am.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_D-1b.9 Sometimes I think I'm really useless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_D-1b.10 Occasionally, I've thought of myself as a good-for-nothing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(SM_D-4) How true do you feel these statements are about you personally?

	Not at All True	A Little True	Pretty Much True	Very Much True
SM_D-4.1 I can work out or solve my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_D-4.2 I can do most things if I try.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_D-4.3 I feel capable of meeting challenges that I care about.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_D-4.4 I get easily discouraged when I have trouble with something.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_D-4.5 I often give up on an activity or project before finishing it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_D-4.6 If I'm interested in an activity but it looks too complicated, I don't even bother trying.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_D-4.7 When I try to learn something new, I quickly give up if I'm not good at it right away.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(SM_B-3) Read the following statements and choose the answer that best describes you.

	Never	Sometimes	Often
SM_B-3.1 I'm constantly moving around.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_B-3.2 I can't sit still, I'm restless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_B-3.3 I'm impulsive, I act without thinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_B-3.4 I find it hard to wait for my turn in games or group activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Doctors and you

(SM_B-1) Do you have any of the following health problems that have been diagnosed or confirmed by a doctor or other health professional?

	Yes	No
SM_B-1.1 Food allergies	<input type="radio"/>	<input type="radio"/>
SM_B-1.2 Attention problems with or without hyperactivity	<input type="radio"/>	<input type="radio"/>
SM_B-1.3 Anxiety	<input type="radio"/>	<input type="radio"/>
SM_B-1.4 Depression	<input type="radio"/>	<input type="radio"/>
SM_B-1.5 Eating disorder (anorexia, bulimia)	<input type="radio"/>	<input type="radio"/>

(SM_B-2a) During the past 2 weeks, did you take medication prescribed by a doctor to treat depression or anxiety (ex. Celexa, Effexor, Paxil, Prozac, Luvox, Wellbutrin, Zoloft, Rivotril...)?

- Yes
- No

(SM_B-2b) During the past 2 weeks, did you take medication prescribed by a doctor to calm you or help improve your concentration (ex. Ritalin, Ativan...)?

- Yes
- No

About your friends and how you relate to others

How true do you feel these statements are about your friends?

(SM_H-1) I have a friend about my own age...

	Not at All True	A Little True	Pretty Much True	Very Much True
SM_H-1.1 Who really cares about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_H-1.2 Who talks with me about my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_H-1.3 Who helps me when I'm having a hard time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How true do you feel these statements are about your friends?

(SM_H-2) My friends...

	Not at All True	A Little True	Pretty Much True	Very Much True
SM_H-2.1 Get into a lot of trouble.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_H-2.2 Try to do what's right.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_H-2.3 Do well in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(SM_B-4b) Read the following statements and choose the answer that best describes you.

	Never	Sometimes	Often
SM_B-4b.1 I get into a lot of fights.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_B-4b.2 When I'm mad at someone, I try to get others to dislike him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_B-4b.3 When I'm mad at someone, I become friends with somebody else as revenge.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_B-4b.4 When another young person accidentally hurts me, I assume that he/she meant to do it, and I react with anger and start a fight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_B-4b.5 When I'm mad at someone, I say bad things behind his/her back.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_B-4b.6 I physically attack people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_B-4b.7 I threaten people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_B-4b.8 I'm cruel, I bully or I'm mean to others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_B-4b.9 When I'm mad at someone, I say to others: let's not hang out with him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_B-4b.10 I hit, kick or bite other people my age.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_B-4b.11 When I'm mad at someone, I tell that person's secrets to other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

About your love relationships

(SM_H-3a) Have you ever gone out with a guy or a girl?

Here, "gone out with" means spending intimate time with him or her. This may have lasted just one night or a couple of weeks, months or years.

- Yes
- No

→ [Si SD9.1 (âge) = 13 ans ou moins, passer à la section HV2.1 automatiquement]

→ [Si SD9.1 (âge) = 14 ans ou plus, passer à la question HV_7.12]

(SM_H-3b) During the past 12 months, did you go out with a guy or a girl?

- Yes
- No

→ [Si SD9.1 (âge) = 13 ans ou moins, passer à la section HV2.1 automatiquement]

→ [Si SD9.1 (âge) = 14 ans ou plus, passer à la question HV_7.12]

The next two series of questions are similar in wording. The first series is about how you have behaved towards others; the second is about how others have behaved towards you.

(SM_B-5) Think about the guys or girls you went out with during the past 12 months. How many times did the following situations occur with one or more of these guys or girls?

	Never	Once	Twice	3 times or more
SM_B-5.1 I criticized him/her viciously about his/her physical appearance; I insulted him/her in front of people; I put him/her down.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_B-5.2 I controlled his/her outings, email conversations or cell phone; I prevented him/her from seeing his/her friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_B-5.3 I forced him/her to kiss or caress me when he/she didn't want to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_B-5.4 I threw something at him/her which could have hurt him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SM_B-5.5 I grabbed him/her (held him/her by the arms); I pushed him/her around; I shook him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_B-5.6 I slapped him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_B-5.7 I used my fists or feet, an object or a weapon to hurt him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_B-5.8 I forced him/her to have sexual contact or sexual intercourse with me when he/she didn't want to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(SM_C-4) Think about the guys or girls you went out with during the past 12 months. How many times did the following situations occur with one or more of these guys or girls?

