



Centre for Addiction and Mental Health  
Centre de toxicomanie et de santé mentale



Institute for Social Research  
York University



University of Toronto

# 2009 STUDENT SURVEY

THIS IS NOT A TEST. These questions are to find out what students, like yourself, know about alcohol and other drugs (for example, tobacco, cannabis, cocaine, hallucinogens, heroin and medical drugs), and how you feel about alcohol and other drugs. **There is no assumption that students who answer the survey have ever used alcohol or other drugs.** These questions also ask about your general health and how you are feeling.

Do NOT put your name on this survey. The information you give will be kept completely secret and confidential. Therefore, we ask you to be completely honest and accurate when you answer the questions. If you do not want to answer a question, leave it blank. Also, you may withdraw from the survey at any time.

THANK YOU VERY MUCH FOR YOUR HELP.

## **INSTRUCTIONS FOR COMPLETING THIS QUESTIONNAIRE**

Most questions are followed by a list of answers. Please choose the answer that is right for you and indicate your choice in one of the boxes to the left.

FOR EXAMPLE:

**Which of the following best describes the reason you have chosen your subjects while in school?**

- 1  I will need them to go further in school
- 2  They will help me get the sort of job I want later on
- 3  I like them and find them interesting
- 4  I am good at them
- 5  My friends will be taking them

**BEFORE STARTING TO ANSWER THIS SURVEY, PLEASE INDICATE THE CURRENT TIME.**

\_\_\_ \_\_\_ : \_\_\_ \_\_\_ (For example, 10:05)

**THE FIRST FEW QUESTIONS ARE ABOUT YOUR BACKGROUND, YOUR SCHOOL, AND HOW YOU SPEND YOUR TIME.**

**1. How old are you?**

- 10  10 years of age or younger
- 11  11 years
- 12  12 years
- 13  13 years
- 14  14 years
- 15  15 years
- 16  16 years
- 17  17 years
- 18  18 years
- 19  19 years
- 20  20 years or older

**2. Are you male or female?**

- 1  Male
- 2  Female

**3. What grade are you in?**

- 06  Grade 6
- 07  Grade 7
- 08  Grade 8
- 09  Grade 9
- 10  Grade 10
- 11  Grade 11
- 12  Grade 12

**4. Not everyone lives with both parents in one home. Some people spend part of their time in one home, and the other part of their time in another home.**

**Please choose one of the following statements that best describes your living situation.**

- 1  I live in one home only
- 2  I split my time between 2 or more homes

**5. Which of the following adults do you live with in your main home? (Please CHECK ALL THAT APPLY.)**

- 1  Natural mother
- 1  Stepmother
- 1  Adoptive mother
- 1  Natural father
- 1  Stepfather
- 1  Adoptive father
- 1  Grandparent(s)
- 1  Other adult relative(s)
- 1  Foster parent(s)
- 1  Others
- 1  I live alone

**5a. During the LAST 5 YEARS, how many times have you moved to a different home?**

- 1  Never
- 2  Once
- 3  2 or 3 times
- 4  4 or 5 times
- 5  6 to 9 times
- 6  10 or more times

**6. Were you born in Canada?**

- 1  Yes
- 2  No

**7. On average, what marks do you usually get in school?**

- 1  A – (80% - 100%)
- 2  B – (67% - 79%)
- 3  C – (60% - 66%)
- 4  D – (50% - 59%)
- 5  Less than D – (below 50%)

**8. Not everyone expects to go as far in school as they would like. How likely is it that you will graduate from high school?**

- 1  Not at all likely
- 2  Not very likely
- 3  Fairly likely
- 4  Very likely

**8a. Compared to other students in your school, how would you rate the grades that you get?**

- 1  Far below the average
- 2  Below average
- 3  Slightly below average
- 4  Average
- 5  Slightly above average
- 6  Above average
- 7  Far above average

**8b. On average, how much time do you spend doing homework each week outside of school?**

- 1  No homework at all
- 2  Less than 1 hour per week
- 3  About 1 to 2 hours per week
- 4  About 3 to 4 hours per week
- 5  About 5 to 6 hours per week
- 6  About 7 or more hours per week

