

**SANTÉ QUÉBEC**

Questionnaire for adolescents  
and teenagers



**HEALTH AND SOCIAL SURVEY**

of Québec children and youth

**QAHES**

**SANTÉ QUÉBEC**

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N° de dossier :

ADM

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LA

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Date de réception par le  
bureau :

jr	ms	an

# Instructions

In this questionnaire, we ask you questions about your family, lifestyle and other activities. We also ask you about health and your feelings about certain things.

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!

Most questions are multiple choice. Unless otherwise indicated, choose only one answer for each question. 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** *Fill in the blank.*

How old are you? 16 years old

**Example B** *Circle your answer.*

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

	Not once	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

**Example C** *Fill in the blank.*

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

Chinese

Answer all questions that apply to you.

If you have difficulty in understanding any of the questions or would like further information on the survey, please call us at *Santé Québec* (514) 873-4749. You may call collect if you live outside the greater Montréal area.

# 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

						1	9		
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 which ethnocultural group would you say you belong? (for example: Jamaican, Haitian, Chilean, Lebanese, Vietnamese, Quebecer, ...)

\_\_\_\_\_

# Your family

The following questions are on the people you live with most often.

6. How many people live in the household where you usually live?

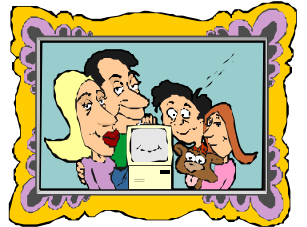
' Include people who may be absent because of studies, travel, in hospital etc., but who normally live in the same dwelling as you do.

Number of people including you

7. Indicate which of the following people live in the household with you.

' Circle as many numbers as required.

- Your mother (biological or adoptive) . . . . . 01
- Your father (biological or adoptive) . . . . . 02
- Spouse of your mother . . . . . 03
- Spouse of your father . . . . . 04



Guardian(s), tutor(s) . . . . . 05 ' Number?

Parent(s) in a foster home . . . . . 06 ' Number?

Your sister(s) . . . . . 07 ' Number?

Age \_\_\_\_\_

Your brother(s) . . . . . 08 ' Number?

Age \_\_\_\_\_

Your step-sister(s) . . . . . 09 ' Number?

Age \_\_\_\_\_

Your step-brother(s) . . . . . 10 ' Number?

Age \_\_\_\_\_

Child(ren) of a parent's spouse . . . . . 11 ' Number?

Age \_\_\_\_\_

Child(ren) in a foster home . . . . . 12 ' Number?

Other relative(s) . . . . . 13 ' Number?

Other person(s) . . . . . 96 ' Number?

8. Do you currently live with:

- |   |   |   |   |                          |
|---|---|---|---|--------------------------|
| both your biological or adoptive parents? . . . . . | 1 | } | ' | <i>Go to question 15</i> |
| one of them? . . . . .                              | 2 |   |   |                          |
| none of them? . . . . .                             | 3 |   |   |                          |

9. If you do not currently live with both of your biological or adoptive parents, indicate how long you have not been living with them:

- |  |   |
|--|---|
| Less than a year . . . . .   | 1 |
| For <input type="text"/> <input type="text"/> years (complete years) . . . . . | 2 |
| Never lived with your parents . . . . .  | 3 |
| Don't know . . . . .   | 8 |

10. Indicate why you do not live with both parents:

- |   |    |
|---|----|
| Parents are separated or divorced . . . . . | 01 |
| Parents never lived together . . . . .      | 02 |
| Father deceased . . . . .                   | 03 |
| Mother deceased . . . . .                   | 04 |
| Other ' Please specify: _____               | 96 |
- } ' *Go to question 15*

11. With which parent do you *currently* live?

- |   |    |
|---|----|
| Mother only . . . . .                       | 01 |
| Father only . . . . .                       | 02 |
| Most of the time with your mother . . . . . | 03 |
| Most of the time with your father . . . . . | 04 |
| Equal time with mother and father . . . . . | 05 |
| Other ' Please specify: _____               | 96 |
- } ' *Go to question 14*

