

SANTÉ QUÉBEC

Questionnaire for adolescents
and teenagers



HEALTH AND SOCIAL SURVEY

of Québec children and youth

QA

SANTÉ QUÉBEC

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N° de dossier :

N° de l'intervieweur :

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Instructions

In this questionnaire, we ask you questions about your family and school. We also ask you about things you like to do, and your feelings about certain things.

This is not a test. There are no right or wrong answers. Simply answer each question, indicating what you really think or feel.

Your name is not written on this questionnaire. No one other than Santé Québec will ever know your answers. You can be sure they will remain completely **confidential**.

Thank you for participating!

Many of the questions in this questionnaire have several possible answers. Choose the answer best suited to your situation. Indicate your response by circling the number or by writing an appropriate figure.

Here are a few sample questions and answers to illustrate what we mean:

Example A *Circle your answer.*

During the past 7 days, how many times did you...

	Not once	1 or 2 times	3 to 5 times	6 or 7 times
A. eat a meal in a restaurant?	①	2	3	4
B. have a snack in a restaurant?	1	②	3	4

Example B *Fill in the blank.*

How old are you? 16 Years old

Example C *Fill in the blank.*

To what ethnocultural group would you say you belong? (for example: Jamaican, Haitian, Chilean, Lebanese, Vietnamese, Quebecer, ...)

Chinese

General information

1. How old are you? _____ years old

2. Indicate the day, month and year of your birth.

Example: if you were born on August 25, 1985,
enter: 25 08 1985

Day

Month

Year

3. You are...

- A boy 1
A girl 2

4. What language do you speak *most often* with your closest friends?

' Indicate the one you use most often.

- French 01
English 02
Italian 03
Greek 04
Spanish 05
Portuguese 06
Chinese 07
Vietnamese 08
Arabic 09
Other ' Please specify: _____ 96

5. To what ethnocultural group would you say you belong? (for example: Jamaican, Haitian, Chilean, Lebanese, Vietnamese, Quebecer, ...)

Your school and you

6. What grade are you in?

I'm in primary school in:	1 st grade	01
	2 nd grade	02
	3 rd grade	03
	4 th grade	04
	5 th grade	05
	6 th grade	06
	7 th grade	07
I'm in high school in:	Secondary I	08
	Secondary II	09
	Secondary III	10
	Secondary IV	11
	Secondary V	12
	Secondary VI	13
	Individualized Path for Learning (IPL, Special learning group)	14

If you are in secondary ' Go to question 8

7. Have you ever received help from a remedial teacher for reading or pronunciation ?

Yes	1
No	2
Don't know	8

If you are in primary ' Go to question 9

8. If you are in high school, have you ever been registered in an individualized path for learning (special learning group) ?

Yes	1
No	2
Don't know	8

9. Compared to other people in your class, are your marks in English...

better than average?	1
average?	2
below average?	3

10. For each of the following statements, indicate the response which best applies to you.

	True	False
A. I'm not doing very well at school this year	1	2
B. In general, I'm quite sure of succeeding at what I set out to do	1	2
C. I have confidence in my abilities to succeed in school	1	2
D. This year, I think I'll fail at least two subjects	1	2
E. I succeed better at the things I do outside of school	1	2

11. During a normal school week, about how many hours, in total, do you devote to your homework and studying?

- Less than 1 hour a week 1
- From 1 to 2 hour(s) a week 2
- From 3 to 5 hours a week 3
- From 6 to 10 hours a week 4
- From 11 to 20 hours a week 5
- More than 20 hours a week 6

12. How far do you intend to go with your education?

- High School Diploma 1
- Vocational or Trade School Diploma 2
- College Diploma 3
- University Degree 4
- I don't think I'll go further than this year 5
- Don't know 8

13. Compared with your classmates, would you say that your family's economic situation is...

- better than theirs? 1
- the same as theirs? 2
- worse than theirs? 3

If you are in primary ' Go to question 16

14. The following questions are on how you and your parents relate to your school.

' For each of the following statements, indicate the response that best describes your situation.

	Completely agree	Somewhat agree	Somewhat disagree	Completely disagree
A. I feel comfortable at my school	1	2	3	4
B. At my school, they take into account the opinion of the students when making rules and regulations	1	2	3	4
C. The students have some responsibilities in organizing extracurricular school activities	1	2	3	4
D. Some of my teachers will listen to what I have to say when I need to talk about my problems	1	2	3	4
E. I can easily meet with my teachers to discuss various personal problems	1	2	3	4

15. For each of the following statements, indicate the response that best describes your situation.

My parents or the adults I live with...	Often	Sometimes	Never
A. Encourage me to do well in school	1	2	3
B. keep informed of what I do during the day at school	1	2	3
C. go to meet with the teachers to pick up my report (when this event is organized)	1	2	3

16. Since September, at your school or on the way to and from school, have you experienced the following?

' For each statement, answer what best describes your experience.

	Often	Sometimes	Never
A. You've been insulted or called names	1	2	3
B. Someone has threatened to hit you or break something belonging to you	1	2	3
C. You've experienced unwanted sexual touching, like fondling, etc.	1	2	3
D. You've been hit (beat up, punched, kicked, bullied) or pushed around violently	1	2	3
E. You've been offered money to do bad or illegal things (for example rob, threaten or hit someone, etc.)	1	2	3
F. You've been "taxed" (someone has robbed you of money or objects after threatening you)	1	2	3

17. Do you feel insecure (afraid) when you go to and from school?

- Often 1
- Sometimes 2
- Never 3 ' Go to question 19

18. Why do you feel insecure or afraid?

For each of the following ' Please answer yes or no.

	Yes	No
A. Traffic is dangerous	1	2
B. There are gangs or there is taxing	1	2
C. Other reason(s) ' <i>Please specify:</i>	1	2

19. How do you usually get to school?

' *If you often use more than one, indicate all for them.*

- School bus 1
- Walk ' *How many minutes does it take (one-way)?* _____ minutes . 2
- Metro and/or bus 3
- Car 4

You and work

20. Do you currently have a job in which you work for pay?

- Yes 1
- No 2 ' Go to question 23

21. How many hours a week do you generally work for pay?

_____ hours a week

22. Why do you work?

' For each of the following reasons, indicate whether it was "Very important", "Important" or "Not important at all", in making your decision.

