

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

## Questionnaire #2

### Contents of the questionnaire and copyright

The 2010-2011 QSHSS 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 QSHSS 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\_F-1) How strongly do you agree or disagree with the following statements about your school?**

|  | <b>Strongly Disagree</b> | <b>Disagree</b>       | <b>Neither Disagree Nor Agree</b> | <b>Agree</b>          | <b>Strongly Agree</b> |
|--|--------------------------|-----------------------|-----------------------------------|-----------------------|-----------------------|
| <b>SM_F-1.1</b> I feel close to people at this school.             | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/>             | <input type="radio"/> | <input type="radio"/> |
| <b>SM_F-1.2</b> I am happy to be at this school.                   | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/>             | <input type="radio"/> | <input type="radio"/> |
| <b>SM_F-1.3</b> I feel like I am part of this school.              | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/>             | <input type="radio"/> | <input type="radio"/> |
| <b>SM_F-1.4</b> The teachers at this school treat students fairly. | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/>             | <input type="radio"/> | <input type="radio"/> |
| <b>SM_F-1.5</b> I feel safe in my school.                          | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/>             | <input type="radio"/> | <input type="radio"/> |

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

**(SM\_F-2) At my school, there is a teacher or some other adult...**

|   | <b>Not at All True</b> | <b>A Little True</b>  | <b>Pretty Much True</b> | <b>Very Much True</b> |
|---|------------------------|-----------------------|-------------------------|-----------------------|
| <b>SM_F-2.1</b> Who really cares about me.                      | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |
| <b>SM_F-2.2</b> Who tells me when I do a good job.              | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |
| <b>SM_F-2.3</b> Who's concerned about me when I am absent.      | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |
| <b>SM_F-2.4</b> Who always wants me to do my best.              | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |
| <b>SM_F-2.5</b> Who listens to me when I have something to say. | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |
| <b>SM_F-2.6</b> Who believes that I will be a success.          | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |



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

**(SM\_F-3) At my school...**

|  | <b>Not at All True</b> | <b>A Little True</b>  | <b>Pretty Much True</b> | <b>Very Much True</b> |
|--|------------------------|-----------------------|-------------------------|-----------------------|
| <b>SM_F-3.1</b> I do interesting activities.                                 | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |
| <b>SM_F-3.2</b> I help decide things like class activities or rules.         | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |
| <b>SM_F-3.3</b> I do things that help improve school life.                   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |
| <b>SM_F-4</b> I can count on other students if I need help with my homework. | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |
| <b>SM_F-5</b> I feel like an outsider, left out of things.                   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |

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

|  | <b>Often</b>          | <b>Sometimes</b>      | <b>Never</b>          |
|--|-----------------------|-----------------------|-----------------------|
| <b>SM_C-3a.1</b> You've been insulted or called names.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_C-3a.2</b> Someone has threatened to hit you or break something belonging to you.                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_C-3a.3</b> You've experienced unwanted sexual touching or fondling.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_C-3a.4</b> You've been hit (beat up, punched, kicked, bullied) or pushed around violently.                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_C-3a.5</b> 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"/> |
| <b>SM_C-3a.6</b> 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.



**(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      |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>SM_D-1b.1</b> 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"/> |
| <b>SM_D-1b.2</b> I think I have a certain number of good qualities.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_D-1b.3</b> Everything considered, I tend to think I'm a failure.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_D-1b.4</b> 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"/> |
| <b>SM_D-1b.5</b> There's little reason to be proud of myself.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_D-1b.6</b> I have a positive attitude towards myself.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_D-1b.7</b> Overall, I'm satisfied with myself.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_D-1b.8</b> I find it difficult to accept myself as I am.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_D-1b.9</b> Sometimes I think I'm really useless.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_D-1b.10</b> 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-3) How true do you feel these statements are about you personally?**

|  | <b>Not at All True</b> | <b>A Little True</b>  | <b>Pretty Much True</b> | <b>Very Much True</b> |
|--|------------------------|-----------------------|-------------------------|-----------------------|
| <b>SM_D-3.1</b> I feel bad when someone gets their feelings hurt.    | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |
| <b>SM_D-3.2</b> I try to understand what other people go through.    | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |
| <b>SM_D-3.3</b> I try to understand how other people feel and think. | <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?**