12. How much time do you *currently* spend living at your mother's place?

- |  |    |
|--|----|
| Seven days a week . . . . .                                | 01 |
| Certain days of the week (including the weekend) . . . . . | 02 |
| Every second week or every two weeks . . . . .             | 03 |
| Every weekend or every second weekend . . . . .            | 04 |
| Certain holidays . . . . .                                 | 05 |
| Less than two days a month . . . . .                       | 06 |
| Other ' Please specify: _____                              | 96 |

13. How much time do you *currently* spend living at your father's place?

Seven days a week . . . . .	01
Certain days of the week (including the weekend) . . . . .	02
Every second week or every two weeks . . . . .	03
Every weekend or every second weekend . . . . .	04
Certain holidays . . . . .	05
Less than two days a month . . . . .	06
Other ' Please specify: _____	96

' Go to question 15

14. What type of contact do you *currently* have with your other parent?

I regularly visits my other parent (once a week, once every two weeks, once a month) . . . . .	01
I visit my other parent occasionally (only on holidays, from time to time . . . . .	02
I have contact by telephone or letter only . . . . .	03
I have no contact at all with my other parent . . . . .	04
Other ' Please specify: _____	96

## Your studies

15. Have you ever repeated a year in primary or high school?

Yes . . . . .	1
No . . . . .	2

16. Have you ever been registered in an individualized path for learning (special learning group)?

Yes . . . . .	1
No . . . . .	2
Don't know . . . . .	8

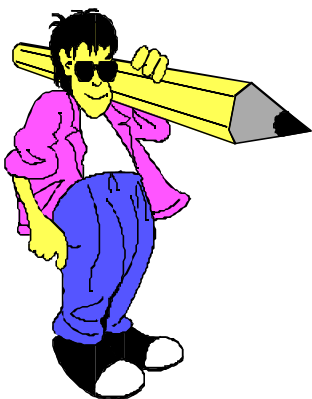
17. Are you limited in your ability to do school work in an ordinary class?

Yes . . . . .	1
No . . . . .	2
Don't know . . . . .	3

' Go to question 19

18. If yes, why?

' Choose only one answer.



Physical handicap . . . . .	01
Eyesight problem . . . . .	02
Hearing problem . . . . .	03
Speech problem . . . . .	04
Learning problem . . . . .	05
Emotional or behavioural problem . . . . .	06
Mental handicap or deficit . . . . .	07
Family problems . . . . .	08
Does not understand the language used in the school . . . . .	09
Multiple problems . . . . .	10
Other ' Please specify: _____	96

19. Have you ever received specialized services because of difficulties experienced in school (learning disability, behavioural problems, etc.)?

Yes . . . . .	1
No . . . . .	2
Don't know . . . . .	8

20. In primary or high school, what type of class have you been attending?

Always a regular class . . . . .	1
A regular class, but at certain times with specialized services . . . . .	2
Always a special class . . . . .	3

21. At the present time, are you attending school...

at an Adult Education Centre . . . . .	1
at a Vocational Education Centre . . . . .	2
at a college . . . . .	3
at another kind of school . . . . .	4
I don't go to school at the present time . . . . .	5

' Go to question 27

22. 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

23. 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

**You and work**

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

- Yes . . . . . 1
- No . . . . . 2  ' Go to question 30

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

\_\_\_\_\_ hours a week



26. Why do you work?

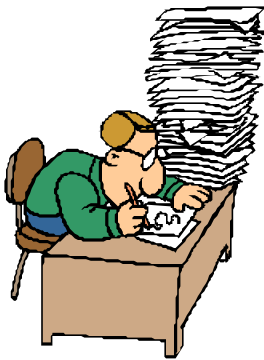
' For each of the following reasons, indicate whether it was "Very important", "Important" or "Not important at all", in making your decision.

	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 future	1	2	3
F. Other ' Please specify:	1	2	3

' Go to question 30

27. At the present time, which of the following best describes your *main* occupational status?

' Choose only one answer.



