

SANTÉ QUÉBEC

Questionnaire for children



HEALTH AND SOCIAL SURVEY

of Québec children and youth

QE

SANTÉ QUÉBEC

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N° de dossier :

N° de l'intervieweur :

ADM LA 2

Date de réception : | |
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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.

Your name is not written on this questionnaire. No one, even your parents or teacher, will ever know what you answered.

Answer each question.

To answer, make an X in the circle ○, as follows ⊗

Examples

You are ...

- 1 ⊗ A boy
2 ○ A girl

or write a number

How old are you?

_____ 9 _____ years old



General information

1. How old are you?

_____ years old

2. You are...

1 ± A boy

2 ± A girl

3. What language do you usually speak with your friends?

01 ± French

02 ± English

03 ± Italian

04 ± Greek

05 ± Spanish

06 ± Portuguese

07 ± Chinese

08 ± Vietnamese

09 ± Arabic

96 ± Other language ' *What?* _____

Your school and you

4. What grade are you in?

1 ± 1st grade

2 ± 2nd grade

3 ± 3rd grade

4 ± 4th grade

5 ± 5th grade

6 ± 6th grade

7 ± 7th grade

5. Have you ever had a remedial teacher help you with reading or pronunciation?

- 1 ± Yes
- 2 ± No
- 8 ± Don't know

6. Since the beginning of the school year, have you seen any of the following people *because of a personal problem*?

	Yes	No
A. A psychologist or social worker	1 ±	2 ±
B. A nurse	1 ±	2 ±
C. Other ' Who ? _____	1 ±	2 ±

7. For each sentence, indicate whether it is true or false.

	True	False
A. I'm not getting very good marks at school this year	1 ±	2 ±
B. I know that I'm capable of getting good marks at school this year	1 ±	2 ±

8. How much time do you spend every day on doing your homework or studying?

- 1 ± None
- 2 ± 30 minutes or less
- 3 ± About an hour
- 4 ± More than an hour

9. In general, do you like school?

- 1 ± Yes, I do
- 2 ± So, so
- 3 ± No, I don't

10. For each sentence, indicate "Often," "Sometimes" or "Never."

<i>My parents or the adults I live with...</i>	Often	Sometimes	Never
A. encourage me to do well in school	1 ±	2 ±	3 ±
B. check to see if I'm doing my homework well	1 ±	2 ±	3 ±
C. are interested in what I'm doing at school	1 ±	2 ±	3 ±
D. go to parent-teacher meetings to discuss or pick up my report card	1 ±	2 ±	3 ±

11. Are you afraid of something when you go to school or come back home?

- 1 ± Often
- 2 ± Sometimes
- 3 ± Never ' Go to question 13

12. Why are you afraid? Answer yes or no for each reason.

	Yes	No
A. I'm afraid of being hit by a car or a truck	1 ±	2 ±
B. I'm afraid of being beaten up or robbed	1 ±	2 ±
C. Some adults make me afraid or scared	1 ±	2 ±
D. I'm afraid of something else ' What is it? _____	1 ±	2 ±

13. Indicate how often each of the following has happened. *Since school began in September, at school or on the way to school...*

	Often	Sometimes	Never
A. I've been called names	1 ±	2 ±	3 ±
B. someone has told me they're going to hit me or break something that's mine	1 ±	2 ±	3 ±
C. someone has hit me (slapped, punched, kicked), bullied me or pushed me around violently	1 ±	2 ±	3 ±
D. someone has offered me money to do bad things (rob, threaten or beat someone)	1 ±	2 ±	3 ±
E. I've been taxed (someone stole something from me by threatening me)	1 ±	2 ±	3 ±

14. How do you usually get to school?

- 1 ± Schoolbus
- 2 ± Walk ' How many minutes does it take? _____
- 3 ± Metro and/or bus
- 4 ± Car

People you're close to

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

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

- 1 ± Yes
- 2 ± No

16. Do you think the following people really listen to you and help you feel better when you need it?

If you never or rarely see the person, put an X in the last column.