**8c.** Some people like school very much while others don't. How do you feel about going to school?

- 1  I like school very much
- 2  I like school quite a lot
- 3  I like school to some degree
- 4  I don't like school very much
- 5  I don't like school at all

**9.** At school, how worried are you that someone will harm you, threaten you, or take something from you?

- 1  Very worried
- 2  Somewhat worried
- 3  Not very worried
- 4  Not at all worried

**FOR THE NEXT FIVE QUESTIONS, PLEASE TELL US WHETHER YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENTS.**

**10.** I feel safe in my school.

- 1  Strongly agree
- 2  Somewhat agree
- 3  Somewhat disagree
- 4  Strongly disagree

**11.** I feel close to people at this school.

- 1  Strongly agree
- 2  Somewhat agree
- 3  Somewhat disagree
- 4  Strongly disagree

**12.** I feel like I am part of this school.

- 1  Strongly agree
- 2  Somewhat agree
- 3  Somewhat disagree
- 4  Strongly disagree

**13.** Most teachers in my school are excellent.

- 1  Strongly agree
- 2  Somewhat agree
- 3  Somewhat disagree
- 4  Strongly disagree

**14.** Most classes offered in my school are challenging.

- 1  Strongly agree
- 2  Somewhat agree
- 3  Somewhat disagree
- 4  Strongly disagree

**15.** During the LAST 4 WEEKS (that is, during the last 20 school days), how often have you gone to school, but skipped a class when you weren't supposed to?

- 1  Never skipped a class
- 2  Not in the last 4 weeks
- 3  1 or 2 times
- 4  3 to 5 times
- 5  6 to 10 times
- 6  11 to 20 times
- 7  More than 20 times

**15a.** In the LAST 4 WEEKS (that is, during the last 20 school days), how many days of school did you miss because of your health?

I missed \_\_\_\_\_ days of school during the last 4 weeks because of my health. (Write '0' if you missed no days.)

**15b.** Since September, how many times have you been suspended from school?

\_\_\_\_\_ times (Write '0' if you have not been suspended since September.)

**15c.** During the LAST 5 YEARS, how many times have you changed schools? (Do not include changing from elementary or middle school to high school.)

- 1  Never
- 2  Once
- 3  2 times
- 4  3 times
- 5  4 or more times

**15d.** On average, on how many days in a SCHOOL WEEK do you spend on organized activities in your free time, such as school sports, clubs, music lessons, Scouts, Guides, volunteering, etc.?

- 0  None
- 1  1 day a week
- 2  2 days a week
- 3  3 days a week
- 4  4 days a week
- 5  5 days a week

**16.** On average, how many HOURS A WEEK do you spend working for pay outside the home, during the school year?

- 1  5 hours or less a week
- 2  6 to 10 hours a week
- 3  11 to 15 hours a week
- 4  16 to 20 hours a week
- 5  More than 20 hours a week
- 6  Don't work for pay outside the home

**17. What language do you usually speak at home?**

- 1  English
- 2  French
- 3  English and French
- 4  English and Other
- 5  French and Other
- 6  Other

**18. Including stepbrothers and stepsisters, how many brothers and sisters do you have, in total?**

\_\_\_\_\_ brothers/sisters (Write in '0' if you have none.)

**19. How many cars, trucks or SUVs does your family have? (Do not count motorcycles.)**

- 1  None
- 2  1
- 3  2 or more

**20. How many personal computers (PCs) does your family have at home?**

- 1  None
- 2  1
- 3  2 or more

**21. Were your parents born in Canada?**

- 1  Both parents were born in Canada
- 2  One parent
- 3  Neither parent

**22. How far did your father go in school? (If you have 2 fathers, think about the father you feel closest to.)**

- 1  Graduated university
- 2  Attended university
- 3  Graduated college
- 4  Attended college
- 5  Graduated high school
- 6  Attended high school
- 7  Did not attend high school
- 8  Don't know
- 9  No father

**23. How far did your mother go in school? (If you have 2 mothers, think about the mother you feel closest to.)**

- 1  Graduated university
- 2  Attended university
- 3  Graduated college
- 4  Attended college
- 5  Graduated high school
- 6  Attended high school
- 7  Did not attend high school
- 8  Don't know
- 9  No mother