- Full-time job (30 hrs. or more a week) . . . . . 01
- Part-time job (less than 30 hrs. a week) . . . . . 02
- Homemaker . . . . . 04
- Not working for health reasons . . . . . 05
- Maternity leave . . . . . 06
- Unemployed . . . . . 07
- On welfare (social assistance) . . . . . 08
- On strike or locked out . . . . . 09
- I am looking for a job . . . . . 10
- Other ' Please specify: \_\_\_\_\_ 96

28. In what grade were you when you left school?

- Secondary I . . . . . 01
- Secondary II . . . . . 02
- Secondary III . . . . . 03
- Secondary IV . . . . . 04
- Secondary V . . . . . 05
- Secondary VI . . . . . 06
- Other ' Please specify: \_\_\_\_\_ 96

29. Do you have your high school diploma?

- Yes ..... 1  
 No ..... 2

30. Compared to other teenagers in your neighbourhood (town, village), would you say that your economic situation is...

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

## About you

31. 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

32. 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.

	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.

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

Yes ..... 1  
 No ..... 2

34. 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	4
F. Someone else ' Who?	1	2	3	

35. *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 37

36. 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

37. 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 39*

38. *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	Sometimes	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 40

39. 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 answer 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

40. 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

41. 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 45

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

42. 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

43. *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 45*  
No ..... 2

44. *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

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

Yes ..... 1  
No ..... 2  ' *Go to question 51*

46. *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

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

Never ..... 1  
Once ..... 2  
More than once ..... 3

48. *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



49. *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 51*  
 No ..... 2

50. *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 ' *Please specify:* \_\_\_\_\_ 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.



51. 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 67

52. 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

53. 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.

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

<b>I think I'd be capable of...</b>	<b>Completely agree</b>	<b>Moderately agree</b>	<b>Somewhat agree</b>	<b>Completely disagree</b>
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
<b>In a sexual relationship, I think I'd be capable of...</b>				
H. taking the initiative	1	2	3	4
I. convincing a boy to use a condom	1	2	3	4

55. 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 66

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

Yes ..... 1  
 No ..... 2  ' Go to question 66

57. 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.*

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

Yes ..... 1  
 No ..... 2  ' Go to question 66

59. 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)

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

\_\_\_\_\_ years old

61. 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

62. 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 63

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

63. Have you ever been pregnant?

- Yes . . . . . 1
- No . . . . . 2

64. Have you ever had an STD (Sexually Transmitted Disease)?

- Yes ' Which one(s)? \_\_\_\_\_ . 1
- No . . . . . 2

65. Have you ever had a test for an STD or AIDS?

- Yes . . . . . 1
- No . . . . . 2

66. 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 82*

67. 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

68. 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.

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

<b>I think I'd be capable of...</b>	<b>Completely agree</b>	<b>Moderately agree</b>	<b>Somewhat agree</b>	<b>Completely disagree</b>
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 he 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 ...**

H. taking the initiative	1	2	3	4
I. convincing a girl that I should use a condom	1	2	3	4

70. 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 81

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

Yes ..... 1  
 No ..... 2  ' Go to question 81

72. 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.

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

Yes ..... 1  
 No ..... 2  ' Go to question 81

74. 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)

75. How old were you when you had sexual intercourse (penetration) for the first time voluntarily?  
 \_\_\_\_\_ years old

76. 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

77. 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 78

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

78. Have you ever gotten a girl pregnant?

- Yes . . . . . 1
- No . . . . . 2
- Don't know . . . . . 8

79. Have you ever had an STD (Sexually Transmitted Disease)?

- Yes ' Which one(s)? \_\_\_\_\_ 1
- No . . . . . 2

80. Have ever had a test for an STD or AIDS?

- Yes . . . . . 1
- No . . . . . 2

81. Have you ever had sexual experiences (touching, caressing, etc.) with a person of the same sex as you (another boy)?

- Yes . . . . . 1
- No . . . . . 2



The following questions are for both girls and boys.

## Physical activity

82. For the past week (Monday to Sunday), circle the days you engaged in the following activities for at least 15 minutes straight. Circle «Didn't do any» if this was the case.

' Physical activities practiced during physical education classes should be indicated in «A».