	Never	Once	Twice	3 times or more
SM_C-4.1 He/she viciously criticized my physical appearance; he/she insulted me in front of people; he/she put me down.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_C-4.2 He/she controlled my outings, my email conversations or cell phone; he/she prevented me from seeing my friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_C-4.3 He/she forced me to kiss or caress him/her when I didn't want to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_C-4.4 He/she threw something at me which could have hurt me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_C-4.5 He/she grabbed me (held me by the arms); he/she pushed me around; he/she shook me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_C-4.6 He/she slapped me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_C-4.7 He/she used his/her fists or feet, an object or a weapon to hurt me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_C-4.8 He/she forced me to have sexual contact or sexual intercourse when I didn't want to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

→ [Si SD9.1 (âge) = 13 ans ou moins, passer à la section HV2.1 automatiquement

→ [Si SD9.1 (âge) = 14 ans ou plus, passer à la question HV_7.12]

(HV7.12) In your lifetime, have you ever been forced to have sexual relations (oral, vaginal or anal) when you did not want to?

- Yes, by another youth
- Yes, by an adult
- No

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.

[Bulle rappel pour chaque question]

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.*

(HV2.1) During the school year, do you engage in these types of physical activity?

- Yes
- No [Passe à la question HV5.1]

(HV2.2) In general, during the school year, do you engage in these types of physical activity every week?

- Yes
- No [Passe à la question HV5.1]

(HV2.3) 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

(HV2.4) 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

(HV2.5) 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)

Your work experience during the school year

(HV5.1) Do you currently have a job in which you work for pay?

Including paid work for babysitting or for minor maintenance.

- Yes
- No

(HV5.2) Do you currently work for free (without pay) for the family business?

For example, on the family farm, at the grocery store or “dépanneur” (convenience store), clinic or home office.

- Yes
- No

[Passer à HV5.3a si l'élève a répondu « oui » à la question HV5.1 et « non » à la question HV5.2]

[Passer à HV5.3b si l'élève a répondu « non » à la question HV5.1 et « oui » à la question HV5.2]

[Passer à HV5.3c si l'élève a répondu « oui » à la question HV5.1 et « oui » à la question HV5.2]

[Passer à la question SM_D-6b si l'élève a répondu « non » à la question HV5.1 et « non » à la question HV5.2]

NOTEZ :

Si HV5.1 = Oui et HV5.2 = Non

- **Passez à HV5.3a**
- **Ensuite : Passez directement à HV5.5** (le répondant ne devrait pas répondre à la **HV5.3b** ou HV5.3c si HV5.1 = Oui et HV5.2 = Non)

Si HV5.1 = Non et HV5.2 = Oui

- **Passez à HV5.3b**
- **Ensuite : Passez directement à HV5.5** (le répondant ne devrait pas répondre à la **HV5.3a** ou HV5.3c si HV5.1 = Non et HV5.2 = Oui)

(HV5.3a) How many hours a week do you generally work for pay?

- Less than 6 hours a week
- 6 to 10 hours a week
- 11 to 15 hours a week
- 16 to 20 hours a week
- 21 hours or more a week

(HV5.3b) How many hours a week do you generally work for the family business?

- Less than 6 hours a week
- 6 to 10 hours a week
- 11 to 15 hours a week
- 16 to 20 hours a week
- 21 hours or more a week

(HV5.3c) How many hours a week do you generally work for pay and for the family business?

- Less than 6 hours a week
- 6 to 10 hours a week
- 11 to 15 hours a week
- 16 to 20 hours a week
- 21 hours or more a week

(HV5.5) What kind of work do you do most of the time?

- Cook or assistant cook
- Waitress or cashier in a restaurant
- Dishwasher in a restaurant
- Work in a grocery store (or supermarket) or “dépanneur” (convenience store)
- Work in a gas station
- Work in a store (ex. clothing, pharmacy, hardware, etc.)
- Babysitting
- Newspaper delivery
- Work on a farm or in the field of agriculture
- Other

 Please specify: _____ [max 70 caractères]

If you have more than one job, answer the following questions by thinking of the kind of work you do most of the time.

(HV5.6) Did you receive any training on safety or possible dangers involved (oral or written) before starting this job?

- Yes
- No

(HV5.7) Have you ever been injured at this job?

- Yes
- No

(HV5.8) Have you ever been in a “near miss” situation where you were almost injured at this job?

- Yes
- No

(HV5.9) Has a co-worker (who does the same type of work) ever been injured on the job?

- Yes
- No
- I don't have colleagues at work who do the same type of work I do

About your behaviour and your attitudes

(SM_D-6b) How true do you feel these statements are about you personally?