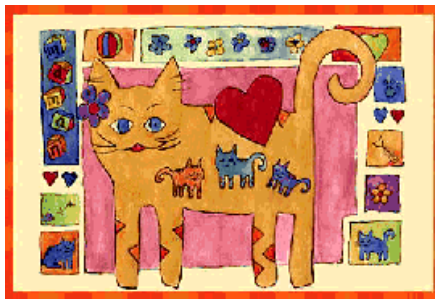
	This person will listen to you...			Doesn't apply, or never see her or him
	a lot	a little	not at all	
A. Your father or the adult man you usually live with	1 ±	2 ±	3 ±	4 ±
B. Your mother or the adult woman you usually live with	1 ±	2 ±	3 ±	4 ±
C. One of your brothers or sisters	1 ±	2 ±	3 ±	4 ±
D. One of your friends	1 ±	2 ±	3 ±	4 ±
E. Your teacher	1 ±	2 ±	3 ±	
F. Someone else ' Who:	1 ±	2 ±	3 ±	

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

- 1 ± Yes
- 2 ± No

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

- 1 ± Often
- 2 ± Sometimes
- 3 ± Never



You and your parents

If you don't usually live with your mother or other female adult

' Go to question 20

19. Thinking about *the last month*, please answer each of the following questions about 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.

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

If you don't usually live with your father or other adult male

' Go to question 21

20. Thinking about the last month, please answer each of the following questions about 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.

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

21. Does it ever happen that your parents or 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 ±

About you

22. For each of the following sentences, indicate which answer best describes how you feel.

	True	Rather true	Rather false	False
A. I do a lot of important things	1 ±	2 ±	3 ±	4 ±
B. In general, I like myself as I am	1 ±	2 ±	3 ±	4 ±
C. All in all, there are a lot of reasons why I can be proud of myself	1 ±	2 ±	3 ±	4 ±
D. I can do things as well as most people	1 ±	2 ±	3 ±	4 ±
E. Other people think I am a good person	1 ±	2 ±	3 ±	4 ±
F. I have many good qualities	1 ±	2 ±	3 ±	4 ±
G. I am just as good as most people	1 ±	2 ±	3 ±	4 ±
H. When I do something, I do it well	1 ±	2 ±	3 ±	4 ±

Changes in your body

As you grow up, your body changes. These changes influence your health. This is why we're asking you the following questions.

23. Do you have any hair under your arms or around your private parts (between your legs)?

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

If you are a boy ' Go to question 26

24. Have your breasts begun to grow?

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

25. Have you begun to have periods, to menstruate?

- 1 ± Yes
- 2 ± No

If you are a girl ' Go to question 28

26. Have you noticed a deepening in your voice?

- 1 ± It has not yet started changing
- 2 ± It has barely started changing
- 3 ± It has definitely started changing
- 4 ± I think it has stopped changing

27. Do you have any hair on your face?

- 1 ± I don't have any yet
- 2 ± It has just begun to grow
- 3 ± I already have quite a bit
- 4 ± I think my facial hair has filled in and will remain the same

Questions for girls and boys

28. Indicate the picture that looks the most like you. (What you look like now).

Girls



1 ±



2 ±



3 ±



4 ±



5 ±



6 ±



7 ±

Boys



1 ±



2 ±



3 ±



4 ±



5 ±



6 ±



7 ±

29. Indicate the picture that you want to look like the most.

Girls



1 ±



2 ±



3 ±



4 ±



5 ±



6 ±



7 ±

Boys



1 ±



2 ±



3 ±



4 ±



5 ±



6 ±



7 ±

30. Are you currently doing anything about your weight?

- 1 ± I'm trying to lose weight
- 2 ± I'm trying to gain weight
- 3 ± I'm not doing anything about my weight

31. Do any of the following people ever push you to lose weight?

	Yes	No	I have no brother or sister
A. Your mother, father or the adult who takes care of you	1 ±	2 ±	
B. Your brother or sister	1 ±	2 ±	3 ±
C. One of your friends	1 ±	2 ±	

Physical activity

32. In the past week (Monday to Sunday), indicate the days you did the following activities, for at least 15 minutes straight.