	Didn't do this	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 classic 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:	X							
1. _____		1	2	3	4	5	6	7
2. _____		1	2	3	4	5	6	7
3. _____		1	2	3	4	5	6	7

83. *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

84. 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

85. What is your height?

\_\_\_\_\_ feet \_\_\_\_\_ inches <sup>(1)</sup> or \_\_\_\_\_ centimetres <sup>(2)</sup>

86. What is your current weight?

\_\_\_\_\_ pounds <sup>(1)</sup> or \_\_\_\_\_ kilograms <sup>(2)</sup>

87. How much would you like to weigh?

\_\_\_\_\_ pounds <sup>(1)</sup> or \_\_\_\_\_ kilograms <sup>(2)</sup>

**Your other activities**

88. *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

89. 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

90. 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

91. Do you have a computer at home?

Yes ..... 1

No ..... 2  ' Go to question 93

92. If « yes », do you use it ...

often? ..... 1

sometimes? ..... 2

never? ..... 3

## Your diet

93. Think about last week, from Monday to Friday. How many days did you eat or drink something before starting your activities, 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.

94. In the past 7 days, how many times did you eat super...

	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

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

- Not once . . . . . 1  ' Go to question 97  
 1 or 2 times . . . . . 2  
 3 to 5 times . . . . . 3  
 6 or 7 times . . . . . 4

96. 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

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

- Always . . . . . 1  
 Often . . . . . 2  
 Sometimes . . . . . 3  
 Never . . . . . 4

98. 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

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

For each food, mark a "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 ±

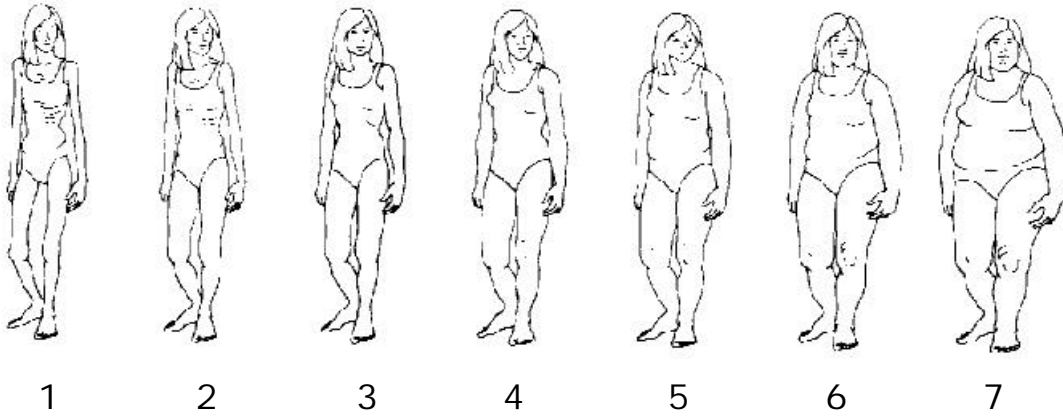


# How you perceive yourself

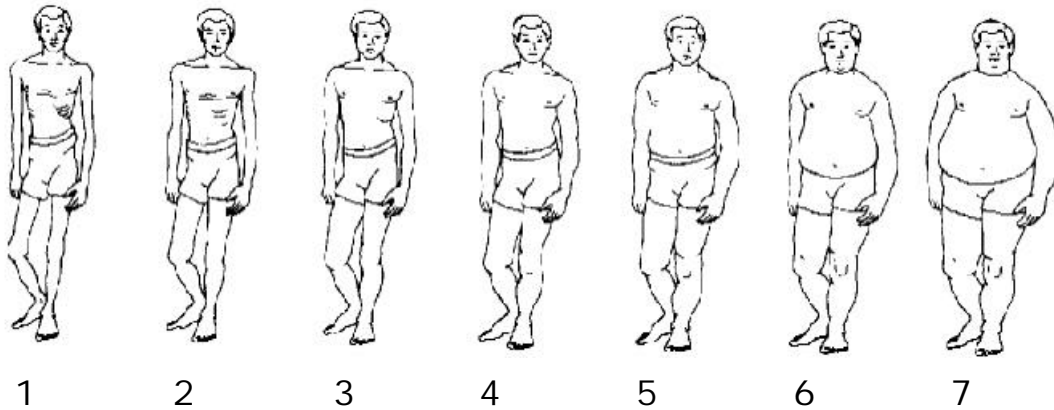
100. This question is about how you perceive your appearance.