**24. How well would you say you are getting along with your mother? (If you have 2 mothers, think about the mother you feel closest to.)**

- 1  I am getting along very well with my mother
- 2  I am getting along OK with my mother
- 3  I am not getting along well with my mother
- 4  No mother

**25. How well would you say you are getting along with your father? (If you have 2 fathers, think about the father you feel closest to.)**

- 1  I am getting along very well with my father
- 2  I am getting along OK with my father
- 3  I am not getting along well with my father
- 4  No father

**26. When you have problems, how often do you talk to your mother about them? (If you have 2 mothers, think about the mother you feel closest to.)**

- 1  Always
- 2  Usually
- 3  Sometimes
- 4  Rarely
- 5  Never
- 6  No mother

**27. When you have problems, how often do you talk to your father about them? (If you have 2 fathers, think about the father you feel closest to.)**

- 1  Always
- 2  Usually
- 3  Sometimes
- 4  Rarely
- 5  Never
- 6  No father

**28. In your free time away from home, how often does at least one of your parents know where you are?**

- 1  Always
- 2  Usually
- 3  Sometimes
- 4  Rarely
- 5  Never

**THE NEXT SECTION IS ABOUT ALCOHOL AND OTHER DRUGS. PLEASE ANSWER ALL QUESTIONS EVEN IF YOU HAVE NEVER TRIED THESE DRUGS.**

**29.** In the **LAST 12 MONTHS**, how often did you smoke **CIGARETTES**?

- 01  Smoked a few puffs to a whole cigarette in the last 12 months
- 02  Smoked more than one cigarette, but not every day
- 03  1 or 2 cigarettes a day
- 04  3 to 5 cigarettes a day
- 05  6 to 10 cigarettes a day
- 06  11 to 15 cigarettes a day
- 07  16 to 20 cigarettes a day
- 08  More than 20 cigarettes a day
- 09  Smoked, but not in the last 12 months
- 10  Never smoked cigarettes in lifetime

**30.** Which of the following statements best describes your use of cigarettes **IN YOUR LIFETIME**?

- 1  Never had a cigarette, not even one puff in my life
- 2  Smoked from a few puffs to a whole cigarette in my life
- 3  Only 2 to 3 cigarettes in my life
- 4  More than 3, but fewer than 100 cigarettes in my life
- 5  100 or more cigarettes in my life, but none in the last month
- 6  100 or more cigarettes in my life and some during the last month, but not every day
- 7  100 or more cigarettes in my life and at least 1 cigarette every day during the last month

**31.** In the **LAST 12 MONTHS**, how often did you drink **ALCOHOL** — liquor (rum, whiskey, etc.), wine, beer, coolers?

- 01  Drank only at special events (for example, Christmas or at weddings)
- 02  Had a sip of alcohol to see what it's like
- 03  Once a month or less often
- 04  2 or 3 times a month
- 05  Once a week
- 06  2 or 3 times a week
- 07  4 or 5 times a week
- 08  Almost every day - 6 or 7 times a week
- 09  Drank, but not in the last 12 months
- 10  Never drank alcohol in lifetime

**32.** In the **LAST 12 MONTHS**, how often did you use **CANNABIS** (also known as marijuana, "weed", "grass", "pot", hashish, "hash", hash oil, etc.)?

- 1  1 or 2 times
- 2  3 to 5 times
- 3  6 to 9 times
- 4  10 to 19 times
- 5  20 to 39 times
- 6  40 or more times
- 7  Used, but not in the last 12 months
- 8  Never used in lifetime
- 9  Don't know what cannabis is

**32a.** In the **LAST 12 MONTHS**, how often did you sniff **GLUE** (for example, airplane glue, contact cement, etc.) in order to get high?

- 1  1 or 2 times
- 2  3 to 5 times
- 3  6 to 9 times
- 4  10 to 19 times
- 5  20 to 39 times
- 6  40 or more times
- 7  Sniffed glue, but not in the last 12 months
- 8  Never sniffed glue in lifetime

**32b.** In the **LAST 12 MONTHS**, how often did you sniff **SOLVENTS** (such as nail polish remover, paint thinner, gasoline, etc.) in order to get high?