|  | <b>Not at All True</b> | <b>A Little True</b>  | <b>Pretty Much True</b> | <b>Very Much True</b> |
|--|------------------------|-----------------------|-------------------------|-----------------------|
| <b>SM_D-4.1</b> I can work out or solve my problems.   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |
| <b>SM_D-4.2</b> I can do most things if I try.   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |
| <b>SM_D-4.3</b> I feel capable of meeting challenges that I care about.                                    | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |
| <b>SM_D-4.4</b> I get easily discouraged when I have trouble with something.                               | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |
| <b>SM_D-4.5</b> I often give up on an activity or project before finishing it.                             | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |
| <b>SM_D-4.6</b> 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"/> |
| <b>SM_D-4.7</b> 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\_D-5) How true do you feel these statements are about you personally?**

|  | <b>Not at All True</b> | <b>A Little True</b>  | <b>Pretty Much True</b> | <b>Very Much True</b> |
|--|------------------------|-----------------------|-------------------------|-----------------------|
| <b>SM_D-5.1</b> When I need help, I find someone to talk with.                                     | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |
| <b>SM_D-5.2</b> I try to work out problems by talking or writing about them.                       | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |
| <b>SM_D-5.3</b> When I have a problem, I take time to think about various solutions before acting. | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |

## How you feel

**(SM\_A-1a) During the past week, how often did you...**

|   | Never                 | Once in<br>a While    | Fairly<br>Often       | Very<br>Often         |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>SM_A-1a.1</b> Feel nervous or shaky inside?                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_A-1a.2</b> Feel tense, stressed or under pressure?              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_A-1a.3</b> Feel afraid or fearful?                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_A-1a.4</b> Lose your temper, get angry at someone or something? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_A-1a.5</b> Feel easily annoyed or irritated?                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_A-1a.6</b> Feel critical of others?                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_A-1a.7</b> Get angry over things that weren't very important?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_A-1a.8</b> Feel lonely?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_A-1a.9</b> Feel bored or have little interest in things?        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_A-1a.10</b> Cry easily, or feel like crying?                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_A-1a.11</b> Feel down, discouraged?                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_A-1a.12</b> Feel hopeless about the future?                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_A-1a.13</b> Have your mind go blank?                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_A-1a.14</b> Have trouble remembering things?                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**(SM\_A-4) Read the following statements and choose the answer that best describes you.**

|   | <b>Never</b>          | <b>Sometimes</b>      | <b>Often</b>          |
|---|-----------------------|-----------------------|-----------------------|
| <b>SM_A-4.1</b> I'm easily distracted, I have trouble sticking to any activity.                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_A-4.2</b> I can't concentrate, I can't pay attention.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_A-4.3</b> I'm inattentive, I have difficulty paying attention to what someone is saying or doing. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**(SM\_B-3) Read the following statements and choose the answer that best describes you.**

|  | <b>Never</b>          | <b>Sometimes</b>      | <b>Often</b>          |
|--|-----------------------|-----------------------|-----------------------|
| <b>SM_B-3.1</b> I'm constantly moving around.                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_B-3.2</b> I can't sit still, I'm restless.                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_B-3.3</b> I'm impulsive, I act without thinking.                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_B-3.4</b> 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                    |
|--|-----------------------|-----------------------|
| <b>SM_B-1.1</b> Food allergies                                   | <input type="radio"/> | <input type="radio"/> |
| <b>SM_B-1.2</b> Attention problems with or without hyperactivity | <input type="radio"/> | <input type="radio"/> |
| <b>SM_B-1.3</b> Anxiety  | <input type="radio"/> | <input type="radio"/> |
| <b>SM_B-1.4</b> Depression                                       | <input type="radio"/> | <input type="radio"/> |
| <b>SM_B-1.5</b> 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        |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>SM_H-1.1</b> Who really cares about me.                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_H-1.2</b> Who talks with me about my problems.      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_H-1.3</b> 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        |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>SM_H-2.1</b> Get into a lot of trouble. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_H-2.2</b> Try to do what's right.    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_H-2.3</b> 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                 |
|--|-----------------------|-----------------------|-----------------------|
| <b>SM_B-4b.1</b> I get into a lot of fights.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_B-4b.2</b> When I'm mad at someone, I try to get others to dislike him/her.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_B-4b.3</b> When I'm mad at someone, I become friends with somebody else as revenge.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_B-4b.4</b> 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"/> |
| <b>SM_B-4b.5</b> When I'm mad at someone, I say bad things behind his/her back.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_B-4b.6</b> I physically attack people.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_B-4b.7</b> I threaten people.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_B-4b.8</b> I'm cruel, I bully or I'm mean to others.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_B-4b.9</b> 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"/> |
| <b>SM_B-4b.10</b> I hit, kick or bite other people my age.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_B-4b.11</b> 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 HV2a.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 HV2a.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 toward 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       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>SM_B-5.1</b> I criticized him/her viciously about his/her 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"/> |
| <b>SM_B-5.2</b> 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"/> |
| <b>SM_B-5.3</b> 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"/> |
| <b>SM_B-5.4</b> I threw something at him/her which could have hurt him/her.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_B-5.5</b> 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"/> |