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

## Girls



## Boys



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

**Girls**



1



2



3



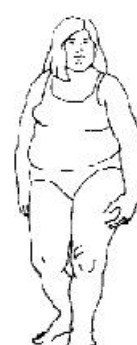
4



5



6



7

**Boys**



1



2



3



4



5



6



7

101. 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

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

- Yes . . . . . 1
- No . . . . . 2  ' Go to question 105

103. *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

104. 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

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

- Yes . . . . . 1
- No . . . . . 2  ' Go to question 108



106. 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

107. 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

108. 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

109. 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

110. 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

111. Have you ever tried smoking (cigarettes), even just a few puffs?

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

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

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

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

- Yes ..... 1  
 No ..... 2  
 Don't know ..... 8

114. *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

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

' Choose only one answer.

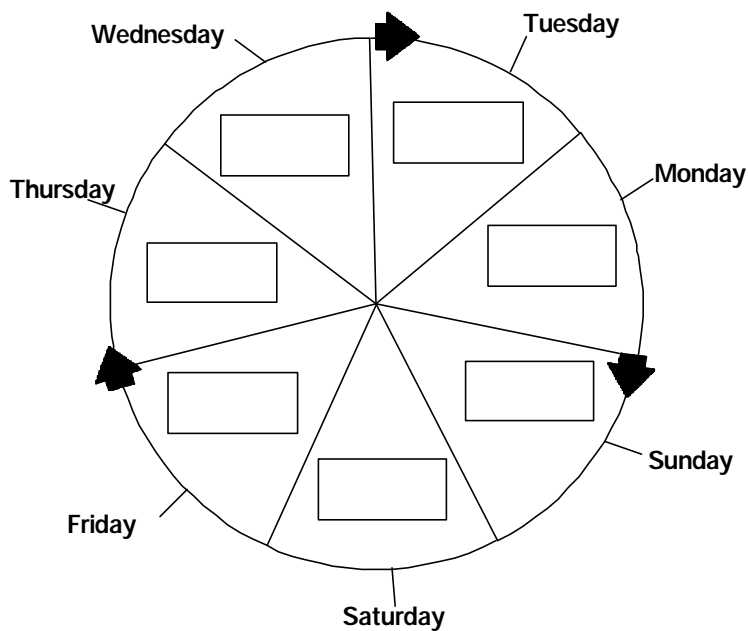
- I didn't smoke in the last 30 days . . . . . 1
- Less than one cigarette per day (a few puffs per day) . . . 2
- 1 to 2 cigarette(s) per day . . . . . 3
- 3 to 5 cigarettes per day . . . . . 4
- 6 to 10 cigarettes per day . . . . . 5
- 11 to 20 cigarettes per day . . . . . 6
- More than 20 cigarettes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

116. 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

A. 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.



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

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

118. 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

119. Including yourself, how many people in your household smoke every day or nearly every day?

None . . . . . 00 ' Go to question 121

Number of people in the household . . . . .

120. In total, how many cigarettes are smoked in your household on a normal day?

Cigarettes . . . . . \_\_\_\_\_

Don't know . . . . . 98

## Your experiences with alcohol and drugs

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

Yes . . . . . 1

No . . . . . 2  ' Go to question 126

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

Just to taste . . . . . 1  ' Go to question 126

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:

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 and ½ oz. with or without mix)
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)

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

Number of drinks: \_\_\_\_\_

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

\_\_\_\_\_ years of age

125. *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

126. Have you ever used drugs?

- Yes . . . . . 1
- No . . . . . 2  ' Go to question 130

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

	<b>Never or just to try</b>	<b>Less than once a month</b>	<b>About once a month</b>	<b>About once a week</b>
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
Tranquillizers 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.) ' Please specify:	1	2	3	4

128. How old were you when had drugs for the first time?  
 \_\_\_\_\_ years of age

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

Yes ..... 1  
 No ..... 2

130. *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

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

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

132. 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

133. 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, etc.)	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

134. 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?