	Very important	Important	Not important at all
A. To pay for things I would like to have	1	2	3
B. To help my parents	1	2	3
C. To pay for essential things I need for school	1	2	3
D. To get experience in working	1	2	3
E. To save for the futur	1	2	3
F. Other ' Please specify:	1	2	3

About you

23. For each of the following statements, indicate the response which best describes your situation.

	Completely agree	Somewhat agree	Somewhat disagree	Completely disagree
A. I think I am someone who has something valuable to offer, at least as much as other people do	1	2	3	4
B. I think I have a certain number of good qualities	1	2	3	4
C. Everything considered, I tend to think I'm a failure	1	2	3	4
D. I think I am capable of doing things as well as other people my age	1	2	3	4
E. There's little reason to be proud of myself	1	2	3	4
F. I have a positive attitude towards myself	1	2	3	4
G. Overall, I'm satisfied with myself	1	2	3	4
H. I find it difficult to accept myself as I am	1	2	3	4
I. Sometimes I think I'm really useless	1	2	3	4
J. I've thought of myself as a good-for-nothing on occasion	1	2	3	4

24. Some young people do things that are not exactly correct or legal. Think about the *last 6 months*, and answer yes or no for each statement.

And don't forget, nobody you know will ever see your answers!

	Yes	No
A. I've stayed out late at night (for example, until 4 or 5 o'clock) against the rules set by my parents	1	2
B. I've run away from home at least twice	1	2
C. I've often threatened or bullied other people	1	2
D. I've often started fights	1	2
E. I've used a weapon (knife, gun, chain, stick, broken bottle, brass knuckles, etc.) in a fight or to scare someone	1	2
F. I've deliberately done harm to or hurt someone	1	2
G. I've deliberately mistreated or harmed animals	1	2
H. I've robbed someone directly (mugged someone, stolen their wallet, committed armed robbery)	1	2
I. I've forced someone against their will to do something sexual with me	1	2
J. I've deliberately set fire to something to cause damage or hurt someone	1	2
K. I've committed vandalism (damaging property, walls, cars, public property, etc.)	1	2
L. I've broken into someone's home, apartment or car by breaking a window or forcing a door	1	2
M. I've frequently lied to get things or favours, or to avoid duties and obligations	1	2
N. I've shoplifted, or committed fraud more than once	1	2
O. I've often missed school without a valid reason	1	2
P. I've "taxed" someone (threatened in order to rob him/her)	1	2
Q. I've carried a weapon on me (knife, chain, brass knuckles, etc.)	1	2

The people around you

There may be people in your life you can share secrets with, share your happy times, share your sad times.

25. Do you have someone who can help you if you have a problem?

Yes 1
 No 2

26. Do you think the following people would really listen to you and help you feel better if you really needed it?

' If you never or rarely see the person, circle the number in the last column.

	This person will listen to you ...			Doesn't apply to you or you rarely see this person
	a lot	a little	not at all	
A. Your father or the adult man you live with the most	1	2	3	4
B. Your mother or the adult woman you live with the most	1	2	3	4
C. One of your brothers or sisters	1	2	3	4
D. One of your friends	1	2	3	4
E. One of your teachers	1	2	3	X
F. Someone else ' Who?	1	2	3	X

27. *During the 6 last months*, have you told someone something that was bothering you or was very important to you?

Yes 1
 No 2 ' Go to question 29

28. If « yes », were you satisfied with the way they listened to you and what they said to help?

Satisfied 1
 More or less satisfied 2
 Unsatisfied 3

29. When you feel sad or very happy, do you talk to someone about it, share it with someone?

Often 1
 Sometimes 2
 Never 3

You and your parents

If you don't usually live with your mother or other adult woman ' Go to question 31.

30. During the last month, how would you describe your relationship with your mother or the adult woman you usually live with such as your stepmother, or the wife or girlfriend of your father?

' Your answers should refer to only one person.

	Very often	Often	Some-times	Rarely	Never
A. Does she compliment you for the good things you do?	1	2	3	4	5
B. Is she affectionate with you? (She hugs you, smiles at you, kisses you or say nice things to you)	1	2	3	4	5
C. Is she too busy for you to be able to talk to her about things that interest you?	1	2	3	4	5
D. Do you have good times together?	1	2	3	4	5
E. Does she tell you what to do, even for small, unimportant things?	1	2	3	4	5
F. Does she go through your things without your permission?	1	2	3	4	5
G. Is she on your back (on your case)?	1	2	3	4	5
H. Does she make fun of you or ridicule you in front of others?	1	2	3	4	5
I. Does she say things that hurt you or make you feel bad?	1	2	3	4	5

If you don't usually live with your father or other adult man ' Go to question 32.

31. *During the last month, how would you describe your relationship with your father or the adult man you usually live with such as your stepfather, or the husband or boyfriend of your mother?*

' *Your answers should refer to only one person.*

	Very often	Often	Sometimes	Rarely	Never
A. Does he compliment you for the good things you do?	1	2	3	4	5
B. Is he affectionate with you? (He hugs you, smiles at you, kisses you or say nice things to you)	1	2	3	4	5
C. Is he too busy for you to be able to talk to him about things that interest you?	1	2	3	4	5
D. Do you have good times together?	1	2	3	4	5
E. Does he tell you what to do, even for small, unimportant things?	1	2	3	4	5
F. Does he go through your things without your permission?	1	2	3	4	5
G. Is he on your back (on your case)?	1	2	3	4	5
H. Does he make fun of you or ridicule you in front of others?	1	2	3	4	5
I. Does he say things that hurt you or make you feel bad?	1	2	3	4	5

32. Does it ever happen that your parents or the adults you live with ...

	Often	Sometimes	Never
A. insult, yell at each other, or say bad or hurtful things to each other?	1	2	3
B. hit each other, physically beat or hurt each other?	1	2	3

How you feel

33. *During the past week, how often did you ...*

	Never	Once in a while	Fairly often	Very often
A. feel nervous or shaky inside?	1	2	3	4
B. feel tense, stressed or under pressure?	1	2	3	4
C. feel afraid or fearful?	1	2	3	4
D. lose your temper, get angry at someone or something?	1	2	3	4
E. feel easily annoyed or irritated?	1	2	3	4
F. feel critical of others?	1	2	3	4
G. get angry over things that weren't very important?	1	2	3	4
H. feel lonely?	1	2	3	4
I. feel bored or have little interest in things?	1	2	3	4
J. cry easily, or feel like crying?	1	2	3	4
K. feel down, discouraged?	1	2	3	4
L. feel hopeless about the future?	1	2	3	4
M. have your mind go blank?	1	2	3	4
N. have trouble remembering things?	1	2	3	4

If you answered « never » to all the above questions ' Go to question 37.

