



**2014 Ontario
Child Health
Study**

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

**Adolescent
Questionnaire
(Ages 14-17)**

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. The following questions are about your eating behaviours in the **PAST 4 WEEKS**. Please select the response that best describes your behaviours in the **PAST 4 WEEKS**. If you can't remember exactly how often you did something, that's ok, just give an answer as close as possible to what you think you did.

In the past 4 weeks :	Never	A few times in the last 4 weeks	Once a week	2 to 4 times every week	Almost every day
How often did you eat in secret? Eating in secret is when you eat at certain times or places, so that no one can see you eating or no one knows you are eating (One example is eating in a bathroom).	01	02	03	04	05
How often did you avoid eating or refuse to eat?	01	02	03	04	05
How often did you take laxatives? Laxatives are foods or pills that make you have to go to the bathroom.	01	02	03	04	05
How often did you tell other people (like your parents, for example) that you had already eaten when you really had not?	01	02	03	04	05
How often did you stuff yourself with food and feel like you could not stop?	01	02	03	04	05
How often did you skip 2 or more meals a day by choice?	01	02	03	04	05
How often did you vomit (throw up) on purpose after eating?	01	02	03	04	05

20. Next are some questions about your diet. When answering these questions, please think about how many **times** rather than how many portions. During the **past 24 hours**, how many times did you...

	0	1	2	3	4	5 or more
Eat fast food (such as Taco Bell, McDonalds, KFC, Tim Hortons)?	00	01	02	03	04	05
Drink milk or eat yoghurt in any form, including in cereal?	00	01	02	03	04	05
Drink a glass or can of sweetened soda (like Coke or Pepsi), a sports drink, or other sweetened soft drink (like Snapple)?	00	01	02	03	04	05
Drink 100% fruit juices, such as orange, apple or grape? (Do not count punch, Kool-Aid, sports drinks (such as Gatorade), and fruit flavored drinks.)	00	01	02	03	04	05
Eat french fries, potato chips, or other fried potatoes?	00	01	02	03	04	05
Eat raw or whole fruit? (Do not count fruit juice.)	00	01	02	03	04	05
Eat vegetables? (like green salads, green beans, carrots, or potatoes that are not fried)	00	01	02	03	04	05

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

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

23. 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

	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 my own things	0	1	2	I get anxious about meeting new people	0	1	2
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

	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 am afraid of being alone	0	1	2	I get back at people	0	1	2
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 Q24 if child checked 'Never or Not True' to all options.

24. 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

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

01 Yes

02 No → Q28

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

01 Yes

02 No

27. 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.

28. 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 → Q31

03 No I have NEVER tried or smoked any cigarettes or cigars → Q31

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

- 01 Yes
- 02 No → Q31

30. 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. Please be as honest as you can. Your answers are private.

31. 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 → Q34
- 03 No I have NEVER used cannabis or marijuana → Q34

32. 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

33. 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.

34. 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 37
- 02 once a month or less → Question 37
- 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 37
- 09 Never drank alcohol in lifetime → Question 37

35. 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

36. 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 3 times
- 04 4 times
- 05 5 or more times

The next few questions ask about use of different types of prescription and illicit drugs. Some questions may not apply to you, but please be as honest as you can. Your answers are private.

37. Have you used any of the following drugs in the past six months?

- 01 Hallucinogens (like LSD, acid, magic mushrooms, "mesc" or PCP ("Angel Dust"), etc.)
- 02 Glue or solvents (such as paint thinner, gasoline, etc.)
- 03 Drugs without a prescription or advice from a doctor: downers (seconal, Amytal, etc.); stimulants ("uppers", "Beans", "Christmas Trees", "Black Beauties", diet pills, etc.); tranquilizers (Valium, Librium, Serax, "5/10s", etc.)
- 04 Other drugs like ecstasy, crack, cocaine, heroin or speed
- 05 None

38. In the past six months, how often did you use pain relief pills (such as Percocet, Percodan, Tylenol#3, Demerol, Oxyneo, Oxycontin, codeine) without a prescription or without a doctor telling you to take them? (We do not mean regular Tylenol, Advil, or Aspirin that anyone can buy in a drugstore.)

