



**2014 Ontario
Child Health
Study**

***Étude sur
la santé des jeunes
Ontariens 2014***

**Adolescent
Questionnaire
(Ages 12-13)**

The 2014 Ontario Child Health Study is collecting information from young people about their lives and their physical and mental health. This information will help the government plan programs and services for young people like yourself and others. This questionnaire asks about you, your family, your friends and how you feel.

This is not a test and there are no right or wrong answers. Some questions may seem personal and some are about things that might not apply to you. Take your time and please be sure to answer each question based on what you really think. You can choose whether or not to answer any of the questions in this questionnaire. If you need help with any of the questions, you may ask the interviewer. All the information collected is PRIVATE. No one from your home or school will see your answers.

Thank you for your help!

ABOUT YOUR HEALTH

First, we would like to ask you some questions about your health, how you feel and activities you do in your free time.

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

- 01 excellent
- 02 very good
- 03 good
- 04 fair
- 05 poor

2. The following are statements people might use to describe themselves. For each one, please choose the answer that best describes how you feel.

	False	Mostly false	Sometimes false / Sometimes true	Mostly true	True
In general, I like the way I am.	01	02	03	04	05
Overall I have a lot to be proud of.	01	02	03	04	05
A lot of things about me are good.	01	02	03	04	05
When I do something, I do it well.	01	02	03	04	05
I like the way I look.	01	02	03	04	05

3. The next few questions are about your interests and activities outside of school. **In the past 12 months**, outside of school, how often have you

	Most days	A few times a week	About once a week	About once a month	Almost never
...taken part in organized sports or physical activities with a coach or instructor?	01	02	03	04	05
...taken part in unorganized sports or physical activities without a coach or instructor?	01	02	03	04	05
...taken lessons or instruction in music, art or other non-sport activities?	01	02	03	04	05
...taken part in any clubs, groups or community programs with leadership, such as Cubs, Scouts or church groups?	01	02	03	04	05

For these next two questions, add up all the time you spend in physical activity each day. Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. It can be done in sports, school activities, playing with friends, walking to school or playing active video games such as Wii Sports, Wii Fit. Please include **both school and non-school** activities.

4. Over the **past 7 days**, on how many days were you physically active for a total of at least **60 minutes** per day?
 ____ Number of days

5. Over a **typical or usual week**, on how many days are you physically active for a total of at least **60 minutes** per day?
 ____ Number of days

6. Over the **past 7 days**, on average how many **hours per day** did you sit and watch TV, movies or videos, including on Youtube)?

01 Less than 1 hour

02 1 hour

03 2 hours

04 3 hours

05 4 hours

06 5 hours or more

07 I do not watch TV or videos

7. Over the **past 7 days**, on average how many **hours per day** did you spend **outside of school** on a computer, laptop, tablet or smart-phone (working, playing games, e-mailing, chatting, surfing the Internet, etc.)? Include Playstation, Nintendo DS or other portable video games. Would you say...

01 Less than 1 hour

02 1 hour

03 2 hours

04 3 hours

05 4 hours

06 5 hours or more

07 I do not use these devices outside of school

The next few questions are about your usual or typical sleep in the **past 6 months**.

8. On WEEKDAYS when you go to school, what time do you usually go to bed? _____ a.m./p.m.

9. What time do you usually wake on school days? _____ a.m./p.m.

10. How much sleep do you usually get during the night on school days? ____Hours ____Minutes

11. On WEEKENDS (or Vacations) when you don't go to school, what time do you usually go to bed? _____ a.m./p.m.

12. What time do you usually wake on weekends? _____ a.m./p.m.

13. How much sleep do you usually get during the night on weekends (or vacations)? ____Hours ____Minutes

14. On the weekends, do you nap during the day? Yes No

15. If yes, how long do you usually nap for? ____Hours ____Minutes

The next few questions have to do with your usual sleep on most days - including both weekdays and weekends.

