



SANTÉ QUÉBEC

Questionnaire for the School Principal



HEALTH AND SOCIAL SURVEY

of Québec children and youth

QD

SANTÉ QUÉBEC

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N° de dossier :

N° de l'intervieweur :

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ADM LA 2

Date de réception :

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Instructions

The goal of the **Health and Social Survey of Quebec Children and Youth** is to collect information on the health and well-being of young people in a systemic perspective, namely by studying the child, his/her family, social and school life.

We would really appreciate your filling out this questionnaire on your school. It will help us gain a more complete understanding of all the factors influencing child and adolescent development.

Please answer each question. If you would like further information or have any questions or comments, please call Léger & Léger at (514) 982-2464.

The information gathered will be kept strictly confidential. Neither you nor your school can be identified, since the results will be coded and presented in aggregate.

Thank you for your participation.

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

Example A *Circle your answer*

Are there any specific vocations/projects in your school for students with a particular interest (international program, arts, theatre, sciences, etc.)?

Yes 1
No 2

Example B *Circle your answer and fill in the blank*

Are snacks (milk, etc.) or meals served free or at a reduced price to some of your students? If yes, to what percentage of students?

	Yes	No	% of students
A. Breakfast	①	2	<input type="text" value="3"/> <input type="text" value="0"/>
B. Lunch	1	②	<input type="text"/> <input type="text"/> <input type="text"/>
C. Snack	①	2	<input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/>

Characteristics of your school

The aim of this section is to gather information on various characteristics and resources of your school.

1. Are there any specific vocations/projects in your school for students with a particular interest (international program, arts, theatre, sciences etc.)?

Yes 1
 No 2 ' Go to question 3

2. If yes, please indicate the type(s) of vocation/project(s) you have.

Type of vocation/project	Number of students registered
_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

3. Here is a list of various people who provide professional or support services in certain schools. For each of the following, please indicate whether these people have been assigned in your school, and if yes, their allotted work time, specifying this in FTE (Full-Time Equivalent).

' Example : for 2 Special Education Technicians, one full-time, the other half-time, you would indicate 1.5 in the FTE column.

	Yes	No	FTE
A. Psychologist	1	2	
B. Guidance Counsellor	1	2	
C. Speech therapist, Audiologist	1	2	
D. School Nurse	1	2	
E. Social Worker	1	2	
F. Psychoeducator	1	2	
G. Remedial Teacher	1	2	
H. Special Education Technician	1	2	
I. Student-Activities Coordinator	1	2	
J. Pastoral or Religious Animator	1	2	
K. (Sports) Coach or sports animator	1	2	
L. Librarian	1	2	
M. Lunchtime or Classroom Monitor	1	2	
N. Security Guard	1	2	
O. Other ' specify:	1	2	

4. The following is a list of things your school may have. Please indicate whether they are available at your school, and the percentage of students that use them.

	Available		% of students
	Yes	No	
A. Daycare services	1	2	<input type="text"/> <input type="text"/> <input type="text"/>
B. School transport	1	2	<input type="text"/> <input type="text"/> <input type="text"/>
C. Library	1	2	<input type="text"/> <input type="text"/> <input type="text"/>
D. Gymnasium	1	2	<input type="text"/> <input type="text"/> <input type="text"/>
E. Swimming pool	1	2	<input type="text"/> <input type="text"/> <input type="text"/>
F. School yard for recess equipped for games and/or with benches, landscaping etc.	1	2	<input type="text"/> <input type="text"/> <input type="text"/>
G. Playing field(s) set up for games and sports (track, soccer, football, etc.)	1	2	<input type="text"/> <input type="text"/> <input type="text"/>
H. Rooms or Space reserved for student life (student council, student newspaper, etc.)	1	2	<input type="text"/> <input type="text"/> <input type="text"/>
I. Other ' specify: _____	1	2	<input type="text"/> <input type="text"/> <input type="text"/>

5. Does your school have the following for use by the students?

	Yes	No
A. Automatic food dispensers	1	2
B. Microwave ovens	1	2
C. A cafeteria serving meals	1	2
D. A caterer	1	2

If your school has a cafeteria or caterer, go to the next question.

If not ' Go to question 7

6. Who is responsible for the menus?

Concessionaire	01
A food services supervisor of the school board	02
A professional dietician (consultant)	03
Other ' please specify: _____	96

7. Are snacks (milk, etc.) or meals served free or at a reduced price to some of your students? If yes, to what percentage of students?

	Yes	No	% of students
A. Breakfast	1	2	<input type="text"/> <input type="text"/> <input type="text"/>
B. Lunch	1	2	<input type="text"/> <input type="text"/> <input type="text"/>
C. Snack	1	2	<input type="text"/> <input type="text"/> <input type="text"/>

If no snacks or meals are served at your school ' Go to question 9

8. What organization(s) contribute to subsidizing these meals or snacks (milk, etc.)?

	Yes	No
A. Ministry of Education	1	2
B. School Board	1	2
C. Community organization	1	2
D. A private organization or service club (Kiwanis, Knights of Columbus, Golden Age, etc.)	1	2
E. Other ' please specify: _____	1	2

9. The following is a list of various situations that can occur in a school. For each, please indicate the frequency they occur in your school.