- 01 1 or 2 times
- 02 3 to 5 times
- 03 6 to 9 times
- 04 10 or more times
- 05 Used without a prescription but not in the past six months
- 06 Never used without a prescription in lifetime
- 07 Don't know what these pain relief pills are

39. In the past six months, how often did you use medicine that is usually used to help students who are hyperactive or have problems concentrating in school (e.g., medicine to treat a problem called attention deficit hyperactivity disorder such as Ritalin, Concerta, Adderall, Dexedrine) without a prescription or without a doctor telling you to take it?

- 01 1 or 2 times
- 02 3 to 5 times
- 03 6 to 9 times
- 04 10 or more times
- 05 Used without a prescription but not in the last six months
- 06 Never used without a prescription in lifetime
- 07 Don't know what this medicine is

40. In the **past 6 months**, Have you used STEROIDS, body builders/performance builders (e.g., testosterone and other androgens, durabolin, growth hormones, etc.) to increase your performance in some sport or activity, or to change your physical appearance?

- 01 Yes
- 02 No

ABOUT SAFETY

The following questions ask about safety and taking risks.

41. How often do you wear a seat belt when **riding** in a car driven by someone else?

- 01 Never
- 02 Rarely
- 03 Sometimes
- 04 Most of the time
- 05 Always

42. During the **past 4 weeks** how many times did you **ride** in a car or other vehicle **driven by someone who had been drinking alcohol or using drugs?**

- 01 I did not ride in a car in the past 4 weeks
- 02 0 times
- 03 1 time
- 04 2 or 3 times
- 05 4 or more times

(Only for respondents age 16+)

43. Do you have a driver's license?

- 01 Yes, a level one graduated license (G1)
- 02 Yes, a level two graduated license (G2)
- 03 Yes, a full graduated license (G)
- 04 No, I do not have a driver's license

(Only for respondents age 16+)

44. Did you ever take or are you currently taking a driver's education course with both in-class and on-road training?

- 01 No
- 02 Yes, I am currently taking a course
- 03 Yes, I have already taken a course

45. **During the past 4 weeks**, how many times did you **drive** a car or other vehicle **when you had been drinking alcohol or using drugs?**

- 01 I did not drive a car or other vehicle during the past 4 weeks
- 02 0 times
- 03 1 time
- 04 2 or 3 times
- 05 4 or more times

46. **During the past 4 weeks**, on how many days did you **text or e-mail** while **driving** a car or other vehicle?

- 01 I did not drive a car or other vehicle during the past 4 weeks
- 02 0 days
- 03 1 or 2 days
- 04 3 to 5 days
- 05 6 or more days

(Only for respondents age 16+)

47. **In the past 12 months**, how many times were you in a car accident involving any kind of injury to you or to another person, or damage to the vehicle, while **you were driving?**

- 01 Never
- 02 Once
- 03 2 times
- 04 3 or more times

48. **In the past 12 months**, have you ever driven a snowmobile, motor boat, Sea-doo, or all-terrain vehicle (ATV) when you had been drinking alcohol or using drugs?

01 Did not drive a snowmobile, motor boat, Sea-doo, or ATV in the past 12 months

02 Yes

03 No

ABOUT DATING & SEXUAL HEALTH

49. Have you ever had consensual sexual intercourse – sexual intercourse that you agreed to, as opposed to an experience that you were forced into against your will?

01 Yes

02 No → Question 66

50. How old were you when you first had consensual sexual intercourse?

____ Years

DK

51. The first time you had consensual sexual intercourse, did you or your partner use a condom?

01 Yes

02 No

52. How many different consensual sexual partners have you ever had?

____ Different partners

53. In the past 12 months, have you had consensual sexual intercourse?

01 Yes

02 No → Question 55

54. What kinds of birth control or protection against sexually transmitted diseases do you and/or your partner use?

Mark all that apply.

01 Condoms

02 Birth control pills

03 Birth control injection (e.g., Depo-Provera, 'the shot')

04 Diaphragm

05 Spermicide (e.g., foam, jelly, film)

06 Withdrawal (pull-out)

07 Emergency contraception ('the morning after pill', 'Plan B')

08 Other

09 None

55. Have you ever been told (by a doctor or nurse) that you have a sexually transmitted infection (STI/STD)?

01 Yes

02 No

56. Have you ever sent sexual pictures of yourself to someone else over the internet or by text (e.g. "sexting")?

01 No, never

02 Yes, more than 12 months ago

03 Yes, once in the past 12 months

04 Yes, more than once in the past 12 months

57. Has someone ever sent you sexual pictures of themselves either online or by cell phone message?

01 No, never

02 Yes, more than 12 months ago

03 Yes, once in the past 12 months

04 Yes, more than once in the past 12 months

58. Has someone you were dating or going out with ever physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)

- 01 No, never
- 02 Yes, more than 12 months ago
- 03 Yes, once in the past 12 months
- 04 Yes, more than once in the past 12 months