If you circled 2, 3 or 4 to one or more of the above questions, answer the following questions.

34. How long have you had these feelings or experiences?

- Less than 2 weeks 1
- 2 or 3 weeks 2
- A month 3
- A few months 4
- A year or more 5

35. *During the past 12 months, did you consult a health professional or any other adult who could give you some advice (teacher, guidance counsellor, etc.), because of these feelings or problems?*

- Yes 1 ' *Go to question 37*
- No 2

36. *During the past 12 months, what stopped you from asking someone to help you with these feelings or problems?*

' *Choose only the main reason.*

- I didn't know who to go to 01
- It would have taken too much time 02
- I was afraid my parents or other people would find out 03
- I thought that my feelings or problems would go away over time 04
- It wasn't important enough to seek help 05
- I thought I could take care of it myself 06
- The person whom I wanted to see wasn't available 07
- Other reason ' *Please specify:* _____ 96
- Don't know 98

37. *During the past 12 months, did you ever seriously consider attempting suicide (taking your own life)?*

- Yes 1
- No 2 ' *Go to question 43*

38. *If you thought of suicide in the past 12 months, did you plan a particular method, time or place to do it?*

- Yes 1
- No 2

39. *During the past 12 months, how many times did you actually attempt suicide?*

- Never 1
- Once 2
- More than once 3

40. *During the past 12 months, did you tell someone that you were considering suicide?*

- No, no one 1
- Yes, a friend 2
- Yes, one of my parents 3
- Yes, an adult from school 4
- Yes, someone else ' *Who?* _____ 5

41. *During the past 12 months, did you consult a health professional or other adult who can give advice (teacher, guidance counsellor, etc.) after you thought about or attempted suicide?*

- Yes 1 ' *Go to question 43*
- No 2

42. *During the past 12 months, what stopped you from asking someone to help you sort out your thoughts or attempt(s) at suicide?*

' *Choose only the main reason.*

I didn't know who to go to	01
It would have taken too much time	02
I was afraid my parents or other people would find out	03
I thought that my feelings or problems would go away over time	04
It wasn't important enough to seek help	05
I thought I could take care of it myself	06
The person whom I wanted to see wasn't available	07
Other reason ' <i>Please specify:</i> _____	96
Don't know	98

Puberty and sexuality

Biological changes in your body during puberty influence various aspects of your health. This is why we are asking the following questions.

43. Do you have any body hair (meaning underarm or pubic hair)?

It has not yet started growing	1
It has barely started growing	2
It has definitely started growing	3
I think it has stopped growing	4

If you are male ' Go to question 59.

44. Have your breasts begun to grow?

They have not yet started growing	1
They have barely started growing	2
They have definitely started growing	3
I think they have stopped growing	4

45. Have you begun to menstruate (have periods)?

Yes	1
No	2

YOUR RELATIONSHIPS WITH BOYS.

The following questions are about your perceptions with respect to sexuality. Even if you feel you are too young to have had these experiences, we would like to know how you think you would respond in the following situations.

46. For each of the following statements about your sexuality, indicate the degree to which you agree or disagree:

I think I'd be capable of...	Completely agree	Moderately agree	Somewhat agree	Completely disagree
A. going out with a boy without feeling obligated to have a sexual relationship with him	1	2	3	4
B. waiting until I feel ready before having a sexual relationship	1	2	3	4
C. choosing when and with whom I have sexual relations	1	2	3	4
D. arranging a means of contraception when I need it	1	2	3	4
E. telling a boy how he can give me pleasure sexually	1	2	3	4
F. speaking about contraception with him before having sexual relations with him	1	2	3	4
G. refusing a sexual practice I don't feel comfortable with	1	2	3	4
In a sexual relationship, I think I'd be capable of ...				
H. taking the initiative	1	2	3	4
I. convincing a boy to use a condom	1	2	3	4

47. Have you *ever* gone out with a boy? Going out with someone means spending quite intimate moments with him. This can mean for one evening or seeing him for several weeks or months.

Yes 1
 No 2 ' Go to question 58

48. *During the past 12 months*, have you gone out with one or more boys?

Yes 1
 No 2 ' Go to question 58

49. If « yes », during the past 12 months, how many times did one or more of these boys (boyfriend or casual partner) do any of the following?

	Never	Once	Twice	3 or more times
A. A boy hurt my feelings (for example, by insulting me in front of people, checking who I go out with, preventing me from seeing my friends, etc.)	0	1	2	3
B. A boy forced me to have sexual contact with him when I didn't want to by pressuring me or harassing me (sexual contact means kissing, petting, touching, sexual intercourse)	0	1	2	3
C. A boy forced me to have sexual contact with him when I didn't want to by threatening to use force or by physically forcing me (sexual contact means kissing, petting, touching, sexual intercourse)	0	1	2	3
D. A boy threw something at me which could have hurt me	0	1	2	3
E. A boy grabbed me and held me by my arms	0	1	2	3
F. A boy pushed me around or shook me	0	1	2	3
G. A boy slapped me	0	1	2	3
H. A boy hurt me by punching me, kicking me, using a weapon on me, or using an object as a weapon on me	0	1	2	3

In the following questions, voluntarily means with your consent.