	Not at All True	A Little True	Pretty Much True	Very Much True
SM_D-6b.4 I say inappropriate things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_D-6b.5 I do certain things that are bad for me, if they are fun.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_D-6b.12 Sometimes I can't stop myself from doing something, even if I know it is wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_D-6b.13 I often act without thinking through all the alternatives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(SM_B-4c) During the past 12 months, about how many times...

	Never	Once or twice	3 or 4 times	5 times or more
SM_B-4c.1 Have you stayed out all night without permission?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_B-4c.2 Were you questioned by the police about something they thought you did?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_B-4c.3 Have you run away from home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_B-4c.4 Have you stolen something from a school or store?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_B-4c.5 Have you damaged or destroyed something that didn't belong to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_B-4c.6 Have you fought with someone to the point where the person needed medical treatment for their injuries?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_B-4c.7 Have you fought with someone with the idea of seriously hurting him/her?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SM_B-4c.8 Have you carried a weapon for the purpose of defending yourself or using it in a fight?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_B-4c.9 Have you sold drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_B-4c.10 Have you tried to sexually touch or fondle someone while knowing that they probably wouldn't want you to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(SM_B-4d) During the past 12 months, did you belong to a gang which broke the law by stealing, hitting someone, committing vandalism, etc.?

- Yes
- No

Your eating habits

(HV4.1a) 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 [**Passe à la question HV4.2a**]
- 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

A SERVING OF MILK IS...	
1 cup of milk (250 ml)	  




(HV4.1b) 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

(HV4.2a) In general, how many days a week do you eat cheese?

Including cheddar cheese, mozzarella, feta, Gouda, cottage cheese or other.

- I never eat cheese [**Passe à la question HV4.3a**]
- I eat cheese 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




A SERVING OF CHEESE IS...	
50 g of cheddar, mozzarella, feta, Gouda, etc. (or the equivalent of 4 dice)	
ou	
1 cup of cottage cheese (250 ml)	

(HV4.2b) On the days you eat cheese, how many servings do you usually have?

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

(HV4.3a) In general, how many days a week do you have yogurt?
Including yogurt in a container or that you can drink.

- I never have yogurt [Passe à la question HV4.4a]
- I have yogurt 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

A SERVING OF YOGURT IS...	
$\frac{3}{4}$ of a cup (175 g) 	 

(HV4.3b) On the days you have yogurt, how many servings do you usually have?

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

(HV4.4a) In general, how many days a week do you drink 100% pure fruit juice?

- I never drink 100% pure fruit juice [Passe à la question HV4.5a]
- I drink 100% pure fruit juice 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







A SERVING OF JUICE IS...	
½ cup of juice (125 ml) or ½ of a small container of juice	 

(HV4.4b) On the days you drink 100% pure fruit juice, 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

(HV4.5a) In general, how many days a week do you eat fruit?
Including fresh fruit, frozen, canned and dried fruit.

- I never eat fruit [Passe à la question HV4.6a]
- 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

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







(HV4.5b) On the days you eat fruit, 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

(HV4.6a) 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 [Passe à la question HV4.7]
- 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

A SERVING OF VEGETABLES IS...		
½ cup of vegetables cut up in pieces (125 ml)		
or		
1 cup of salad (lettuce, fresh spinach, etc.) (250 ml)		
or		
½ cup of vegetable juice (125 ml)		

(HV4.6b) 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

(HV4.7) 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

(HV4.8) 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
HV4.8a Soft drinks (Coke, 7 UP, Pepsi, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HV4.8b Fruit-flavoured drinks (Fruit Punch, Slush, Fruitopia, Five Alive, Snapple, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HV4.8c Sports drinks (Gatorade, G2, Powerade, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HV4.8d Energy Drinks (Red Bull, Red Rave, Energy, Rush, Rock Star, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HV4.8e Snack foods (chips, Doritos, pop corn, Crispers, cheese puffs, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HV4.8f Sweets (candy, chocolate bars, Popsicles and other sweets, gumdrops, lollipops, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(HV4.10) In 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
HV4.10a For breakfast	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HV4.10b For lunch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HV4.10c For supper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HV4.10d At another time during the day or evening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

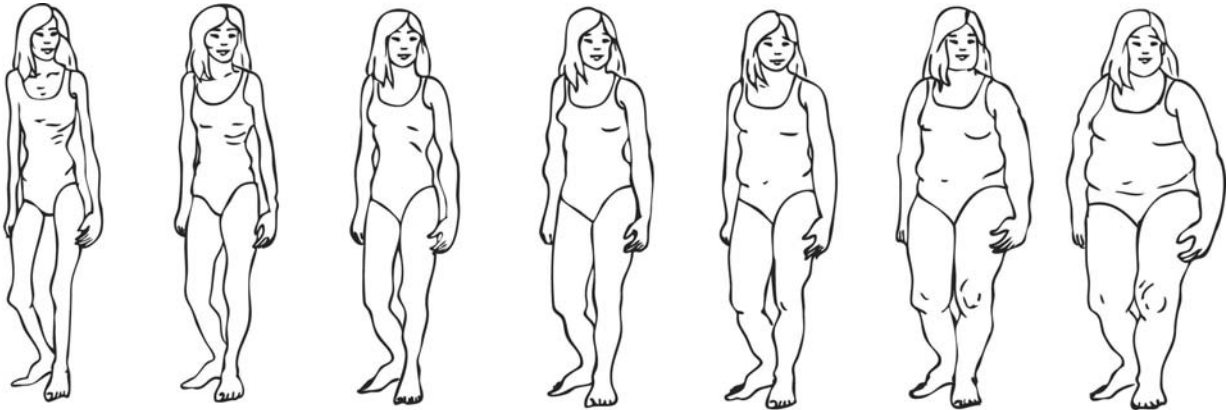
(HV4.11) During the past school week (Monday to Friday), how many days did you eat or drink something in the morning (including breakfast) before school began? Don't count coffee, tea or water.