Physical activities practised during physical education classes at school should be indicated in «a» only.

	I 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. Bicycling	0 ±	1 ±	2 ±	3 ±	4 ±	5 ±	6 ±	7 ±
c. Skipping rope, playing elastics	0 ±	1 ±	2 ±	3 ±	4 ±	5 ±	6 ±	7 ±
d. Dodge-ball, wall-ball (stand-all), catch	0 ±	1 ±	2 ±	3 ±	4 ±	5 ±	6 ±	7 ±
e. Playing tag, racing, relay racing	0 ±	1 ±	2 ±	3 ±	4 ±	5 ±	6 ±	7 ±
f. In-line skating (rollerblading) skateboarding	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. Jazz or classical ballet	0 ±	1 ±	2 ±	3 ±	4 ±	5 ±	6 ±	7 ±
j. Gymnastics (on the floor, or using equipment)	0 ±	1 ±	2 ±	3 ±	4 ±	5 ±	6 ±	7 ±
k. Basketball	0 ±	1 ±	2 ±	3 ±	4 ±	5 ±	6 ±	7 ±
l. Volleyball	0 ±	1 ±	2 ±	3 ±	4 ±	5 ±	6 ±	7 ±
m. Soccer	0 ±	1 ±	2 ±	3 ±	4 ±	5 ±	6 ±	7 ±

Continuing ...

32. In the past week (Monday to Sunday), indicate the days you did the following activities, for at least 15 minutes straight.

	I didn't do any	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
n. Hockey (ice or ball)	0 ±	1 ±	2 ±	3 ±	4 ±	5 ±	6 ±	7 ±
o. Skating (ice)	0 ±	1 ±	2 ±	3 ±	4 ±	5 ±	6 ±	7 ±
p. Sliding, tobogganing	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	<i>If you did other activities, please write the first one, then indicate which day(s) you did it, etc.</i>							
<i>Name them:</i>								
ú _____	0 ±	1 ±	2 ±	3 ±	4 ±	5 ±	6 ±	7 ±
ú _____	0 ±	1 ±	2 ±	3 ±	4 ±	5 ±	6 ±	7 ±
ú _____	0 ±	1 ±	2 ±	3 ±	4 ±	5 ±	6 ±	7 ±

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

- 1 ± more sports or physical activity?
- 2 ± as much sports or physical activity?
- 3 ± less sports or physical activity?

34. In general, compared to other children your age, would you say that you do...

- 1 ± more sports or physical activity?
- 2 ± as much sports or physical activity?
- 3 ± less sports or physical activity?

Your other activities

35. In the past week *for your own enjoyment, not school*, did you read ...

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

36. In the past week, did you go to...

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

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

- 1. Week days: _____ hours a day
- 2. Weekends: _____ hours a day

38. Do you have a computer at home?

- 1 ± Yes
- 2 ± No ' Go to question 40

39. Do you use it ...

- 1 ± often
- 2 ± sometimes
- 3 ± never

Smoking and alcohol

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

- 1 ± Yes
- 2 ± No ' Go to question 42

41. Have you ever smoked a whole cigarette?

- 1 ± Yes
- 2 ± No

42. During the past 12 months, did you drink at least one glass of wine, beer or liquor (gin, rye, vodka)?

- 1 ± Yes, only on special occasions
- 2 ± Yes, at least once a month
- 3 ± Yes, at least once a week
- 4 ± No, never

43. Have you ever tried drugs, for example marijuana, hash or glue?

- 1 ± Yes
- 2 ± No

You and your health

44. In general, is your health...

- 1 ± excellent?
- 2 ± quite good?
- 3 ± not very good?