|   |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>SM_B-5.6</b> I slapped him/her.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_B-5.7</b> 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"/> |
| <b>SM_B-5.8</b> 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       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>SM_C-4.1</b> 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"/> |
| <b>SM_C-4.2</b> 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"/> |
| <b>SM_C-4.3</b> 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"/> |
| <b>SM_C-4.4</b> He/she threw something at me which could have hurt me.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_C-4.5</b> 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"/> |
| <b>SM_C-4.6</b> He/she slapped me.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_C-4.7</b> 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"/> |
| <b>SM_C-4.8</b> 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 HV2a.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 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.

**(HV2a.1) During the school year, do you use one (or more) of these means of active transportation?**

- Yes
- No [Passe à la question HV2.1]

**(HV2a.2) In general, during the school year, do you use this/these means of active transportation every week?**

- Yes
- No [Passe à la question HV2.1]

**(HV2a.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

**(HV2a.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

## 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 HV5.6** (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 HV5.6** (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

**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

## 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        |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>SM_D-6b.4</b> I say inappropriate things.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_D-6b.5</b> 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"/> |
| <b>SM_D-6b.12</b> 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"/> |
| <b>SM_D-6b.13</b> I often act without thinking through all the alternatives.                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**(SM\_D-6a) How true do you feel these statements are about you personally?**

|   | Not at All True       | A Little True         | Pretty Much True      | Very Much True        |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>SM_D-6a.1</b> I can stand up for myself without putting others down.                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_D-6a.2</b> I get angry when others disagree with me.                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_D-6a.3</b> When I do not agree with someone, I try to understand his/her point of view. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_D-6a.4</b> If a student has a problem, I don't hesitate to help him/her.                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_D-6a.5</b> I offer my help to others.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_D-6a.6</b> I enjoy working together with other students my age.                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_D-6a.7</b> I have difficulty making friends.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

|  |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>SM_D-6a.8</b> I feel uncomfortable in group activities with other young people. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_D-6a.9</b> I get along well with people my age.                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**(SM\_B-4c) During the past 12 months, about how many times...**

|   | <b>Never</b>          | <b>Once or twice</b>  | <b>3 or 4 times</b>   | <b>5 times or more</b> |
|---|-----------------------|-----------------------|-----------------------|------------------------|
| <b>SM_B-4c.1</b> Have you stayed out all night without permission?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  |
| <b>SM_B-4c.2</b> Were you questioned by the police about something they thought you did?                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  |
| <b>SM_B-4c.3</b> Have you run away from home?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  |
| <b>SM_B-4c.4</b> Have you stolen something from a school or store?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  |
| <b>SM_B-4c.5</b> Have you damaged or destroyed something that didn't belong to you?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  |
| <b>SM_B-4c.6</b> 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"/>  |
| <b>SM_B-4c.7</b> 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"/>  |
| <b>SM_B-4c.8</b> 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"/>  |
| <b>SM_B-4c.9</b> Have you sold drugs?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  |
| <b>SM_B-4c.10</b> 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