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

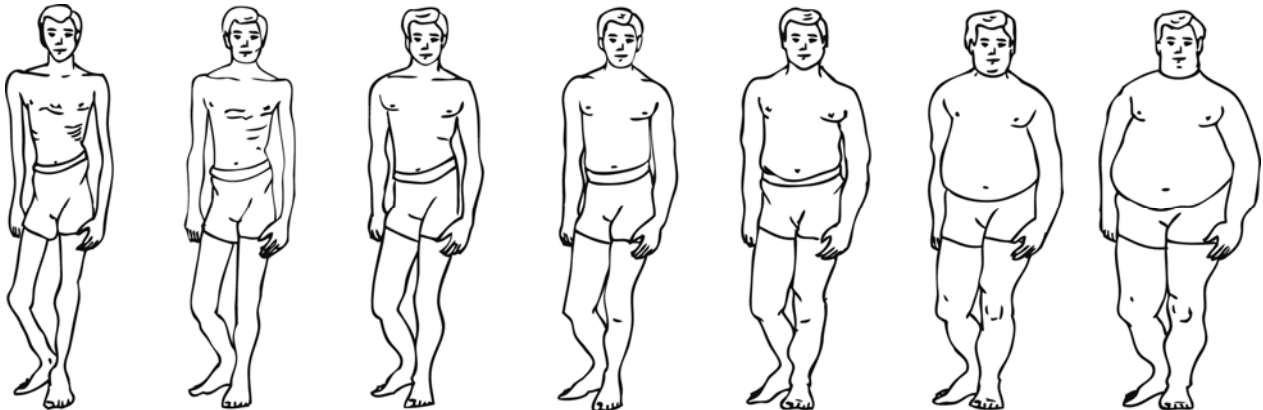
How you perceive yourself

(HV3.3) Check the illustration which best corresponds to your current appearance.

[Image de fille si SD9.2 = Fille]

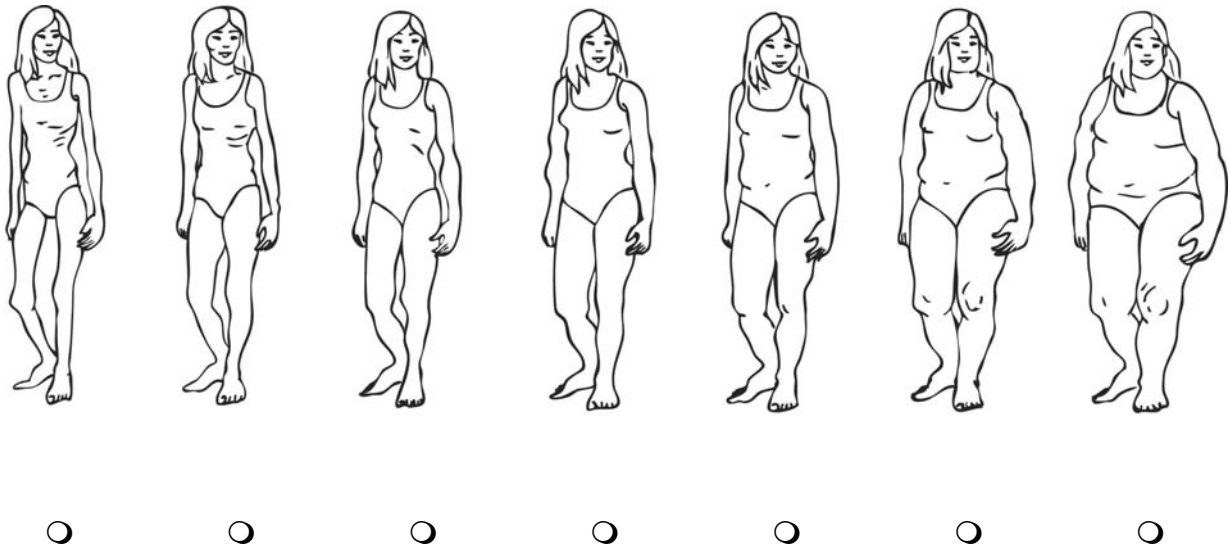


[Image de gars si SD9.2 = Gars]