45. Do you ever experience any of the following?








	Often	Sometimes	Never
A. Headache	1 ±	2 ±	3 ±
B. Stomach ache	1 ±	2 ±	3 ±
C. Sore back	1 ±	2 ±	3 ±
D. Difficulty sleeping	1 ±	2 ±	3 ±
E. Dizziness	1 ±	2 ±	3 ±
F. Other health problems			
' <i>What?</i>	1 ±	2 ±	3 ±

46. *During the past 12 months*, did you ever seriously consider attempting suicide (killing yourself)?




- 1 ± Yes
- 2 ± No

47. During the past 12 months, did you use any of the following, as a ...

Read the type of vehicle. In «c», only those who have used it should answer. To be a conductor is to hold the steering and the pedals.

	 All Terrain vehicle	 Snowmobile	 SeaDoo	 Moped (mobylette)	 Scooter	 Motorcycle	 Car
a. driver?	₁ ± Yes ₂ ± No	₁ ± Yes ₂ ± No	₁ ± Yes ₂ ± No	₁ ± Yes ₂ ± No	₁ ± Yes ₂ ± No	₁ ± Yes ₂ ± No	₁ ± Yes ₂ ± No
b. passenger?	₁ ± Yes ₂ ± No	₁ ± Yes ₂ ± No	₁ ± Yes ₂ ± No	₁ ± Yes ₂ ± No	₁ ± Yes ₂ ± No	₁ ± Yes ₂ ± No	₁ ± Yes ₂ ± No
c. If "yes", did you wear any safety equipment?	<i>Do you wear a helmet?</i> Helmet ₁ ± Always ₂ ± Sometimes ₃ ± Never	<i>Do you wear a helmet?</i> Helmet ₁ ± Always ₂ ± Sometimes ₃ ± Never	<i>Do you wear a lifejacket?</i> Lifejacket ₁ ± Always ₂ ± Sometimes ₃ ± Never	<i>Do you wear a helmet?</i> Helmet ₁ ± Always ₂ ± Sometimes ₃ ± Never	<i>Do you wear a helmet?</i> Helmet ₁ ± Always ₂ ± Sometimes ₃ ± Never	<i>Do you wear a helmet?</i> Helmet ₁ ± Always ₂ ± Sometimes ₃ ± Never	<i>Do you wear a safety belt?</i> Safety belt ₁ ± Always ₂ ± Sometimes ₃ ± Never

48. During the past 12 months, did you do any of the following activities?

		If "yes" did you wear a helmet?	
a. Bicycling		Yes _{1 ±} < < < No _{2 ±} ?	Always _{1 ±} Sometimes _{2 ±} Never _{3 ±}
b. In-line skating (Rollerblading)		Yes _{1 ±} < < < No _{2 ±} ?	Always _{1 ±} Sometimes _{2 ±} Never _{3 ±}
c. Skateboarding		Yes _{1 ±} < < < No _{2 ±} ?	Always _{1 ±} Sometimes _{2 ±} Never _{3 ±}

Your diet

49. In the past 5 school days, how many mornings did you eat or drink something before school started? Don't count coffee, tea or water.

- _{1 ±} 5 mornings (every day)
- _{2 ±} 3 to 4 mornings
- _{3 ±} 1 to 2 morning(s)
- _{4 ±} Never

Now let's talk about every day of the week.

50. *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 the baby-sitter?	1 ±	2 ±	3 ±	4 ±
D. with your friends?	1 ±	2 ±	3 ±	4 ±

51. *In the last 7 days, how many times ...*

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



52. *In the last 7 days, how many times did you consume the following foods and beverages?*

	Not once	Per week			Per 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 (not including 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	1 ±	2 ±	3 ±	4 ±	5 ±	6 ±	7 ±
a. White							
b. Whole-wheat (rye, 6-grain, etc.)	1 ±	2 ±	3 ±	4 ±	5 ±	6 ±	7 ±

53. Today's date:

Day

Month

Year

Thanks for participating! (

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



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