## 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        |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>SM_G-1.1</b> Who is interested in my school work.                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_G-1.2</b> Who talks with me about my problems.                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_G-1.3</b> Who listens to me when I have something to say.                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_G-1.4</b> Who expects me to follow the rules.                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_G-1.5</b> Who believes that I will be a success.                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_G-1.6</b> Who always wants me to do my best.                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_G-1.7</b> 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        |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>SM_G-2.1</b> 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"/> |
| <b>SM_G-2.2</b> I do things that help improve family life.                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SM_G-2.3</b> 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

## 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 HV\_8.2(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)

=



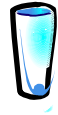
1 small bottle of  
beer  
(341 ml or  
10 oz)

=



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 SD10.2] 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             |
|--|-----------------------|-----------------------|--|-----------------------|----------------------------------|--|-----------------------|
| <b>HV_J-9.1</b> 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"/> |
| <b>HV_J-9.2</b> 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"/> |
| <b>HV_J-9.3</b> 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"/> |
| <b>HV_J-9.4</b> 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"/> |
| <b>HV_9.5</b> 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"/> |
| <b>HV_J-9.6</b> 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"/> |
| <b>HV_J-9.7</b> Amphetamines or methamphetamines (speed, uppers, meth,                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                  | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/>                    | <input type="radio"/> |

|  |                       |                       |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| crystal, ice, peanut, etc.)  |                       |                       |                       |                       |                       |                       |                       |
| <b>HV_J-9.8 Medication without a prescription</b> (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"/> |

**[Ouvrir une boîte; si HV\_J-9.8 n'égal 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]**

|  |                       |                       |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>HV_J-9.9 Other drug</b> (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"/> |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|

**[Ouvrir une boîte; si HV\_J-9.9 n'égal 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 SD10.2]

**(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"/> |




## The last few questions

### (SD10.2) Where were you born?

- Quebec [\[Go to SD10.4\]](#)
- Other Canadian province or territory [\[Menu déroulant pour lister les autres provinces et territoires\]](#)
  - Alberta
  - British Columbia
  - Prince Edward Island
  - Manitoba
  - New Brunswick
  - Nova Scotia
  - Ontario
  - Saskatchewan
  - Newfoundland and Labrador
  - Nunavut
  - Northwest Territories
  - Yukon

**[\[Then: Go to SD10.4\]](#)**

- Outside Canada
  -   Algeria
  - China
  - Colombia
  - United States
  - France
  - Haiti
  - Italy
  - Lebanon
  - Morocco
  - Romania
  - Great Britain
  - Other

→ Please specify: \_\_\_\_\_

[\[Max 50 caractères\]](#)

**(SD10.3) How long have you lived in Canada?**

- Less than 2 years
- Between 2 and 3 years
- Between 4 and 5 years
- Between 6 and 10 years
- More than 10 years

**(SD10.4) Where was your biological father born?**

- Quebec
- Other Canadian province or territory
- Outside Canada

- ↳
- Algeria
  - China
  - Colombia
  - United States
  - France
  - Haiti
  - Italy
  - Lebanon
  - Morocco
  - Romania
  - Great Britain
  - Other

→ Please specify: \_\_\_\_\_  
[Max 50 caractères]

- I don't know

**(SD10.5) Where was your biological mother born?**

- Quebec
- Other Canadian province or territory
- Outside Canada
  - Algeria
  - China
  - Colombia
  - United States
  - France
  - Haiti
  - Italy
  - Lebanon
  - Morocco
  - Romania
  - Great Britain
  - Other

→ Please specify: \_\_\_\_\_  
[Max 50 caractères]

- I don't know

**(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

**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

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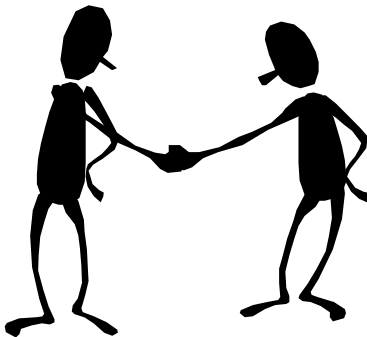
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*Thank you for taking part  
in this survey!*