50. Have you had sexual intercourse (penetration of the penis) voluntarily?

Yes 1
 No 2 ' Go to question 58

51. Since the first time, with how many different boys have you had sexual intercourse (with penetration) voluntarily?

A. With boys who were your boyfriends? ' _____ boy(s)
 B. With boys who were not your boyfriends? ' _____ boy(s)

52. How old were you when you had sexual intercourse for the first time voluntarily?

_____ years old

53. The *first* time you had sexual intercourse ...
- A. Who was it with?
- With a boy who was your boyfriend 1
 - With a casual partner 2
- B. Did you use any type of contraception?
- None 1
 - The pill and a condom 2
 - Pill alone 3
 - Condom alone 4
 - Withdrawal before ejaculation 5
 - Another method 6
54. The *last* time you had sexual intercourse ...
- A. Who was it with?
- With a boy who is (or was) your boyfriend 1
 - With a casual partner 2
 - I had sexual intercourse only once 3 ' Go to question 55
- B. Did you use any type of contraception?
- None 1
 - The pill and a condom 2
 - Pill alone 3
 - Condom alone 4
 - Withdrawal before ejaculation 5
 - Another method 6
55. Have you ever been pregnant?
- Yes 1
 - No 2
56. Have you ever had an STD (Sexually Transmitted Disease)?
- Yes ' Which one(s)? _____ 1
 - No 2
57. Have you ever had a test for an STD or AIDS?
- Yes 1
 - No 2

58. Have you ever had sexual experiences (touching, caressing, etc.) with a person of the same sex as you (another girl)?
- Yes 1
- No 2

If you are female ' Go to question 74

59. Have you noticed a deepening of your voice?
- It has not yet started changing 1
- It has barely started changing 2
- It has definitely started changing 3
- I think it has stopped changing 4
60. Do you have any hair on your face?
- I don't have any yet 1
- It has just begun to grow 2
- I already have quite a bit 3
- I think my facial hair has filled in and will remain the same 4

YOUR RELATIONSHIPS WITH GIRLS.

The following questions are about your perceptions with respect to sexuality. Even if you feel you are too young to have had these experiences, we would like to know how you think you would respond in the following situations.

61. For each of the following statements about your sexuality, indicate the degree to which you agree or disagree:

I think I'd be capable of...	Completely agree	Moderately agree	Somewhat agree	Completely disagree
A. going out with a girl without feeling obligated to have a sexual relationship with her	1	2	3	4
B. waiting until I feel ready before having a sexual relationship	1	2	3	4
C. choosing when and with whom I have sexual relations	1	2	3	4
D. arranging a means of contraception when I need it	1	2	3	4
E. telling a girl how she can give me pleasure sexually	1	2	3	4
F. speaking about contraception with a girl before having sexual relations with her	1	2	3	4
G. refusing a sexual practice I don't feel comfortable with	1	2	3	4

In a sexual relationship, I think I'd be capable of ...	Completely agree	Moderately agree	Somewhat agree	Completely disagree
H. taking the initiative	1	2	3	4
I. convincing a girl that I should use a condom	1	2	3	4

62. Have you *ever* gone out with a girl? Going out with someone means spending quite intimate moments with her. This can mean for one night or seeing her for several weeks or months.

Yes 1
 No 2 ' Go to question 73

63. *During the last 12 months*, have you gone out with one or more girls?

Yes 1
 No 2 ' Go to question 73

64. If « yes », *during the last 12 months*, how many times did the following situations occur with one or more of these girls (girlfriend or casual partner)?

	Never	Once	Twice	3 or more times
A. I hurt a girl's feelings (for example, by insulting her in front of people, checking who she went out with, preventing her from seeing her friends, etc.)	0	1	2	3
B. I forced a girl to have sexual contact with me when she didn't want to by pressuring her or harassing her (sexual contact means kissing, petting, touching, sexual intercourse)	0	1	2	3
C. I forced a girl to have sexual contact with me when she didn't want to by threatening to use force or by physically forcing her (sexual contact means kissing, petting, touching, sexual intercourse)	0	1	2	3
D. I threw something at a girl which could have hurt her	0	1	2	3
E. I grabbed a girl and held her by her arms	0	1	2	3
F. I pushed a girl around or shook her	0	1	2	3
G. I slapped a girl	0	1	2	3
H. I hurt a girl by punching her, kicking her, using a weapon, or using an object as a weapon on her	0	1	2	3

In the following questions, voluntarily means with your consent.

65. Have you had sexual intercourse (penetration of the penis) voluntarily?

- Yes 1
- No 2 ' Go to question 73

66. *Since the first time*, with how many different girls have you had sexual intercourse (with penetration) voluntarily?

- A. With girls who were your girlfriends? _____ girl(s)
- B. With girls who were not your girlfriends? _____ girl(s)

67. How old were you when you had sexual intercourse (penetration) for the first time voluntarily?
_____ years old

68. The *first* time you had sexual intercourse ...

- A. Who was it with?
 - With a girl who was your girlfriend 1
 - With a casual partner 2

B. Did you use any type of contraception?

- None 1
- The pill and a condom 2
- Pill alone 3
- Condom alone 4
- Withdrawal before ejaculation 5
- Another method 6

69. The *last* time you had sexual intercourse ...

A. Who was it with?

- With a girl who is (or was) your girlfriend 1
- With a casual partner 2
- I had sexual intercourse only once 3 ' Go to question 70

B. Did you use any type of contraception?

- None 1
- The pill and a condom 2
- Pill alone 3
- Condom alone 4
- Withdrawal before ejaculation 5
- Another method 6

70. Have you ever gotten a girl pregnant?
- Yes 1
 No 2
 Don't know 8
71. Have you ever had an STD (Sexually Transmitted Disease)?
- Yes ' Which one(s)? _____ 1
 No 2
72. Have you ever had a test for an STD or AIDS?
- Yes 1
 No 2
73. Have you ever had sexual experiences (touching, caressing, etc.) with a person of the same sex as you (another boy)?
- Yes 1
 No 2

Physical activity

74. For the past week (Monday to Sunday), put a check mark in the days you engaged in the following activities for at least 15 minutes straight. Check "Didn't do any" if this was the case.

' Physical activities practiced during physical education classes should be indicated in "A" only.