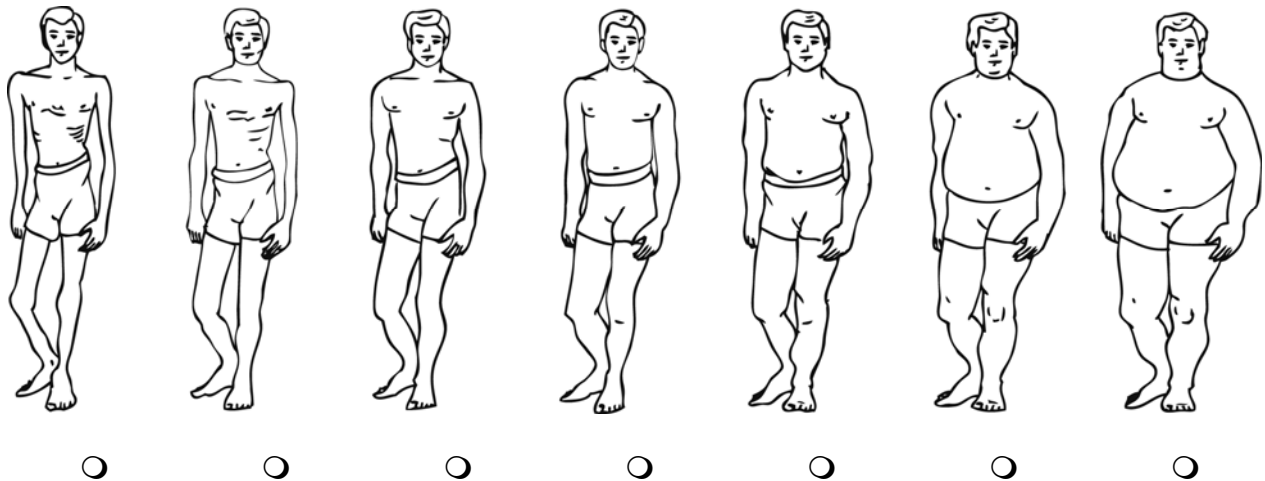


(HV3.4) Check the illustration which best corresponds to what you'd like to look like.

[Image de fille si SD9.2 = Fille]



[Image de gars si SD9.2 = Gars]



(HV3.5) Are you currently doing anything about your weight?

- I'm trying to lose weight.
- I'm trying to maintain my weight at the same level.
- I'm trying to gain weight.
- I am not doing anything about my weight.

(HV3.6) In the past 6 months, how many times have you tried one or more of the following methods in order to lose weight or maintain your current weight?

	Often	A few times	Rarely	Never
HV3.6a Following a diet (low-calorie, Weight Watchers, nutrition bars or soup diet, Minçavi, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HV3.6b Not eating for an entire day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HV3.6c Making yourself vomit, taking laxatives or diet pills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HV3.6d Reducing or eliminating sugar or fat in your diet (stop eating candy, dessert, chips, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HV3.6e Engaging in intensive training or exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HV3.6f Starting to smoke or going back to smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HV3.6g Skipping meals (breakfast, lunch or supper)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HV3.6h Other →Please specify: _____ _____ [Max 100 caractères]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your dental health

(HV1.1) How often do you brush your teeth?

- More than twice a day
- Twice a day
- Once a day
- Less than once a day but more than once a week
- Once a week
- Less than once a week
- Never

(HV1.2) How often do you use dental floss?

- More than once a day
- Once a day
- Less than once a day but more than once a week
- Once a week
- Less than once a week
- Never

Your respiratory health

(HV6.1) In the past 12 months, have you had wheezing or whistling sounds in the chest?

- Yes
- No [Passe à la question HV6.5]

(HV6.2) In the past 12 months, how many attacks of wheezing in the chest have you had?

- 1 to 3 times
- 4 to 12 times
- More than 12 times

(HV6.3) In the past 12 months, how often, on average, has your sleep been disturbed by the wheezing in your chest?

- Never
- Less than one night a week
- One or more nights a week

(HV6.4) In the past 12 months, has the wheezing ever been severe enough to limit your speech to one or two words at a time between breaths?

- Yes
- No

(HV6.5) In the past 12 months, has your chest sounded wheezy during or after exercise?

- Yes
- No

(HV6.6) In the past 12 months, have you had a dry cough at night, apart from a cough associated with a cold or chest infection?

- Yes
- No

(HV6.7) Have you ever had asthma?

- Yes
- No [Passe à la question HV7.0]

(HV6.8) Has your asthma been confirmed by a doctor?

- Yes
- No
- Don't know

(HV6.8a) In the past 12 months, have you had any asthma symptoms or asthma attacks?

- Yes
- No

(HV6.8b) In the past 12 months, have you taken any medicine for asthma such as inhalers, nebulizers, pills, liquids or injections?

- Yes [Si oui, passe au menu déroulant ci-dessous]



- Everyday?
- Only when needed (when having an asthma attack)?
- During periods when you risk having an attack (using medication for prevention)?
- No

(HV6.9) What causes your asthma attacks?