16. How long does it usually take you to fall asleep, once you have turned off your lights?

- 01 I fall asleep very quickly; less than 5 minutes
- 02 A few minutes; 5-10 minutes
- 03 A little while; 10-30 minutes
- 04 A long time; more than 30 minutes
- DK

17. After you have gone to sleep at night, how often do you usually wake up during the night?

- 01 Almost every night; 5-7 times/week
- 02 Several times a week; 1-4 times/week
- 03 Every now and then; 2-3 times/month
- 04 I almost never wake up during the night
- DK

18. How long does it usually take you to go back to sleep after you wake up during the night?

- 01 I fall asleep very quickly; less than 5 minutes
- 02 A few minutes; 5-10 minutes
- 03 A little while; 10-30 minutes
- 04 A long time; more than 30 minutes
- DK

19. What is your current **weight without shoes** on?

20. What is your current **height without shoes**?

21. Below is a list of statements that describe some of the feelings and behaviours of young people. For each statement, please select the response that best describes you **now or within the past 6 months**. You may only select one response.

	Never or Not True	Sometimes or Somewhat True	Often or Very True		Never or Not True	Sometimes or Somewhat True	Often or Very True
I have trouble concentrating or paying attention	0	1	2	I get no pleasure from usual activities	0	1	2
I have trouble sitting still	0	1	2	I lose my temper	0	1	2
I cry a lot	0	1	2	I fail to finish things I start	0	1	2
I am mean to others	0	1	2	I feel sick before separating from loved ones	0	1	2
I am mean to animals	0	1	2	I use weapons when fighting	0	1	2
I deliberately try to hurt or kill myself	0	1	2	When anxious, my mind goes blank	0	1	2
I destroy my own things	0	1	2	I get anxious about meeting new people	0	1	2

	Never or Not True	Sometimes or Somewhat True	Often or Very True		Never or Not True	Sometimes or Somewhat True	Often or Very True
I destroy things belonging to others	0	1	2	I have difficulty making decisions	0	1	2
I damage schools or other property	0	1	2	I blame others for my own mistakes	0	1	2
I disobey at school	0	1	2	I get overly upset when leaving loved ones	0	1	2
I get in many fights	0	1	2	I feel that I have to be perfect	0	1	2
I act without stopping to think	0	1	2	I repeat certain actions over and over	0	1	2
I lie and cheat	0	1	2	I worry that something bad will cause separation from loved ones	0	1	2
I am nervous or tense	0	1	2	I have had a change in appetite	0	1	2
I am too fearful or anxious	0	1	2	I am afraid of doing things in front of others	0	1	2
I physically attack people	0	1	2	I am defiant and talk back to people	0	1	2
I run away from home	0	1	2	I am too concerned about being neat or clean	0	1	2
I set fires	0	1	2	I can't get my mind off certain thoughts	0	1	2
I steal things at home	0	1	2	I argue a lot with adults	0	1	2
I steal things from places other than home	0	1	2	I avoid school because of fear of separation from loved ones	0	1	2
I think about killing myself	0	1	2	I have trouble sleeping	0	1	2
I threaten to hurt people	0	1	2	I worry about doing better at things	0	1	2
I cut classes or skip school	0	1	2	I worry that something bad will happen to loved ones	0	1	2
I am unhappy, sad or depressed	0	1	2	I am easily annoyed by others	0	1	2
I worry a lot	0	1	2	I have mugged people	0	1	2
I am not as happy as other children	0	1	2	I feel nervous with people I don't know	0	1	2
I am easily distracted, have difficulty sticking to any activity	0	1	2	I am scared to go to sleep without my parents being near	0	1	2
I have trouble enjoying myself	0	1	2	I avoid social situations	0	1	2
I have difficulty awaiting my turn in games or groups	0	1	2	I have broken into someone else's house, building or car	0	1	2
I fidget	0	1	2	When anxious, I have disturbed sleep	0	1	2
I am afraid of being alone	0	1	2	I get back at people	0	1	2