	Didn't do any	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
A. Physical education classes at school	0	1	2	3	4	5	6	7
B. Cycling (going to school, doing errands, going for a ride, etc.)	0	1	2	3	4	5	6	7
C. In-line skating (rollerblading)	0	1	2	3	4	5	6	7
D. Jogging or running	0	1	2	3	4	5	6	7
E. Physical conditioning (weightlifting, exercise machines, etc.)	0	1	2	3	4	5	6	7
F. Aerobic classes or exercise (other than at school)	0	1	2	3	4	5	6	7
G. Swimming	0	1	2	3	4	5	6	7
H. Badminton, tennis	0	1	2	3	4	5	6	7
I. Karate or judo	0	1	2	3	4	5	6	7
J. Jazz or classical ballet	0	1	2	3	4	5	6	7
K. Dancing (partying with friends)	0	1	2	3	4	5	6	7
L. Gymnastics (on the floor, or using equipment)	0	1	2	3	4	5	6	7
M. Basketball	0	1	2	3	4	5	6	7
N. Volleyball	0	1	2	3	4	5	6	7
O. Soccer	0	1	2	3	4	5	6	7
P. Hockey (ice or ball)	0	1	2	3	4	5	6	7
Q. Snowboarding, downhill skiing	0	1	2	3	4	5	6	7
R. Cross-country skiing	0	1	2	3	4	5	6	7
S. Other(s) ' Name them:								
1. _____	0	1	2	3	4	5	6	7
2. _____	0	1	2	3	4	5	6	7
3. _____	0	1	2	3	4	5	6	7

75. *During the last week (Monday to Sunday), indicate the number of days you engaged in some physical activity, for at least 20 minutes straight, that made you perspire or breathe faster:*

- 7 days (every day) 1
- 6 days 2
- 5 days 3
- 4 days 4
- 3 days 5
- 2 days 6
- 1 day 7
- Not one day 8

76. Compared to last year, would you say that you do ...

- a lot more sports or physical activity? 1
- a little more sports or physical activity? 2
- as much sports or physical activity? 3
- a little less sports or physical activity? 4
- a lot less sports or physical activity? 5

Your other activities

77. *In the past week, FOR YOUR OWN ENJOYMENT, NOT FOR SCHOOL, did you read ...*

	Yes	No
A. a newspaper?	1	2
B. a magazine?	1	2
C. a book?	1	2

78. *In the past week, did you go to ...*

	Yes	No
A. the theatre to see a movie?	1	2
B. a discotheque or bar?	1	2
C. an arcade to play video or computer games?	1	2
D. a music concert?	1	2
E. an arena or stadium to watch a game?	1	2

79. How many hours a day do you usually watch television or videos (don't include video games)?

A. Weekdays : _____ hours a day

B. Weekends : _____ hours a day

80. Do you have a computer at home?

Yes 1

No 2 ' Go to question 82

81. If « yes », do you use it ...

often? 1

sometimes? 2

never? 3

Your diet

82. *In the past 5 school days*, how many days did you eat or drink something before school began in the morning? Don't count coffee, tea or water.

5 days (every day) 1

3 or 4 days 2

1 or 2 day(s) 3

Never 4

Now let's talk about the whole week, including the weekend.

83. *In the past 7 days*, how many times did you eat supper ...

	Never	1 or 2 time(s)	3 to 5 times	6 or 7 times
A. alone?	1	2	3	4
B. with one or several members of your family?	1	2	3	4
C. with your friends?	1	2	3	4

84. *In the past 7 days*, how many times have you cooked supper for yourself?

Not once 1 ' Go to question 86

1 or 2 time(s) 2

3 to 5 times 3

6 or 7 times 4

85. If you have cooked supper for yourself, what did it involve?

	Yes	No
A. Meals already prepared by your parents at home (spaghetti sauce, lasagna, shepherd's pie, etc.)	1	2
B. Store-bought meals that are frozen, canned or easy-to-prepare (such as Kraft Dinner, ravioli, frozen dinners like Stouffer's, etc.)	1	2
C. Meals ordered in from a restaurant (pizza, BBQ chicken, Chinese food, etc.)	1	2
D. Meals you make or cook yourself (sandwiches, hamburgers, steak, etc.)	1	2

86. During supper, whether you eat alone or with someone, do you watch TV or videos?

Always	1
Often	2
Sometimes	3
Never	4

87. During the past 7 days, how many times did you ...

	Never	1 or 2 time(s)	3 to 5 times	6 or 7 times
A. eat a meal in a restaurant?	1	2	3	4
B. have a snack in a restaurant?	1	2	3	4
C. have food delivered from a restaurant to your home?	1	2	3	4

88. In the past 7 days, how many times did you consume the following foods and beverages?

For each food, mark an X in only one column.

	Not once	By week			By day		
		1-2 time(s)	3-4 times	5-6 times	1-2 time(s)	3-4 times	5 times or more
Milk (as a beverage)	1 ±	2 ±	3 ±	4 ±	5 ±	6 ±	7 ±
Raw vegetables and salads	1 ±	2 ±	3 ±	4 ±	5 ±	6 ±	7 ±
Cooked vegetables other than potatoes	1 ±	2 ±	3 ±	4 ±	5 ±	6 ±	7 ±
Fruit(s) - fresh, canned, frozen or cooked	1 ±	2 ±	3 ±	4 ±	5 ±	6 ±	7 ±
Bread, bagel, pita or other types of bread							
a) White	1 ±	2 ±	3 ±	4 ±	5 ±	6 ±	7 ±
b) Whole-wheat (rye, 6-grain, etc.)	1 ±	2 ±	3 ±	4 ±	5 ±	6 ±	7 ±

How you perceive yourself

89. This question is about how you perceive your appearance.

A. Circle the number of the illustration below which best corresponds to *your current appearance*.

Girls



1 ±



2 ±



3 ±



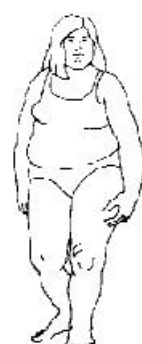
4 ±



5 ±



6 ±



7 ±

Boys



1 ±



2 ±



3 ±



4 ±



5 ±



6 ±



7 ±

B. Circle the number of the illustration below which best corresponds to *what you'd like to look like*.

Girls



1 ±



2 ±



3 ±



4 ±



5 ±



6 ±



7 ±

Boys



1 ±



2 ±



3 ±



4 ±



5 ±



6 ±



7 ±

90. Are you currently doing anything about your weight?

- I'm trying to lose weight 1
- I'm trying to maintain my weight at the same level 2
- I'm trying to gain weight 3
- I am not doing anything about my weight 4

91. *During the past 6 months*, have you tried to lose weight or maintain your weight?