	Yes	No
HV6.9a A cold or flu	<input type="radio"/>	<input type="radio"/>
HV6.9b Pets	<input type="radio"/>	<input type="radio"/>
HV6.9c Dust, feathers, wool or dust mites	<input type="radio"/>	<input type="radio"/>
HV6.9d Tobacco smoke	<input type="radio"/>	<input type="radio"/>
HV6.9e Pollen, trees, grass, hay or ragweed	<input type="radio"/>	<input type="radio"/>
HV6.9f Exercise or sports	<input type="radio"/>	<input type="radio"/>
HV6.9g Strong odours, perfumes or chemical products	<input type="radio"/>	<input type="radio"/>
HV6.9h Air pollution or smog	<input type="radio"/>	<input type="radio"/>
HV6.9i Humidity or mould	<input type="radio"/>	<input type="radio"/>
HV6.9j Air-conditioning	<input type="radio"/>	<input type="radio"/>
HV6.9k Stress or emotions	<input type="radio"/>	<input type="radio"/>
HV6.9l The cold (in winter)	<input type="radio"/>	<input type="radio"/>
HV6.9m Change of climate	<input type="radio"/>	<input type="radio"/>
HV6.9n Other ↳ Please specify: _____	<input type="radio"/>	<input type="radio"/>
[Max 100 caractères]		

About your sexual relations

[Si SD9.1 (âge) = 13 years ou moins, passer à la section HV8.2(t) automatiquement]

The following questions are about your sexual relations.

(HV7.0) Have you ever had sexual relations (oral, vaginal or anal) with your consent?

- Yes
- No **[Passe à la question HV8.2(t)]**

(HV7.0a) How old were you the first time you had sexual relations (with your consent)?

I was _____ years old

Liste déroulante (âge en ordre décroissant) : **[Continu : âge maximum = SD9.1, âge minimum = 1 an]**

If you do not feel at ease in responding to other questions on this topic, you can go directly to the next section. [Bouton pour passer à la section HV8.2(t) : Bouton : Go to next section]

Oral sex

(HV7.1) Have you ever had oral sex (contact of the mouth with the vulva or penis) with your consent?

- Yes
- No **[Passe à la question HV7.4]**

(HV7.2) How old were you the first time you had oral sex (with your consent)?

I was _____ years old

Liste déroulante (âge en ordre décroissant) : **[Continu : âge maximum = SD9.1, âge minimum = 1 an]**

(HV7.3) With how many different people have you had oral sex (with your consent)?

- 1 person
- 2 people
- 3 people
- 4 people

- 5 people
- 6 people
- 7 people
- 8 people
- 9 people or more

Vaginal sex

(HV7.4) Have you ever had vaginal sex (penetration of the penis into the vagina) with your consent?

- Yes
- No [Passe à la question HV7.8]

(HV7.5) How old were you the first time you had vaginal sex (with your consent)?

I was _____ years old

Liste déroulante (âge en ordre décroissant) : [Continu : âge maximum = SD9.1, âge minimum = 1 an]

(HV7.6) With how many different people have you had vaginal sex (with your consent)?

- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 people
- 7 people
- 8 people
- 9 people or more

(HV7.7) The last time you had vaginal sex (with your consent), did you or your partner use a condom?

- Yes
- No

Anal sex

(HV7.8) Have you ever had anal sex (penetration of the penis into the anus) with your consent?

- Yes
- No [Passe à la question HV8.2(t)]

(HV7.9) How old were you the first time you had anal sex (with your consent)?

I was _____ years old

Liste déroulante (âge en ordre décroissant) : [Continu : âge maximum = SD9.1, âge minimum = 1 an]

(HV7.10) With how many different people have you had anal sex (with your consent)?

- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 people
- 7 people
- 8 people
- 9 people or more

(HV7.11) The last time you had anal sex (with your consent), did you or your partner use a condom?

- Yes
- No

Your experience with cigarettes

(HV8.2(t)) Have you ever tried cigarette smoking, even just a few puffs?

- Yes
- No [Passe à la question HV_J-3]

(HV8.3(t)) Have you ever smoked a whole cigarette?

- Yes
- No [Passe à la question HV8.5(t)]

(HV8.3a(t)) How old were you when you smoked your first whole cigarette?

I was _____ years old

Liste déroulante (âge en ordre décroissant) : [Continu : âge maximum = SD9.1, âge minimum = 1 an]

(HV8.4(t)) Have you smoked 100 or more cigarettes in your life?

100 cigarettes = 4 packs of 25 cigarettes

- Yes
- No
- I don't know

(HV8.5(t)) In the past 30 days, have you smoked cigarettes, even just a few puffs?

- No, I haven't smoked in the past 30 days [Passe à la question (HV_J-3)]
- Yes, every day
- Yes, almost every day
- Yes, a few times (a few days)

(HV8.5a(t)) Still referring to the past 30 days: 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

Your experience with alcohol

1 DRINK CORRESPONDS TO...



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

=



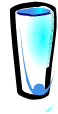
1 small bottle of
beer
(341 ml or
10 oz)

=



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.

[À garder pour chaque question de la section HV_J]

(HV_J-3) In your lifetime, have you ever drunk alcohol that is, more than just a few sips?

- Yes
- No [Passe à la question HV_J-7]

(HV_J-4) How old were you when you first had more than a sip or two of beer, wine, etc.?