\_\_\_\_\_

135. Have you had wheezing or whistling sound in the chest *in the past 12 months?*

Yes ..... 1  
No ..... 2  ' *Go to question 139*

136. How many attacks of wheezing in the chest have you had *in the past 12 months*?
- 1 to 3 . . . . . 1  
 4 to 12 . . . . . 2  
 More than 12 . . . . . 3
137. *In the past 12 months*, how often, on average, has your sleep been disturbed by the wheezing in your chest?
- Never woken with wheezing . . . . . 1  
 Less than one night a week . . . . . 2  
 One or more nights a week . . . . . 3
138. *In the past 12 months*, has the wheezing ever been severe enough to limit your speech to one or two words at a time between breaths?
- Yes . . . . . 1  
 No . . . . . 2
139. Have you *ever* had asthma?
- Yes . . . . . 1  
 No . . . . . 2
140. *In the past 12 months*, has your chest sounded wheezy during or after exercise?
- Yes . . . . . 1  
 No . . . . . 2
141. *In the past 12 months*, have you had a dry cough at night, apart from a cough associated with a cold or chest infection?
- Yes . . . . . 1  
 No . . . . . 2
142. *In the past 12 months*, have you had problems with sneezing or a runny or blocked nose when you *did not* have a cold or the flu?
- Yes . . . . . 1  
 No . . . . . 2  ' Go to question 146
143. *In the past 12 months*, has this nose problem been accompanied by itchy-watery eyes?
- Yes . . . . . 1  
 No . . . . . 2



144. In which of the *past 12 months* did this nose problem occur?

' Please indicate any which apply.

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

145. In the *past 12 months*, did this nose problem interfere with your daily activities?

Not at all . . . . .	1
A little . . . . .	2
Moderately . . . . .	3
A lot . . . . .	4

146. Have you ever had hay fever?

Yes . . . . .	1
No . . . . .	2

## 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.

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

Yes . . . . .	1
No . . . . .	2 <input type="checkbox"/>

 ' Go to question 154

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

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

148. 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 ' Please specify: _____	96

149. 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

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

Yes	1
No	2

151. 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	

152. 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

153. 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

154.	<i>During the past 12 months, did you use any of the following, as a driver or passenger? ' If "yes" go to the next column</i>	<i>Did you wear any safety equipment?</i>									
A. An ATV (all terrain vehicle) 	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Driver</td> <td>1</td> <td>2</td> </tr> <tr> <td>Passenger</td> <td>1</td> <td>2</td> </tr> </table> <p><i>' If "no" go to the next vehicle</i></p>		Yes	No	Driver	1	2	Passenger	1	2	<b>Helmet</b> Always . . . . . 1 Sometimes . . . . . 2 Never . . . . . 3
	Yes	No									
Driver	1	2									
Passenger	1	2									
B. Snowmobile 	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Driver</td> <td>1</td> <td>2</td> </tr> <tr> <td>Passenger</td> <td>1</td> <td>2</td> </tr> </table> <p><i>' If "no" go to the next vehicle</i></p>		Yes	No	Driver	1	2	Passenger	1	2	<b>Helmet</b> Always . . . . . 1 Sometimes . . . . . 2 Never . . . . . 3
	Yes	No									
Driver	1	2									
Passenger	1	2									
C. SeaDoo 	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Driver</td> <td>1</td> <td>2</td> </tr> <tr> <td>Passenger</td> <td>1</td> <td>2</td> </tr> </table> <p><i>' If "no" go to the next vehicle</i></p>		Yes	No	Driver	1	2	Passenger	1	2	<b>Lifejacket</b> Always . . . . . 1 Sometimes . . . . . 2 Never . . . . . 3
	Yes	No									
Driver	1	2									
Passenger	1	2									
D. Moped ("mobylette" - a motorized bicycle - <u>not</u> a scooter) 	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Driver</td> <td>1</td> <td>2</td> </tr> <tr> <td>Passenger</td> <td>1</td> <td>2</td> </tr> </table> <p><i>' If "no" go to the next vehicle</i></p>		Yes	No	Driver	1	2	Passenger	1	2	<b>Helmet</b> Always . . . . . 1 Sometimes . . . . . 2 Never . . . . . 3
	Yes	No									
Driver	1	2									
Passenger	1	2									
E. Scooter 	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Driver</td> <td>1</td> <td>2</td> </tr> <tr> <td>Passenger</td> <td>1</td> <td>2</td> </tr> </table> <p><i>' If "no" go to the next vehicle</i></p>		Yes	No	Driver	1	2	Passenger	1	2	<b>Helmet</b> Always . . . . . 1 Sometimes . . . . . 2 Never . . . . . 3
	Yes	No									
Driver	1	2									
Passenger	1	2									
F. Motorcycle 	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Driver</td> <td>1</td> <td>2</td> </tr> <tr> <td>Passenger</td> <td>1</td> <td>2</td> </tr> </table> <p><i>' If "no" go to the next vehicle</i></p>		Yes	No	Driver	1	2	Passenger	1	2	<b>Helmet</b> Always . . . . . 1 Sometimes . . . . . 2 Never . . . . . 3
	Yes	No									
Driver	1	2									
Passenger	1	2									
G. Car 	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Driver</td> <td>1</td> <td>2</td> </tr> <tr> <td>Passenger</td> <td>1</td> <td>2</td> </tr> </table> <p><i>' If "no" go to the next question</i></p>		Yes	No	Driver	1	2	Passenger	1	2	<b>Safety belt</b> Always . . . . . 1 Sometimes . . . . . 2 Never . . . . . 3
	Yes	No									
Driver	1	2									
Passenger	1	2									