	Never or Not True	Sometimes or Somewhat True	Often or Very True		Never or Not True	Sometimes or Somewhat True	Often or Very True
I have been physically cruel to others	0	1	2	I am shy	0	1	2
I am angry and resentful	0	1	2	I am afraid of making mistakes	0	1	2
I am anxious or on edge	0	1	2	I have nightmares about being separated from loved ones	0	1	2
I can't stay seated when required to do so	0	1	2	I stay out at night despite being told not to	0	1	2
I feel worthless or inferior	0	1	2	I make careless mistakes	0	1	2
I am moody or irritable	0	1	2	I find it hard to stop worrying	0	1	2
I don't like to be with people I don't know well	0	1	2	I feel overtired or lack energy	0	1	2

Skip Q22 if child checked 'Never or Not True' to all options.

22. The next questions are about the problems you marked above. Now or in the past 6 months , how much have these problems interfered with...	Not at all	A little	Some	A lot	Extremely
how well you get along with the rest of the family?	0	1	2	3	4
making and keeping friends?	0	1	2	3	4
learning or school work?	0	1	2	3	4
playing, hobbies, sports or other leisure activities?	0	1	2	3	4

23. During the **past 6 months**, do you think that you have had any emotional or behavioural problems?

01 Yes

02 No → Q26

24. During that time, did you tend to have more problems than other (boys/girls) of your age?

01 Yes

02 No

25. Do you think that you need or needed any professional help with these problems?

01 Yes

02 No

ABOUT SMOKING, DRINKING AND DRUGS

The next few questions are about smoking. Some of the questions will apply to you even if you have not smoked, had a drink or used drugs. Please be as honest as you can, your answers are private.

26. Have you tried or smoked cigarettes or cigars?

01 Yes I tried or smoked cigarettes or cigars in the past 6 months

02 Yes I tried or smoked cigarettes or cigars but NOT in the past 6 months → Question 29

03 No I have NEVER tried or smoked any cigarettes or cigars → Question 29

27. In the **past 6 months**, have you smoked every day for a month or longer?

01 Yes

02 No → Question 29

28. On average, how many cigarettes were you smoking a day during that period?

01 1-4 cigarettes

02 5-9 cigarettes

03 10 or more cigarettes

The next few questions are about drugs. Some of the questions will apply to you even if you have not used drugs, had a drink or used drugs. Please be as honest as you can, your answers are private.

29. Have you used cannabis or marijuana (pot/grass/hashish)?

01 Yes I used cannabis or marijuana in the past 6 months

02 Yes I used cannabis or marijuana but NOT in the past 6 months

03 No I have NEVER used cannabis or marijuana → Question 32

30. On average, how often do/did you use cannabis or marijuana (pot/grass/hashish)?

01 A Few times

02 About once or twice a month

03 About 1-2 days a week

04 About 3-5 days a week

05 About 6-7 days a week

31. How old were you the first time you used cannabis or marijuana (pot/grass/hashish)?

_____ Years old

The next questions are about drinking alcohol. A drink of alcohol is, for example: one bottle or beer, one glass of wine, or one shot of liquor.

32. In the **past 6 months**, how often did you drink alcohol – liquor (rum, whisky, etc.), wine beer, or coolers?

01 I had a sip of alcohol to see what it's like → Question 35

02 once a month or less → Question 35

03 2 or 3 times a month

04 Once a week

05 2 or 3 times a week

06 4 or 5 times a week

07 Almost every day – 6 or 7 times a week

08 Drank, but not in the past 6 months → Question 35

09 Never drank alcohol in lifetime → Question 35

33. How many times in the **past 4 weeks** have you had 5 or more drinks of alcohol on the same occasion?

00 Never

01 Once

02 2 times

03 3times

04 4 times

05 5 or more times

34. How many times in the **past 4 weeks** has drinking alcohol made you drunk (that is, you had so much to drink that you could not do what you wanted to do, or you threw up)?