- 1  1 or 2 times
- 2  3 to 5 times
- 3  6 to 9 times
- 4  10 to 19 times
- 5  20 to 39 times
- 6  40 or more times
- 7  Sniffed a solvent, but not in the last 12 months
- 8  Never sniffed a solvent in lifetime

**33.** In the **LAST 12 MONTHS**, how often did you use **HEROIN** (also known as "H", "junk", "smack", etc.)?

- 1  1 or 2 times
- 2  3 to 5 times
- 3  6 to 9 times
- 4  10 to 19 times
- 5  20 to 39 times
- 6  40 or more times
- 7  Used, but not in the last 12 months
- 8  Never used in lifetime
- 9  Don't know what heroin is

**34.** In the **LAST 12 MONTHS**, how often did you use **METHAMPHETAMINE** or “speed”?

- 1  1 or 2 times
- 2  3 to 5 times
- 3  6 to 9 times
- 4  10 to 19 times
- 5  20 to 39 times
- 6  40 or more times
- 7  Used, but not in the last 12 months
- 8  Never used in lifetime
- 9  Don't know what “speed” is

**35.** In the **LAST 12 MONTHS**, how often did you use “**ICE**”, the crystallized form of methamphetamine (also known as “crystal meth”, “crank”)?

- 1  1 or 2 times
- 2  3 to 5 times
- 3  6 to 9 times
- 4  10 to 19 times
- 5  20 to 39 times
- 6  40 or more times
- 7  Used, but not in the last 12 months
- 8  Never used in lifetime
- 9  Don't know what the drug “ice” is

**36.** In the **LAST 12 MONTHS**, how often did you use **LSD** or “acid”?

- 1  1 or 2 times
- 2  3 to 5 times
- 3  6 to 9 times
- 4  10 to 19 times
- 5  20 to 39 times
- 6  40 or more times
- 7  Used, but not in the last 12 months
- 8  Never used in lifetime
- 9  Don't know what LSD is

**37.** In the **LAST 12 MONTHS**, how often did you use the drug **PCP** (also known as “angel dust”, “dust”, “horse tranquilizer”, etc.)?

- 1  1 or 2 times
- 2  3 to 5 times
- 3  6 to 9 times
- 4  10 to 19 times
- 5  20 to 39 times
- 6  40 or more times
- 7  Used, but not in the last 12 months
- 8  Never used in lifetime
- 9  Don't know what PCP is

**38.** In the **LAST 12 MONTHS**, how often did you use **HALLUCINOGENS, OTHER THAN LSD OR PCP** (such as Mescaline and Psilocybin, also known as “magic mushrooms”, “shrooms”, “mesc”, etc.)?

- 1  1 or 2 times
- 2  3 to 5 times
- 3  6 to 9 times
- 4  10 to 19 times
- 5  20 to 39 times
- 6  40 or more times
- 7  Used, but not in the last 12 months
- 8  Never used in lifetime
- 9  Don't know what hallucinogens are

**39.** In the **LAST 12 MONTHS**, how often did you use **COCAINE** (also known as “coke”, “blow”, “snow”, “powder”, “snort”, etc.)?

- 1  1 or 2 times
- 2  3 to 5 times
- 3  6 to 9 times
- 4  10 to 19 times
- 5  20 to 39 times
- 6  40 or more times
- 7  Used, but not in the last 12 months
- 8  Never used in lifetime
- 9  Don't know what cocaine is

**40.** In the **LAST 12 MONTHS**, how often did you use cocaine in the form of “**CRACK**”?

- 1  1 or 2 times
- 2  3 to 5 times
- 3  6 to 9 times
- 4  10 to 19 times
- 5  20 to 39 times
- 6  40 or more times
- 7  Used, but not in the last 12 months
- 8  Never used in lifetime
- 9  Don't know what “crack” is

**41.** In the **LAST 12 MONTHS**, how often did you use **MDMA** or “**ECSTASY**” (also known as “X”)?

- 1  1 or 2 times
- 2  3 to 5 times
- 3  6 to 9 times
- 4  10 to 19 times
- 5  20 to 39 times
- 6  40 or more times
- 7  Used, but not in the last 12 months
- 8  Never used in lifetime
- 9  Don't know what “ecstasy” is

**42.** In the **LAST 12 MONTHS**, how often did you use **OXYCONTIN** (also known as “oxy”, “OC”) **WITHOUT A PRESCRIPTION** or without a doctor telling you to take it?