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

## Health and social services

156. *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)? ' Please specify:	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 159*

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

\_\_\_\_\_

158. 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 ' *Please specify:* \_\_\_\_\_ 96

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

' *Give an answer for each medication. If you have any doubts about the type of medication, examine the label.*

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 mineral(s)

- 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

## Your parents' health

Some aspects of the parents' health and lifestyle can influence yours. This is why we are asking the following questions.

*If you do not live with one or both of your parents (or other adults that are responsible for you)  
' Go to question 162*

160. Does one of your parents (or any other adults you live with) currently smoke cigarettes?

	Your mother or the adult woman	Your father or the adult man
Yes, every day	1	1
Yes, occasionally	2	2
No	3	3
Does not apply	4	4

161. Does one of your parents (or any other adults you live with) currently consume alcohol?

	Your mother or the adult woman	Your father or the adult man
Yes, regularly	1	1
Yes, occasionally	2	2
No	3	3
Does not apply	4	4

## Food availability

162. The following are statements made by people about their food situation.

' For each situation, indicate the response that best applies in your home.

	Often true	Sometimes true	Never true	Don't know
A. We eat the same thing several days in a row because we only have a few different kinds of food on hand, and don't have enough money to buy more	1	2	3	8
B. We eat less than we should because we don't have enough money for food	1	2	3	8
C. We can't provide balanced meals because we can't afford it financially	1	2	3	8

163. In the past month, how many days did you or your household have no food or money to buy food?

' If none, write "0".

Days .....

Don't know ..... 98

# Sociodemographic information

The following questions will help us to compare your health with that of other adolescents your age living in the same type of situation.

164. Where were you born?

- Québec . . . . . 1
- Other Canadian province . . . . . 2
- Outside Canada ' *What country?* \_\_\_\_\_ . 3

165. Where was your biological father born?

- Québec . . . . . 1
- Other Canadian province . . . . . 2
- Outside Canada ' *What country?* \_\_\_\_\_ . 3

166. Where was your biological mother born?

- Québec . . . . . 1
- Other Canadian province . . . . . 2
- Outside Canada ' *What country?* \_\_\_\_\_ 3

167. What language do you use the most often at home?

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



*This section is on your parents' situation or that of the other adults responsible for you.*

168. What is the highest level of education that each of your parents (or other adults that are responsible for you) has completed?

*' Indicate only one for each person.*

	<b>Your mother or the adult woman</b>	<b>Your father or the adult man</b>
No formal schooling or only nursery school	01	01
Primary school	02	02
High school (incomplete)	03	03
High school (graduated)	04	04
Vocational or trade school	05	05
College (CEGEP)	06	06
University	07	07
Don't know	98	98
I don't know or see him(her)	97	97

*If you don't live with one or both of your parents or other adults that are responsible for you*

*' go to question 171*

169. At the present time, which of the following best describes the main occupational status of each of your parents or other adults you live with?