- 00 Never
- 01 Once
- 02 2 times
- 03 3times
- 04 4 times
- 05 5 or more times

ABOUT YOUR FAMILY

These next questions are about your family. In the next questions, parents include guardians. They are the ones who live with you at home and influence your life.

35. During the **past 6 months**, how well have you gotten along with your **parent(s)**?

- 01 Very well, no problems
- 02 Quite well, hardly any problems
- 03 Pretty well, occasional problems
- 04 Not too well, frequent problems
- 05 Not well at all, constant problems

36. During the **past 6 months**, how well have you gotten along with your **brother(s) and sister(s)**?

- 01 Very well, no problems
- 02 Quite well, hardly any problems
- 03 Pretty well, occasional problems
- 04 Not too well, frequent problems
- 05 Not well at all, constant problems
- 06 Have no brothers or sisters

37. Please think about <<PMK name>>, your <<PMK’s relationship to youth>>. How closely do each of the following statements describe the way your <<PMK relationship>> has acted toward you during the **past 6 months**.

	Never	Rarely	Sometimes	Often	Always
My <<PMK>> enjoys doing things with me.	01	02	03	04	05
My <<PMK>> cheers me up when I am sad.	01	02	03	04	05
My <<PMK>> gives me a lot of care and attention	01	02	03	04	05
My <<PMK>> listens to my ideas and opinions.	01	02	03	04	05
My <<PMK>> speaks of the good things I do.	01	02	03	04	05
My <<PMK>> nags me about little things.	01	02	03	04	05
My <<PMK>> only keeps rules when it suits her/him.	01	02	03	04	05
My <<PMK>> get angry and yells at me.	01	02	03	04	05
My <<PMK>> threatens punishment more often than he/she uses it.	01	02	03	04	05
My <<PMK>> keeps a rule or does not keep a rule depending upon his/her mood.	01	02	03	04	05
My <<PMK>> says mean things to make me feel bad (e.g. sad, mad, guilty)	01	02	03	04	05

ABOUT YOUR SCHOOL

38. Since September 2014, have you attended school for at least one month?

01 Yes

02 No → Next section

39. Please indicate how much you agree or disagree with each statement.

	Strongly agree	Agree	Neither disagree nor agree	Disagree	Strongly disagree
I feel close to people at my school.	01	02	03	04	05
I feel like I belong at my school.	01	02	03	04	05
I am happy to be at my school.	01	02	03	04	05
The teachers at my school treat students fairly.	01	02	03	04	05
I feel safe in my school.	01	02	03	04	05

40. How well have you gotten along with your **teacher(s) at school** during the **past 6 months**?

01 Very well, no problems

02 Quite well, hardly any problems

03 Pretty well, occasional problems

04 Not too well, frequent problems

05 Not well at all, constant problems

06 I have not attended school in the past 6 months

41. Based on your school work and your most recent report card, how are you doing in the following subjects and overall?

	A (80-100)	B (70-79)	C (60-69)	D or lower (<60%)	
Language (reading, writing and oral communication)?	01	02	03	04	NA
Mathematics?	01	02	03	04	NA
On average across your subjects?	01	02	03	04	

42. How far in school do you think you will get?

01 Complete primary/elementary school (e.g. grade 8)

02 Go to high school, but not graduate

03 Graduate from high school

04 Get a diploma or certificate from trade, technical or vocational school or business college

05 Graduate from a community college, CEGEP (Quebec) or nursing school or other non-university certificate

06 Graduate from university

07 Graduate from law, medical or graduate school

DK

43. Since the beginning of the school year, how often have you taken part in the following **school-based** activities (other than in class)?