- Yes 1
- No 2 ' Go to question 94

92. *During the past 6 months*, how many times have you tried to lose weight or maintain your weight?

- Once 1
- 2 or 3 times 2
- 4 or more times 3

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

	Often	A few times	Rarely	Never
A. Following a diet (low-calorie, Weight Watchers, nutrition bars or soup diet, etc.)	1	2	3	4
B. Not eating for an entire day	1	2	3	4
C. Taking laxatives (pills that promote bowel movement)	1	2	3	4
D. Taking diet pills (pills that lower appetite)	1	2	3	4
E. Reducing or eliminating sugar or fat in your diet (stop eating candy, dessert, chips, etc.)	1	2	3	4
F. Engaging in intensive training or exercise	1	2	3	4
G. Starting to smoke or going back to smoking	1	2	3	4
H. Skipping meals (breakfast, lunch or supper)	1	2	3	4

94. Have you tried to gain weight *in the past 6 months*?

- Yes 1
- No 2 ' Go to question 97

95. During the past 6 months, how many times did you try to gain weight?

- Once 1
- 2 or 3 times 2
- 4 or more times 3

96. In order to gain weight, have you tried one or more of the following methods *in the past 6 months?*

	Often	A few times	Rarely	Never
A. Taking dietary supplements to increase muscle mass (creatine, amino acids, weight gain supplements, etc.)	1	2	3	4
B. Taking steroids or other ergogenic products (GH, DHEA...)	1	2	3	4
C. Engaging in extensive training or exercise	1	2	3	4
D. Forcing yourself to eat more	1	2	3	4

97. Do the following people ever go on a diet to lose weight or maintain their weight?

' Answer "Does not apply" if this person is not present in your life.

	Yes	No	Does not apply	Don't know
A. Your mother (or adult woman you live with)	1	2	3	8
B. Your father (or adult man you live with)	1	2	3	8
C. One of your brothers or sisters	1	2	3	8
D. One of your friends	1	2	3	8

98. Do the following people ever make negative comments about your weight?

	Yes	No	Does not apply
A. Your mother (or adult woman you live with)	1	2	3
B. Your father (or adult man you live with)	1	2	3
C. One of your brothers or sisters	1	2	3
D. One of your friends	1	2	3
E. Other(s) ' Who?	1	X	X

99. Do the following people ever encourage or push you to lose weight?

	Yes	No	Does not apply
A. Your mother (or adult woman you live with)	1	2	3
B. Your father (or adult man you live with)	1	2	3
C. One of your brothers or sisters	1	2	3
D. One of your friends	1	2	3
E. Other(s) ' Who?	1	X	X

Smoking and you

100. Have you ever tried cigarette smoking, even just a few puffs?

Yes 1
 No 2 ' Go to question 106

101. Have you ever smoked a *whole* cigarette?

Yes 1
 No 2 ' Go to question 106

102. Have you smoked 100 or more cigarettes *in your life*? (100 cigarettes = 4 packs of 25)

Yes 1
 No 2
 Don't know 8

103. *During the past 30 days*, did you smoke cigarette, even just a few puffs?

' Choose only one answer.

No, I didn't smoke in the last 30 days 1
 Yes, every day 2
 Yes, almost every day 3
 Yes, a few times (a few days) 4

104. On the days you smoked, how many cigarettes did you usually smoke?

Choose only one answer.

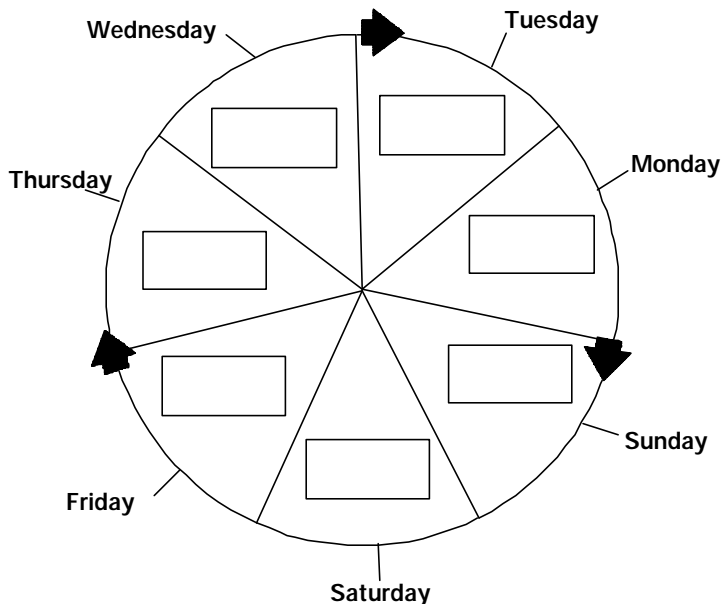
- I didn't smoke in the last 30 days 1
- Less than one cigarette per day (a few puffs per day) . . . 2
- 1 to 2 cigarette(s) per day 3
- 3 to 5 cigarettes per day 4
- 6 to 10 cigarettes per day 5
- 11 to 20 cigarettes per day 6
- More than 20 cigarettes per day 7

105. Thinking back over the last 7 days, how many cigarettes did you smoke on each day?

I didn't smoke over the last 7 days 97

OR

If you smoked, find yesterday on the wheel and follow the arrows to the preceding days, writing the number of cigarettes in the boxes. For the days you didn't smoke, put a "0" in the box.