I was ____ years old

Liste déroulante (âge en ordre décroissant) : [Continu : âge maximum = SD9.1, âge minimum = 1 an]

(HV_J-5) In the past 12 months, how often did you drink alcohol?

- I didn't drink alcohol in the past 12 months [Passe à la question HV_J-6C]
- 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

In the past 12 months, how many times have you...

		Not once	Once	Twice	3 times	4 times	5 to 10 times	11 to 25 times	26 or more times
HV_J-6	had 5 drinks or more of alcohol on the same occasion?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HV_J-6a	had 8 drinks or more of alcohol on the same occasion?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(HV_J-6b) In the past 30 days, did you drink alcohol?

- Yes
- No

(HV_J-6c) In your lifetime, have you ever consumed alcohol on a REGULAR basis, meaning AT LEAST ONCE A WEEK FOR AT LEAST ONE MONTH?

- Yes
- No → [Passe à la question HV_J-7]

(HV_J-6d) How old were you when you first drank alcohol on a REGULAR basis, meaning AT LEAST ONCE A WEEK FOR AT LEAST ONE MONTH?

I was ____ years old

Liste déroulante (âge en ordre décroissant) : [Continu : âge maximum = SD9.1, âge minimum = 1 an]

Your experience with drugs

(HV_J-7) In your lifetime, have you ever used drugs?

- Yes
- No [Si HV_J-5 = « I didn't drink alcohol », passe à la question SM_G-1] ou [Si HV_J-5 ≠ « I didn't drink alcohol », passe à la question HV_J-12]

(HV_J-8) How old were you when you first used drugs?

I was ____ __ years old

Liste déroulante (âge en ordre décroissant) : [Continu : âge maximum = SD9.1, âge minimum = 1 an]

(HV_J-9) During the past 12 months, how often did you use each of the following drugs?

	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 or more times a week BUT not every day	Every day
HV_J-9.1 Cannabis (marijuana, pot, hashish, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HV_J-9.2 Cocaine (coke, snow, crack, free base, powder, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HV_J-9.3 Solvents, glue, gas, poppers, cleaners, nitrites, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HV_J-9.4 Hallucinogens (LSD, acid, blotters, PCP, mescaline, mess, magic mushrooms, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HV_9.5 Ecstasy (E, XTC, X, pill, dove, love drug)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HV_J-9.6 Heroin (smack, junk, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HV_J-9.7 Amphetamines or methamphetamines (speed, uppers, meth, crystal, ice, peanut,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

etc.)							
HV_J-9.8 Medication without a prescription (ex. Valium, Librium, Dalmane, Halcion, Ativan, Ritalin, Dilaudid, Codeine, Oxycontin, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Ouvre une boîte; si HV_J-9.8 n'égale pas à « I didn't », demander :]

HV_J-9.8p Please specify the name of the medication (or medications) without a prescription that you took: _____ [100 caractères]

HV_J-9.9 Other drug (ex. Salvia, Spice, 2-CB, Nexus, Ketamine, GHB, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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[Ouvre une boîte; si HV_J-9.9 n'égale pas à « I didn't », demander :]

HV_J-9.9p Please specify the name of the drug (or drugs) that you took: _____ [100 caractères]

[Si HV_J-9.1 à HV_J-9.9 = « Je n'ai pas consommé », passer à HV_J-10a]

(HV_J-10) Thinking of the drug(s) you checked in the previous two pages: In the past 30 days, did you use any of these drugs?

- Yes
- No

(HV_J-10a) In your lifetime, have you ever used drugs on a REGULAR basis, meaning AT LEAST ONCE A WEEK FOR AT LEAST ONE MONTH?

- Yes
- No → [Passe à la question HV_J-11]

(HV_J-10b) How old were you when you first used drugs on a REGULAR basis, meaning AT LEAST ONCE A WEEK FOR AT LEAST ONE MONTH?

I was ____ years old

Liste déroulante (âge en ordre décroissant) : [Continu : âge maximum = SD9.1, âge minimum = 1 an]

(HV_J-11) Have you ever used any drug by injection or needles?

- Yes
- No [Si HV_J-9.1 à HV_J-9.9 = « I didn't »] et [Si HV_J-5 = « I didn't drink alcohol », passe à la question SM_G-1]

(HV_J-12) During the past 12 months, have you ever been in any of the following situations?

		Yes	No
a)	My alcohol or drug use has had negative psychological effects on me (ex. anxiety, depression, problems concentrating, etc.)	<input type="radio"/>	<input type="radio"/>
b)	My alcohol or drug use has had negative effects on my relationships with my family	<input type="radio"/>	<input type="radio"/>
c)	My alcohol or drug use has had negative effects with my friends or in my love life	<input type="radio"/>	<input type="radio"/>
d)	My alcohol or drug use has had negative effects on my studies	<input type="radio"/>	<input type="radio"/>
e)	I committed a delinquent act (even if I wasn't arrested by the police) while under the influence of alcohol or drugs	<input type="radio"/>	<input type="radio"/>
f)	I have had the feeling as though the same quantities of alcohol or drugs were having less effect on me than they once had	<input type="radio"/>	<input type="radio"/>
g)	I have spoken with a healthcare worker or counsellor about my alcohol or drug use	<input type="radio"/>	<input type="radio"/>
h)	My alcohol or drug use has had negative effects on my health	<input type="radio"/>	<input type="radio"/>
i)	I have spent too much money on or lost too much money because of my alcohol or drug use	<input type="radio"/>	<input type="radio"/>

About your family environment

How true do you feel these statements are about your family environment?