59. Has someone you were dating or going out with ever forced you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)

- 01 No, never
- 02 Yes, more than 12 months ago
- 03 Yes, once in the past 12 months
- 04 Yes, more than once in the past 12 months

Some of the following questions might be hard for you to answer. If you feel like you need support, we encourage you to talk to your family doctor or nurse, or use the resource sheet provided to you by the interviewer.

60. Sometimes people deliberately harm themselves but they do not mean to take their life. In the **past 12 months**, did you ever deliberately harm yourself but not mean to take your life?

- 01 Yes → Question 62
- 02 No

61. In the **past 12 months**, did you ever visit an internet website which described different ways to harm yourself?

- 01 Yes → Question 67
- 02 No → Question 67

62. In the **past 12 months**, how many times did you actually harm yourself but not mean to take your life?

- 01 Once
- 02 More than once

63. Which of the following behaviours best describe what you did **most recently** to harm yourself?

	Yes	No
Self-cutting or scratching	01	02
Hitting yourself	01	02
Burning yourself	01	02
Ingesting a medication in excess of the prescribed dose or generally recognized therapeutic dose	01	02
Ingesting a recreational or illicit drug or alcohol as a means to harm yourself	01	02
Ingesting a non-digestible substance or object	01	02
Something else	01	02

64. In the **past 12 months**, did you **tell any of the following people** that you harmed yourself?

	yes	no
Parent or other family member	01	02
Friend or partner	01	02
Teacher or other adult at school	01	02
Doctor, nurse or mental health professional (e.g., psychologist, social worker, counsellor)	01	02
Someone on a phone helpline or crisis hotline	01	02
Someone on the Internet	01	02
A minister, priest, rabbi, Imam, or other spiritual leader	01	02
Naturopath, herbalist or alternative practitioner	01	02
I told someone else	01	02

65. In the **past 12 months**, did you ever look for help on the internet to stop harming yourself?

01 Yes

02 No

66. In the **past 12 months**, did you ever visit an internet website which described different ways to harm yourself?

01 Yes

02 No

67. In the **past 12 months**, did any of your friends deliberately harm themselves but not mean to take their life?

01 Yes

02 No

DK

68. In the **past 12 months**, did you ever **seriously** consider taking your own life or killing yourself?

01 Yes

02 No → Question 74

69. In the **past 12 months**, did you ever **tell any of the following people** that you were seriously considering taking your own life or killing yourself?

	yes	no
Parent or other family member	01	02
Friend or partner	01	02
Teacher or other adult at school	01	02
Doctor, nurse or mental health professional (e.g., psychologist, social worker, counsellor)	01	02
Someone on a phone helpline or crisis hotline	01	02
Someone on the Internet	01	02
A minister, priest, rabbi, Imam, or other spiritual leader	01	02
Naturopath, herbalist or alternative practitioner	01	02
I told someone else	01	02

70. In the **past 12 months**, did you ever look for help on the internet for ways to stop thinking about taking your own life?

01 Yes

02 No

71. In the **past 12 months**, did you ever visit an internet website which described different ways to take your own life or kill yourself?

01 Yes

02 No

72. In the **past 12 months**, did you make a plan about how you would take your own life or kill yourself?

01 Yes

02 No

73. How many times did you actually try to take your own life or kill yourself?

01 Never

02 Once

03 More than once

74. Has anyone that you know personally died by suicide?

01 Yes, within the last year

02 Yes, more than a year ago

03 No, never

75. Has anyone in your school died by suicide?

01 Yes, within the last year

02 Yes, more than a year ago

03 No, never

04 I don't know

76. A lot of young people have had stressful or traumatic experiences in **their life-time**. Have you **ever** had any of the following experiences?