*' Indicate only one for each person.*

	<b>Your mother or the adult woman</b>	<b>Your father or the adult man</b>
Full-time job (30 hrs. or more a week)	01	01
Part-time job (less than 30 hrs. a week)	02	02
Going to school	03	03
Homemaker	04	04
Not working for health reasons	05	05
Maternity or paternity leave	06	06
Unemployed	07	07
On welfare (social assistance)	08	08
On strike or locked out	09	09
Other <i>' Please specify:</i>	96	96
Don't know	98	98
I don't know or see him(her)	97	97

170. How long have each of your parents or other adults you live with been in the above employment situation(s)?

' Indicate only one for each person.

	Your mother or the adult woman	Your father or the adult man
Less than 6 months	01	01
From 6 months to a year	02	02
From a year to less than 2 years	03	03
From 2 years to less than 5 years	04	04
From 5 years to less than 10 years	05	05
10 years or more	06	06
Don't know	98	98
I don't know or see him(her)	97	97

## Characteristics of the residence

171. How many rooms, not counting the bathroom(s), are there in the apartment or house where you live?

Number of rooms \_\_\_\_\_

172. Is your home heated by ...

' Circle an answer for each of the following methods.

A. hot-water radiators?

- Yes ..... 1
- No ..... 2
- Don't know ..... 8

B. air heating ducts?

- Yes ..... 1
- No ..... 2
- Don't know ..... 8

C. electric baseboard heaters?

- Yes ..... 1
- No ..... 2
- Don't know ..... 8

D. wood-burning stove or fireplace?

- Yes ..... 1
- No ..... 2
- Don't know ..... 8

E. other methods?

- Yes ..... 1
- ' Please specify: 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- No ..... 2
- Don't know ..... 8

173. How often do you leave the windows or outside doors open during each season?

	Never	Occasionally	Often	Very often
A. Summer	1	2	3	4
B. Fall	1	2	3	4
C. Winter	1	2	3	4
D. Spring	1	2	3	4

174. Does the room in which you and the other members of the household spend the most time during the day have a wall-to-wall or large carpet?

- Yes ..... 1
- No ..... 2

175. Does your bedroom have a wall-to-wall or large carpet?

- Yes ..... 1
- No ..... 2

176. In your home are there...

A. a cat? (or cats)

- Yes ..... 1
- No ..... 2
- Don't know ..... 8

B. a dog? (or dogs)

- Yes ..... 1
- No ..... 2
- Don't know ..... 8

C. other pets with fur, or a pet bird?

- Yes . . . . . 1
- No . . . . . 2
- Don't know . . . . . 8

177. Have one or more of the following changes been made in your home, since you began living there, *because you or someone else in your household suffers from asthma, allergies or other respiratory problems?*

' Circle you answer for each change.

A. Removed the carpets or rugs

- Yes . . . . . 1
- No . . . . . 2
- Never had carpets or rugs in this home . . . . . 3
- Don't know . . . . . 8

B. Increased/improved the ventilation

- Yes . . . . . 1
- No . . . . . 2
- Don't know . . . . . 8

C. Reduced or eliminated smoking in the home

- Yes . . . . . 1
- No . . . . . 2
- Don't know . . . . . 8

D. Got rid of pets

- Yes . . . . . 1
- No . . . . . 2
- Never had pets in this home . . . . . 3
- Don't know . . . . . 8

E. Used a method for controlling dust mites

- Yes . . . . . 1
- No . . . . . 2
- Don't know . . . . . 8

F. Other

- Yes ' Please specify: \_\_\_\_\_ 1
- No . . . . . 2
- Don't know . . . . . 8

# Characteristics of the neighbourhood

Indicate whether you agree or disagree with the following statements about safety in your neighbourhood (town, village).

177. It is safe to circulate outside *during the day*.

- Completely agree . . . . . 1
- Agree . . . . . 2
- Disagree . . . . . 3
- Completely disagree . . . . . 4

178. It is safe to walk alone in this neighbourhood (town, village) *after dark*.

- Completely agree . . . . . 1
- Agree . . . . . 2
- Disagree . . . . . 3
- Completely disagree . . . . . 4

179. Today's date.

Example : if today is March 2, 1999  
write : 02 03 1999

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