	Most days	A few times a week	About once a week	About once a month	Almost never
...played sports or done physical activities without a coach or an instructor (e.g., softball at lunch)?	01	02	03	04	05
...played sports with a coach or instructor, other than for gym class (e.g., school teams)?	01	02	03	04	05
...taken part in dance gymnastics, karate or other groups or lessons, other than in gym class?	01	02	03	04	05
...taken part in art, drama or music groups, clubs or lessons, outside of class?	01	02	03	04	05
...taken part in a school club or group such as yearbook club, photography club or student council?	01	02	03	04	05

44. Since the beginning of **this school year**, about how many times have you skipped a day of school without permission?

01 Never

02 1 or 2 times

03 3 or 4 times

04 5 or more times

DK

45. Since the beginning of **this school year**, how many times have you been suspended from school?

01 Never

02 1 or 2 times

03 3 or 4 times

04 5 or more times

DK

46. During **this school year**, how many times has any other student...

	Never	Once or twice this school year	Once or twice this month	Once or twice a week	Almost every day
Made fun of you, called you names, or insulted you?	01	02	03	04	05
Spread rumours about you?	01	02	03	04	05
Threatened you with harm?	01	02	03	04	05
Pushed you, shoved you, tripped you, or spit on you?	01	02	03	04	05
Tried to make you do things you did not want to do, for example, give them money or other things?	01	02	03	04	05
Excluded you from activities on purpose?	01	02	03	04	05
Destroyed your property on purpose?	01	02	03	04	05
Posted hurtful information about you on the Internet, for example, on social networking sites like Twitter or Facebook?	01	02	03	04	05

	Never	Once or twice this school year	Once or twice this month	Once or twice a week	Almost every day
Threatened or insulted you through email, instant messaging, text messaging, or an online game (e.g., Second life)?	01	02	03	04	05
Purposefully excluded you from an online community, for example, a buddy list or friends list?	01	02	03	04	05

47. During **this school year**, how many times has anyone called you an insulting or bad name at school having to do with your...

	Never	Once or twice this school year	Once or twice this month	Once or twice a week	Almost every day
Race, religion, ethnic background or national origin?	01	02	03	04	05
Any disability you may have – physical, mental or developmental disabilities?	01	02	03	04	05
Your sexual orientation – homosexual, bisexual, heterosexual or asexual?	01	02	03	04	05

48. Since the beginning of **this school year**, did you receive any individual or group counselling or any other help at school for concerns regarding your mental health? Remember mental health concerns refer to problems you might have with emotions, attention or behaviour or with alcohol or drugs.

01 Yes

02 No → Next section

DK

49. Overall, how would you rate the help you received?

01 Extremely helpful

02 Very helpful

03 Somewhat helpful

04 A little bit helpful

05 Not helpful

DK

ABOUT YOUR FRIENDS

The following questions ask about friendships.

50. About how many days a week do you do things with friends?

Never

1 day a week

2-3 days a week

4-5 days a week

6-7 days a week

51. About how many **close** friends do you have? By “close friends”, we mean people that you trust and confide in. They may be friends that you hang out with at school or outside school.

01 None

02 One

03 2 or 3

04 4 or 5

05 6 or more

52. **During the past 6 months**, how well have you gotten along with young people such as **friends** or **classmates**?

- 01 Very well, no problems
- 02 Quite well, hardly any problems
- 03 Pretty well, occasional problems
- 04 Not too well, frequent problems
- 05 Not well at all, constant problems

53. Think about your best friend. Is this person...

- 01 Male?
- 02 Female?
- 03 I don't have a best friend → 57.b

54. How long has this person been your best friend?

- 01 Less than 1 month
- 02 1 to 3 months
- 03 4-12 months
- 04 more than 12 months
- DK

55. About how many days a week do you hang out with this person outside of school, extracurricular activities, or a job?

- 01 0
- 02 1-2
- 03 3-4
- 04 More than 4

56. The statements below describe friendships. Please mark how much each statement describes your friendship with your **best friend**.