(SM_G-1) In my home, there is a parent or some other adult...

	Not at All True	A Little True	Pretty Much True	Very Much True
SM_G-1.1 Who is interested in my school work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_G-1.2 Who talks with me about my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_G-1.3 Who listens to me when I have something to say.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_G-1.4 Who expects me to follow the rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_G-1.5 Who believes that I will be a success.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_G-1.6 Who always wants me to do my best.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_G-1.7 Who is affectionate with me (hugs me, smiles at me, gives me kisses).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How true do you feel these statements are about your family environment?

(SM_G-2) At home...

	Not at All True	A Little True	Pretty Much True	Very Much True
SM_G-2.1 I do fun things or go to fun places with my parents or other adults.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_G-2.2 I do things that help improve family life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM_G-2.3 I help make decisions with my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(SM_G-3a) In everyday life, do your parents know where you are when you are not at home?

- Never
- Occasionally
- Often
- Always

(SM_G-3b) In everyday life, do your parents know who you are with when you are not at home?

- Never
- Occasionally
- Often
- Always

(SD13.1) What is the highest level of education your mother (or the adult woman responsible for you) has achieved?

- Elementary
- High school or secondary school (did not finish)
- High school or secondary school (graduated)
- CEGEP, technical or vocational school, private commercial college or other
- University
- Other

↳ Please specify: _____
[Max 50 caractères]

- I don't know
- Not applicable (no mother or adult woman responsible for me)

(SD13.2) What is the highest level of education your father (or the adult man responsible for you) has achieved?

- Elementary
- High school or secondary school (did not finish)
- High school or secondary school (graduated)
- CEGEP, technical or vocational school, private commercial college or other
- University
- Other

↳ Please specify: _____
[Max 50 caractères]

- I don't know
- Not applicable (no father or adult man responsible for me)

(SD13.3) What is the main occupation of your mother (or the adult woman responsible for you)?

- She works full time (30 hours or more a week)
This includes being self-employed (at home or elsewhere)
- She works part-time (less than 30 hours a week)
This includes being self-employed (at home or elsewhere)
- She's at school
- She's unemployed (or is looking for a job)
- She's a homemaker (stay-at-home mom or housewife)
- She's retired, on maternity leave or on sick leave
- Other
↳ Please specify: _____
[Max 70 caractères]
- Not applicable (no mother or adult woman responsible for me)

(SD13.4) What is the main occupation of your father (or the adult man responsible for you)?

- He works full time (30 hours or more a week)
This includes being self-employed (at home or elsewhere)
- He works part-time (less than 30 hours a week)
This includes being self-employed (at home or elsewhere)
- He's at school
- He's unemployed (or is looking for a job)
- He's a homemaker (stay-at-home dad or house husband)
- He's retired, on paternity leave or on sick leave
- Other
↳ Please specify: _____
[Max 70 caractères]
- Not applicable (no father or adult man responsible for me)

(SD13.5) On average, would you say that you and your family are better off or worse off financially compared to your classmates?

- Better off
- Neither better nor worse off
- Worse off

<i>The last few questions</i>

PLEASE NOTE!

If you live in a shared-custody situation (i.e. spending as much time with your mother as with your father), answer the following questions by thinking of your mother's household.

(SD13.7) Including yourself, how many people live in the household where you usually live?

- I live alone
- We are 2 people
- We are 3 people
- We are 4 people
- We are 5 people
- We are 6 people
- We are 7 people
- We are 8 people
- We are 9 people
- We are 10 or more people

(SD13.8) Including yourself (if you are under 18 years of age), how many children under 18 years of age (brother, sister, half-brother, half-sister...) live in the household where you usually live?

- No children under 18 years
- 1 child under 18 years
- 2 children under 18 years
- 3 children under 18 years
- 4 children under 18 years
- 5 children under 18 years
- 6 children under 18 years
- 7 children under 18 years
- 8 or more children under 18 years

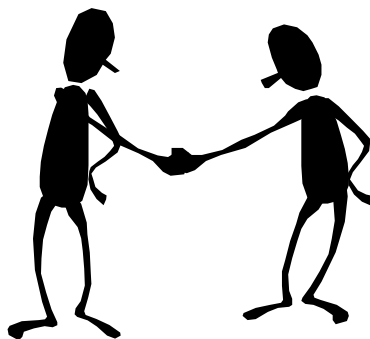
(SD13.9) How many rooms are there in the house or apartment where you usually live (including the basement, if there is one)?

Do not count the bathroom(s)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more

Comments

If you have any comments or suggestions about this questionnaire,
please write them in the space provided below



*Thank you for taking part
in this survey!*