	At least once a week	A few times a month	A few times a year	Less than a few times a year	Never
A. Shouting matches between students	1	2	3	4	5
B. Physical attacks or aggression among students	1	2	3	4	5
C. Groups of students that harass other students	1	2	3	4	5
D. Theft of student belongings	1	2	3	4	5
E. Students with problems in school because of drug and/or alcohol consumption	1	2	3	4	5
F. Students who possess weapons	1	2	3	4	5
G. Suspensions because of absenteeism/truancy	1	2	3	4	5
H. Ethnic, racial or religious problems	1	2	3	4	5

The following is a list of various situations that can occur in a school. For each, please indicate the frequency they occur in your school.

	At least once a week	A few times a month	A few times a year	Less than a few times a year	Never
I. Students who smoke in no-smoking areas	1	2	3	4	5
J. Staff who smoke in no-smoking areas	1	2	3	4	5
K. Vandalism	1	2	3	4	5
L. Theft of school property	1	2	3	4	5
M. Theft of property belonging to school staff	1	2	3	4	5
N. Students who insult or use inappropriate language towards staff members	1	2	3	4	5
O. Students who physically attack staff members	1	2	3	4	5
P. Students who sexually harass other students	1	2	3	4	5
Q. Students who sexually harass staff members	1	2	3	4	5
R. Students for whom the school was notified of an attempted suicide	1	2	3	4	5

10. What is the approximate percentage of parents who participate in the following?

	% of parents
A. Annual General Assembly of Parents	<input type="text"/> <input type="text"/> <input type="text"/>
B. Parent-Teachers' Meeting (Meet-the-Teacher) early in the school year to pick up the first report card	<input type="text"/> <input type="text"/> <input type="text"/>
C. Student shows, concerts, cultural, sports activities	<input type="text"/> <input type="text"/> <input type="text"/>
D. Volunteer fundraising for the school	<input type="text"/> <input type="text"/> <input type="text"/>

School policies and regulations

11. Does your school have formal no-smoking policy?

Yes 1
 No 2 ' Go to question 13

12. For each of the following, indicate what applies in your school. If a regulation does apply, indicate to whom (circle more than one group if necessary).

A. There is "No Smoking" anywhere inside the school.

Applies	1	' To whom?	Regular students	1
Does not apply	2		Adult education students	2
			Staff	3
			Visitors (parents, suppliers, etc.)	4
			People/organizations who rent a hall or space	5

B. Smoking is *allowed* inside the school in *completely enclosed* spaces such as a smoking room, etc.

Applies	1	' To whom?	Regular students	1
Does not apply	2		Adult education students	2
			Staff	3
			Visitors (parents, suppliers, etc.)	4
			People/organizations who rent a hall or space	5

C. Smoking is *allowed* inside the school in *completely open* spaces such as a corridor, an open section of the cafeteria, etc.

Applies	1	' To whom?	Regular students	1
Does not apply	2		Adult education students	2
			Staff	3
			Visitors (parents, suppliers, etc.)	4
			People/organizations who rent a hall or space	5

D. Smoking is *allowed* inside the school in *both of the above types of spaces* — *closed and open* spaces.

Applies	1	' To whom?	Regular students	1
Does not apply	2		Adult education students	2
			Staff	3
			Visitors (parents, suppliers, etc.)	4
			People/organizations who rent a hall or space	5

E. There is *"No smoking" anywhere* on the school grounds.

Applies	1	' To whom?	Regular students	1
Does not apply	2		Adult education students	2
			Staff	3
			Visitors (parents, suppliers, etc.)	4
			People/organizations who rent a hall or space	5

F. Smoking is *allowed* on the school grounds.

Applies	1	' To whom?	Regular students	1
Does not apply	2		Adult education students	2
			Staff	3
			Visitors (parents, suppliers, etc.)	4
			People/organizations who rent a hall or space	5

13. In your school, is there ...

	Yes	No
A. a food policy or regulations regarding food (e.g. for snacks or lunch)?	1	2
B. a policy or regulations to counter discrimination (sexual, racial or other)?	1	2
C. a sexual harassment policy governing relations between students, or between students and adults?	1	2
D. a policy or regulations against violence?	1	2
E. a dress code?	1	2
F. rules on cleanliness?	1	2
G. rules governing circulation in the school?	1	2
H. other school policies or regulations? ' Please specify: _____	1	2

14. In your school, is there ...

	Yes	No
A. contraception and STD (sexually-transmitted diseases) prevention programs/activities?	1	2
B. programs/activities to prevent violence in student couples?	1	2
C. sexual education programs/activities other than those described in A and B?	1	2

Personal information

Your answers to the following questions, combined with those of other school principals, will help further our understanding of the daily life of Québec schoolchildren.

15. What is the title of your position in the school?

Principal 01
 Other ' *please specify:* _____ 96

16. How long have you held this type of position, at this school or another?

Number of years:

17. How long have you been working in this particular school?

Number of years:

18. In what age group are you?

20 - 29 years of age 1
 30 - 39 years of age 2
 40 - 49 years of age 3
 50 - 59 years of age 4
 60 years of age or over 5

19. You are ...

Male 1
 Female 2

20. Today's date:

Day

Month

 1 9 9 9

Year