	False	Mostly false	Sometimes false/ Sometimes true	Mostly true	True
I can trust and rely upon my friend.	1	2	3	4	5
If other kids were bothering me my friend would help me.	1	2	3	4	5
If I have a problem at home or at school, I can talk to my friend about it.	1	2	3	4	5
I very often count on my friend for help and comfort.	1	2	3	4	5
If somebody tried to say or do mean things to me, my friend could help me.	1	2	3	4	5
If there is something bothering me, I can tell my friend about it even if it is something I cannot tell other people.	1	2	3	4	5
Even if other people stopped liking me, my friend would still be my friend.	1	2	3	4	5
My friend would stick up for me if another kid was causing trouble.	1	2	3	4	5

57.a Other than your best friend, do you have anyone else you can talk to about yourself or your problems?

- 01 Yes → Q58
- 02 No → Q59

57.b. Do you have anyone you can talk to about yourself or your problems?

- 01 Yes
- 02 No → Q59

58. What is their relationship to you? (Mark everyone you feel you can talk to about yourself or your problems)

- 01 Mother
- 02 Father
- 03 Stepmother
- 04 Stepfather
- 05 Brother
- 06 Sister
- 07 Grandparent
- 08 Other relative
- 09 A friend of the family
- 10 Parent's boyfriend/girlfriend
- 11 Teacher/Counsellor at school
- 12 Coach or leader (e.g. Scout, Guide or church leader)
- 13 Other (e.g. family doctor)
- DK

59. The following stories are about things that might happen to you at school. All of the characters in these stories are BOYS/GIRLS IN YOUR GRADE. These boys/girls are in your class, and you see them around, but you don't know them very well. They are not your friends. Below each story is a list of things that you might say or do if that situation really happened. Read each story and pretend that it is ACTUALLY happening to you. Then, fill in the circle next to everything you would really say or do. It's okay to pick more than one response.

a. You have just started walking home after school is over. You can see other students and teachers leaving for the day as well. You see a boy/girl in your class walking quickly towards you. The boy/girl looks really angry. He/she walks right up to you, and before you can say anything, he/she shoves you.

What would you do or say if this happened to you? Please check the circle next to everything that you would really do or say.

- Say "What's wrong with you?"
- Tell the teacher what he/she did.
- Tell all of my friends what he/she did so that they'll be mad at him/her.
- Never speak to him/her again.
- Say "What did you do that for?"
- Say something rude to him/her.
- Say "You should apologize."
- Shove him/her back.
- Not do anything and walk away.

b. You are on your way back to class after picking up something at the office for your teacher. You are just about to walk back into your classroom when you hear two boys/girls standing together at the back of the room, talking about you. You hear one boy/girl tell a story about something really mean that you did to him/her yesterday. You know you did not actually do what the boy/girl said. The other person is really shocked, and says that what you did was terrible, and that he/she is surprised that anyone wanted to be friends with you.

What would you do or say if this happened to you? Please check the circle next to everything that you would really do or say.

- Say "That's not true."
- Tell lies about him/her.
- Would never speak to him/her again.
- Tell the teacher that he/she said things about me that aren't true.
- Yell at him/her.
- Go right up to him/her and shove him/her.
- Say "Why are you saying that?"
- Say nothing and walk away.
- Say "What's wrong with you?"

c. School has just ended for the day. You are standing by yourself waiting for the bus in the rain. There are some other students and a couple of teachers nearby. You are wearing a new pair of shoes that you just bought. You saved up for weeks to buy them because you liked them so much. As you wait, a boy/girl in your class comes over to you. He/she looks at your shoes, starts to laugh and says "Did you actually pay money for those?" What would you do or say if this happened to you? Please check the circle next to everything that you would really do or say.

- Say "Shut up."
- Say "I like these shoes."
- Not say or do anything.
- Say "Why are you being so mean?"
- Tell the teacher he/she made fun of me.
- Push him/her.
- Make fun of his/her clothes to other kids.
- Say "Why are you making fun of me?"
- Wouldn't speak to him/her ever again.

Thank you for completing this questionnaire.