106. How many of your friends (boys and girls) smoke cigarettes?

- None 1
- A few 2
- Most 3
- All 4
- Don't know 8

107. How many of your brothers and sisters smoke cigarettes?

Write «0» if you have no brother(s) or sister(s), or if they don't smoke.

A. I have _____ brother(s) who smoke

B. I have _____ sister (s) who smoke

Your experiences with alcohol and drugs

108. *During the last 12 months, did you drink alcohol, such as beer, wine or liquor?*

- Yes 1
 No 2 ' *Go to question 113*

109. *During the last 12 months, how often did you drink alcohol?*

- Just to taste 1 ' *Go to question 113*
 Less than once a month 2
 About once a month 3
 About once a week 4

The following table might help you answer the next question:

<p>1 drink = 1 small bottle of beer (12 oz or 360 ml) <i>or</i> 1 small glass of wine (4-5 oz or 120-150 ml) <i>or</i> 1 small shot of hard liquor or spirits (1 to 1 ½ oz. with or without mix)</p> <p>2 drinks = 1 large bottle of beer (about 25 oz or 750 ml) <i>or</i> 1 double shot of hard liquor <i>or</i> 1 shot of hard liquor with a beer (beer chaser)</p>
--

110. *During the last 12 months, how many drinks did you usually have on each occasion?*

Number of drinks: _____

111. How old were you when you had your first drink (alcohol), not counting the times you were just tasting?

_____ years of age

112. *During the past 4 weeks, how often did you consume alcohol?*

- I didn't consume any 1
 Only on special occasions (birthday, wedding, etc.) 2
 Once in a while (not special occasions) 3
 I had some every week 4

113. Have you ever used drugs?

- Yes 1
 No 2 ' *Go to question 117*

114. *During the last 12 months, how often did you consume each of the following drugs:*

	Never or just to try	Less than once a month	About once a month	About once a week
Marijuana or hashish (pot or hash)	1	2	3	4
Glue	1	2	3	4
Cocaine (including crack, snow, crystal)	1	2	3	4
Hallucinogenic (LSD, or "acid", PCP, mescaline, magic mushrooms)	1	2	3	4
Tranquilizers without a prescription or doctor's order (downers, Valium, Librium, Dalmane, Halcion, Ativan, etc.)	1	2	3	4
Other drugs (Ritalin, wake-up pills, speed, Ecstasy, amphetamine, diet pills, etc.) ' <i>Please specify:</i>	1	2	3	4

115. How old were you when had drugs for the first time?

_____ years of age

116. *During the last 12 months, did you consume alcohol at the same time as you were consuming drugs?*

Yes 1
No 2

117. *During the last 12 months, has consuming alcohol or drugs ...*

	Yes	No
A. had a negative effect on your studies?	1	2
B. led to problems with your family or friends?	1	2
C. caused you to injure or wound yourself?	1	2

You and your health

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

- excellent? 1
 rather good? 2
 not very good? 3

119. Do you ever experience any of the following?

	Rarely/ Never	About once a month	About once a week	About 2 or 3 times a week	Almost every day
A. Headache	1	2	3	4	5
B. Stomach ache	1	2	3	4	5
C. Sore back (back ache)	1	2	3	4	5
D. Insomnia (difficulty sleeping)	1	2	3	4	5
E. Dizziness	1	2	3	4	5
F. Other problem(s) ' <i>Please specify:</i>	1	2	3	4	5

120. Do you have any of the following chronic health problems that have been diagnosed or confirmed by a doctor or other health professional? A "chronic health problem" means a health problem that lasts or will probably last for 6 months or more.

	Yes	No
A. Food allergies ' <i>Please specify:</i> 1. _____ 3. _____ 2. _____ 4. _____	1	2
B. Other allergies (not hay fever)	1	2
C. Respiratory problems other than asthma	1	2
D. Skin problems	1	2
E. Emotional, psychological or nervous problems	1	2
F. Bone or joint problems	1	2
G. Cystic fibrosis	1	2
H. Intestinal problems (Crohn's disease, colitis)	1	2
I. Other digestive problems	1	2
J. Thyroid, liver or kidney problems or disease	1	2
K. Diabetes	1	2
L. Cholesterol or lipid problems	1	2
M. Other chronic health problem(s) ' <i>Please specify:</i>	1	2

121. Compared to young people your age who are in good health, are you limited in the type or number of activities that you can do because of a chronic physical disease, mental health problem, or any other health problem?

- Yes 1
- No 2

If « yes », what is the main health problem that limits you?

Accidents and injuries

Many young people get hurt or injured at home, on the street, playing sports, fighting, etc. Injuries also include those resulting from poison or burns. Injuries do not include diseases or sickness, such as measles, chicken pox or the flu.

The following questions are about injuries you may have had in the past 12 months.

122. *During the past 12 months, did you have any injuries that had to be treated by a doctor or nurse?*

- Yes 1
- No 2 ' Go to question 129

If you had *more than one injury* in the past 12 months, think only about *the single most serious injury* when answering the following questions.

The most serious injury is the one that took you the most time to recover from.

123. Where were you when this injury happened?

- At home (or in someone else's home), for example, on the balcony, in the garage entrance, on a home swing set, exercise apparatus, etc. 01
- At school (including the school yard or on school grounds) 02
- At a sports facility or field (not a school one) 03
- In the street or on a road or highway 04
- Other location ' *Where?* _____ 96

124. How did it happen?

' Choose only one answer.

- While riding a bicycle 01
- While in-line skating (rollerblading) or skateboarding 02
- While playing another sport 03
- While in a car, van, truck or on a motorcycle, moped 04
- Hit by a car or other vehicle 05
- In a fight with someone 06
- Tripping or falling on stairs 07
- Falling from something (tree, ladder, etc.) 08
- Other situation ' Please specify: _____ 96

125. Did this most serious injury happen while participating in an organized physical activity or sports league?

- Yes 1
- No 2

126. Did this most serious injury cause you to miss at least one full day of school or other usual activity?

- Yes 1 ' How many days? _____
- No 2

127. What type of injury was it?

' Choose the answer that best describes your most serious injury.