	Yes	No	DK
Head injury with loss of consciousness?	01	02	03
Head injury with symptoms of concussion such as headache, feeling dizzy, faint or disoriented?	01	02	03
Burn or poisoning requiring admission to hospital?	01	02	03
Serious accident requiring admission to hospital?	01	02	03
Death of a parent or sibling?	01	02	03
Separation or divorce of a parent?	01	02	03
Painful break-up with a boyfriend/girlfriend?	01	02	03
Pregnancy or abortion?	01	02	03
Telling others you were gay, lesbian, bisexual or transgender	01	02	03
Seeing or speaking to someone from a child protection agency about difficulties at home?	01	02	03
Being placed in care overnight at a foster home or group home by the Children's Aid Society?	01	02	03
Being in trouble with the law?	01	02	03
Been arrested by the police?	01	02	03
Gone to Juvenile Court for something you might have done?	01	02	03
Been in a detention centre/prison or jail for something you might have done?	01	02	03
Been an overnight patient in a hospital or other setting for problems with your emotions, attention or behaviours or use of drugs or alcohol?	01	02	03

The next few questions are about things that may have happened to you in your school, in your neighbourhood, or in your family **at any time while growing up**. Your responses are important whether or not you have had any of these experiences. Remember that all information provided is strictly confidential.

77. How many times did an adult...

	Never	1 or 2 times	3 to 5 times	6 to 10 times	More than 10 times
slap you on the face, head or ears or hit or spank you with something hard to hurt you?	01	02	03	04	05
push, grab, shove or throw something at you to hurt you?	01	02	03	04	05
kick, bite, punch, choke, burn you, or physically attack you in some way?	01	02	03	04	05
force you or attempt to force you into any unwanted sexual activity, by threatening you, holding you down or hurting you in some way?	01	02	03	04	05
touch you against your will in any sexual way? By this, I mean anything from unwanted touching or grabbing, to kissing or fondling.	01	02	03	04	05

78. **In the past 6 months**, did you see or talk to anyone from the following places about any concerns you may have had about your mental health? What about in...

	Yes	No	DK
A family doctor or paediatrician's office	01	02	03
A walk-in clinic	01	02	03
An urgent care clinic or emergency room	01	02	03
A regular or general hospital	01	02	03

<<if the adolescent marked yes to any of the above, pls ask the following question. Otherwise go to Q80. >>

79. To what extent do you feel that the response(s) of the people at this place/or these places to your mental health concerns (was/were) helpful?

01 Extremely helpful

02 Very helpful

03 Somewhat helpful

04 A little bit helpful

05 Not at all helpful

80. **In the past 6 months**, did you see or talk to anyone from any agency that provides mental health or addiction services for children or adolescents?

01 Yes

02 No

DK

<<if the adolescent marked yes to any of the above qs, pls ask the following question. Otherwise go to Q82 >>

81. To what extent do you feel that the response(s) of the people at this place/or these places to your mental health concerns (was/were) helpful?

- 01 Extremely helpful
- 02 Very helpful
- 03 Somewhat helpful
- 04 A little bit helpful
- 05 Not at all helpful

82. **In the past 6 months**, have you seen a psychiatrist, a psychologist, a social worker or some other type of counsellor because of concerns about your mental health? Please include any providers you would have seen inside or outside the places mentioned above.

- 1. Yes
- 2. No
- DK

<<if the adolescent marked yes, pls ask the following question. Otherwise go to Q84 >>

83. To what extent do you feel that the response(s) of this person/people to your mental health concerns (was/were) helpful?

- 01 Extremely helpful
- 02 Very helpful
- 03 Somewhat helpful
- 04 A little bit helpful
- 05 Not at all helpful

The next questions ask about sources of help and information you may turn to, other than seeking professional help.

82. In the **past 6 months**, have you obtained help or advice from the following people or places due to 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.

	Yes	No
Parent or other family member	01	02
Friend or partner	01	02
Teacher or other adult at school	01	02
Phone helpline or crisis hotline	01	02
Internet	01	02
A minister, priest, rabbi, Imam, or other spiritual leader	01	02
Naturopath, herbalist or alternative practitioner	01	02
Some other person or place	01	02

84. In the **past 6 months** was there ever a time when you felt you might need professional help for mental health concerns but you did **not** seek help?

- 01 Yes
- 02 No → Q86

85. What was the **main** reason you did **not** seek help?

- 01 I thought I could manage it myself
- 02 I didn't know where to get help
- 03 I never got around to it (e.g., too busy)
- 04 It would have been too hard to schedule
- 05 I tried but the wait was too long
- 06 I didn't think professional help would do any good
- 07 It was going to cost too much

- 08 Getting there was a problem
 09 I was afraid of what others would think of me
 10 My parent refused to go
 11 Other specify

<<if more than 1 reason, ask>> What was the main reason you did not seek help?