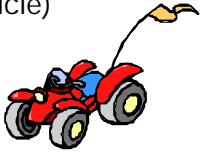






- Bone was broken, dislocated or out of joint 01
- Sprain, strained or pulled muscle 02
- Cuts or wounds caused by a sharp object such as knife, glass, bottle, etc. 03
- Concussion or other head or neck injury, including whiplash, being knocked out, etc. 04
- Bruise(s), black and blue marks, internal bleeding 05
- Burn(s) 06
- Other ' Please specify: _____ 96

128. In what month did this most serious injury happen?




' Circle the number for only one month.

- | | | |
|-----------------------|---------------------|------------------------|
| January 01 | May 05 | September 09 |
| February 02 | June 06 | October 10 |
| March 03 | July 07 | November 11 |
| April 04 | August 08 | December 12 |

129.

During the past 12 months, did you use any of the following, as a driver or passenger? <i>' If "yes", answer to the next column</i>			Did you wear any safety equipment?
A. An ATV (all terrain vehicle) 	Yes Driver Passenger <i>' If "no" go to the next vehicle</i>	No 1 2 1 2	Helmet Always 1 Sometimes 2 Never 3
B. Snowmobile 	Yes Driver Passenger <i>' If "no" go to the next vehicle</i>	No 1 2 1 2	Helmet Always 1 Sometimes 2 Never 3
C. SeaDoo 	Yes Driver Passenger <i>' If "no" go to the next vehicle</i>	No 1 2 1 2	Lifejacket Always 1 Sometimes 2 Never 3
D. Moped ("mobylette" - a motorized bicycle - <u>not</u> a scooter) 	Yes Driver Passenger <i>' If "no" go to the next vehicle</i>	No 1 2 1 2	Helmet Always 1 Sometimes 2 Never 3
E. Scooter 	Yes Driver Passenger <i>' If "no" go to the next vehicle</i>	No 1 2 1 2	Helmet Always 1 Sometimes 2 Never 3
F. Motorcycle 	Yes Driver Passenger <i>' If "no" go to the next vehicle</i>	No 1 2 1 2	Helmet Always 1 Sometimes 2 Never 3
G. Car 	Yes Driver Passenger <i>' If "no" go to the next question</i>	No 1 2 1 2	Safety belt Always 1 Sometimes 2 Never 3

130.

<p><i>During the past 12 months, did you do any of the following activities?</i> <i>' If "yes", answer to the next column</i></p>		<p>Did you wear a helmet?</p>
<p>A. Bicycling</p> 	<p>Yes 1 No 2</p> <p><i>' If "no" go to the next activity</i></p>	<p>Always 1 Sometimes 2 Never 3</p>
<p>B. In-line skating (rollerblading)</p> 	<p>Yes 1 No 2</p> <p><i>' If "no" go to the next activity</i></p>	<p>Always 1 Sometimes 2 Never 3</p>
<p>C. Skateboard</p> 	<p>Yes 1 No 2</p> <p><i>' If "no" go to the next question</i></p>	<p>Always 1 Sometimes 2 Never 3</p>

Health and social services

If you are between 12 and 14 years of age ' Go to question 135

131. *During the past 2 weeks, did you consult one or more of the following people for a physical, emotional or mental health problem:*

	Yes	No	Don't know
A. A general practitioner (GP), family doctor?	1	2	8
B. A pediatrician?	1	2	8
C. Another specialist (doctor)? ' <i>Who?</i>	1	2	8
D. An optometrist or optician (eye doctor)?	1	2	8
E. A nurse?	1	2	8
F. A dentist or orthodontist?	1	2	8
G. A physiotherapist or occupational therapist?	1	2	8
H. An alternative medicine practitioner, such as a chiropractor, acupuncturist, naturopath, osteopath, homeopath?	1	2	8
I. A psychologist?	1	2	8
J. A social worker or any other person offering similar services?	1	2	8
K. Any other person who gives treatment or advice (speech therapist, dietitian, pharmacist)? ' <i>Please specify:</i>	1	2	8

If you consulted one or more of the people mentioned above, continue with the following questions.

If you answered « no » to all of the above (You didn't consult any of the people mentioned) ' Go to question 134

132. What was the main reason you saw or consulted with one of these people the last time?

133. Where did this consultation take place?

In the office of the person or at a private clinic	01
In a CLSC	02
In a hospital outpatient clinic or emergency ward	03
In a hospital while hospitalized	04
At a pharmacy	05
At school	06
Other ' <i>Please specify:</i> _____	96

134. During the past 2 weeks, did you take any of the following medications? (in pill, syrup, capsule form, etc.).

• Answer for each type of medication.

A. Medication to reduce pain or fever, such as Tylenol or Aspirin

Yes ' Please specify which: _____ 1
No 2
Don't know 8

B. Medication for a cold or allergies (pills, syrup...)

Yes ' Please specify which: _____ 1
No 2
Don't know 8

C. Vitamin(s) or minerals

Yes ' Please specify which: _____ 1
No 2
Don't know 8

D. Antibiotic

Yes ' Please specify which: _____ 1
No 2
Don't know 8

E. Medication for respiratory (breathing) problems (such as a medicated pump...)

Yes ' Please specify which: _____ 1
No 2
Don't know 8

F. Medication to calm you down or help you concentrate better (Ritalin, Ativan, ...)

Yes ' Please specify which: _____ 1
No 2
Don't know 8

G. Medication other than those mentioned above, including those you don't know the purpose of

Yes ' Please specify which: _____ 1
No 2
Don't know 8

135. Since school began in September, because of a personal problem, did you meet with one or more of the following people at your school?

	Yes	No
A. Guidance Counsellor	1	2
B. Psychologist or Social Worker	1	2
C. School Nurse	1	2
D. Other ' Please specify:	1	2

136. Today's date.

<input type="text"/>	<input type="text"/>
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Day

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Month

<input type="text" value="1"/>	<input type="text" value="9"/>	<input type="text" value="9"/>	<input type="text" value="9"/>
--------------------------------	--------------------------------	--------------------------------	--------------------------------

Year

Thank you for your participation!

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

You may now place your questionnaire in the box and be assured that all your answers will be kept strictly confidential.

Thank you!