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.

86. 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

87. 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

88. 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

The next few questions are about things that may have happened to you **at any time while growing up**. Your responses are important whether or not you have had any of these experiences. Remember that all information provided is strictly confidential.

89. Think about **your parents and other adult caregivers**. How many times ...

	Never	1 or 2 times	3 to 5 times	6 to 10 times	More than 10 times
did they spank you with their hand on your bottom (bum), or slap you on your hand?	01	02	03	04	05
did they say things that really hurt your feelings or made you feel like you were not wanted or loved?	01	02	03	04	05
did they not take care of your basic needs, such as keeping you clean or providing food or clothing					
did you see or hear any of them say hurtful or mean things to each other or to another adult in your home?	01	02	03	04	05
did you see or hear any one of them hit each other or another adult in your home?	01	02	03	04	05

ABOUT YOUR SCHOOL

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

01 Yes

02 No → Next section

91. 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

912 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

93. 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	

94. 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

95. 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

96. 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

97. 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

98. 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
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

99. 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

100. 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 → Question 102

DK

101. 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

102. If you felt that you needed help for concerns regarding your mental health, would you see or speak to a school social worker, psychologist, nurse, teacher or other staff person at the school about these problems?

01 Yes → Q104

02 No

DK

103. Why would you not see or speak to someone from school if you needed help for concerns with your mental health?

	Yes	No	DK
a. Concern about what others would think of me	01	02	03
b. Lack of trust in these people – word would get out	01	02	03
c. Prefer to handle the problem myself	01	02	03
d. Don't think these people would be able to help	01	02	03
e. Wouldn't know who to approach	01	02	03
f. It would be too embarrassing	01	02	03

ABOUT YOUR FRIENDS

The following questions ask about friendships.

104. 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

105. 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

106. **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

107. Which group or groups best describe the racial or cultural background of your friends?

	Yes	No	DK
White	01	02	03
East Asian (e.g., Chinese, Japanese, Korean)	01	02	03
Southeast Asian (e.g., Burmese, Filipino, Vietnamese, Thai)	01	02	03
South Asian (e.g., Afghan, Bangladeshi, Indian, Pakistani, Sri Lankan)	01	02	03
West Asian (e.g., Iraqi, Syrian, Lebanese)	01	02	03
Arabic	01	02	03
Black	01	02	03
Latin American	01	02	03
Aboriginal/Native (e.g., North American Indian, Métis, or Inuit/Eskimo)	01	02	03

108. Which racial or cultural groups describe you the best?

	Yes	No	DK
White	01	02	03
East Asian (e.g., Chinese, Japanese, Korean)	01	02	03
Southeast Asian (e.g., Burmese, Filipino, Vietnamese, Thai)	01	02	03
South Asian (e.g., Afghan, Bangladeshi, Indian, Pakistani, Sri Lankan)	01	02	03
West Asian (e.g., Iraqi, Syrian, Lebanese)	01	02	03
Arabic	01	02	03
Black	01	02	03
Latin American	01	02	03
Aboriginal/Native (e.g., North American Indian, Métis, or Inuit/Eskimo)	01	02	03

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

01 Male?

02 Female?

03 I don't have a best friend → Q113b

110. 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

111. 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

112. 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

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

01 Yes → Q114

02 No → Q115

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

01 Yes

02 No → Q115

114. 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

ABOUT WORK

115. In the **past 12 months**, have you volunteered or helped without pay (excluding chores around the house and 20 hours community service required at school) by

	Yes	No
Supporting a cause (such as a food bank, environmental group, political group)?	01	02
Fund raising (for example, for a charity)?	01	02
Helping in your community (for example, hospital volunteering, work in a community organization or coaching)?	01	02
Helping neighbours or relatives (for example, cutting grass, babysitting or shovelling snow)?	01	02
Doing another volunteer activity?	01	02

116. Are you currently doing any paid or unpaid work? (For example, work in your family's business or farm, a co-op program or work placement organized by your school, odd jobs, or at a job or business for pay (or profit) such as working at a store or restaurant, or running your own business).

01 Yes

02 No → End

117. Now think of **all the jobs you do in an average school week**. How many hours in total do you usually work? Monday to Friday?

____Hours

Saturday and Sunday?

____Hours

Thank you for completing this questionnaire.