- 1  1 or 2 times
- 2  3 to 5 times
- 3  6 to 9 times
- 4  10 to 19 times
- 5  20 to 39 times
- 6  40 or more times
- 7  Used non-medically, but not in the last 12 months
- 8  Never used non-medically in lifetime
- 9  Don't know what OxyContin is

**43.** In the **LAST 12 MONTHS**, how often did you use **STIMULANTS** such as diet pills and stay awake pills (also known as “uppers”, “bennies”, “dexies”, “pep pills”, etc.) **WITHOUT A PRESCRIPTION**?

- 1  1 or 2 times
- 2  3 to 5 times
- 3  6 to 9 times
- 4  10 to 19 times
- 5  20 to 39 times
- 6  40 or more times
- 7  Used non-medically, but not in the last 12 months
- 8  Never used non-medically in lifetime
- 9  Don't know what stimulants are

**44.** In the **LAST 12 MONTHS**, how often did you use **ADRENOCROMES** (also known as “wagon wheels”)?

- 1  1 or 2 times
- 2  3 to 5 times
- 3  6 to 9 times
- 4  10 to 19 times
- 5  20 to 39 times
- 6  40 or more times
- 7  Used, but not in the last 12 months
- 8  Never used in lifetime
- 9  Don't know what adrenochromes are

**44b.** In the **LAST 12 MONTHS**, how often did you use **GHB** (also known as “G”, “goop”, “liquid ecstasy”, “liquid X”)?

- 1  1 or 2 times
- 2  3 to 5 times
- 3  6 to 9 times
- 4  10 to 19 times
- 5  20 to 39 times
- 6  40 or more times
- 7  Used, but not in the last 12 months
- 8  Never used in lifetime
- 9  Don't know what GHB is

**44c.** In the **LAST 12 MONTHS**, how often did you use **ROHYPNOL** (also known as “roach”, “roofies”, “roche”)?

- 1  1 or 2 times
- 2  3 to 5 times
- 3  6 to 9 times
- 4  10 to 19 times
- 5  20 to 39 times
- 6  40 or more times
- 7  Used, but not in the last 12 months
- 8  Never used in lifetime
- 9  Don't know what Rohypnol is

**44d.** In the **LAST 12 MONTHS**, how often did you use the drug **KETAMINE** (also known as “vitamin K”, “special K”)?

- 1  1 or 2 times
- 2  3 to 5 times
- 3  6 to 9 times
- 4  10 to 19 times
- 5  20 to 39 times
- 6  40 or more times
- 7  Used, but not in the last 12 months
- 8  Never used in lifetime
- 9  Don't know what Ketamine is

**44e.** In the **LAST 12 MONTHS**, how often did you use **JIMSON WEED** (also known as “locoweed”, “stinkweed”, “mad apple”)?

- 1  1 or 2 times
- 2  3 to 5 times
- 3  6 to 9 times
- 4  10 to 19 times
- 5  20 to 39 times
- 6  40 or more times
- 7  Used, but not in the last 12 months
- 8  Never used in lifetime
- 9  Don't know what jimson weed is

**44f.** In the **LAST 12 MONTHS**, how often did you use **SALVIA DIVINORUM** (also known as “sally-D”, “magic mint”, “sadi”)?

- 1  1 or 2 times
- 2  3 to 5 times
- 3  6 to 9 times
- 4  10 to 19 times
- 5  20 to 39 times
- 6  40 or more times
- 7  Used, but not in the last 12 months
- 8  Never used in lifetime
- 9  Don't know what salvia divinorum is

**44g.** In the LAST 12 MONTHS, how often did you use a cough or cold medicine from a drug store, such as Robitussin DM, Benylin DM (also known as “robos”, “dex”, “DXM”) in order to get high?

- 1  1 or 2 times
- 2  3 to 5 times
- 3  6 to 9 times
- 4  10 to 19 times
- 5  20 to 39 times
- 6  40 or more times
- 7  Used, but not in the last 12 months
- 8  Never used cough/cold medicine to “get high”

**44h.** In the LAST 12 MONTHS, how often did you use sleeping medicine from a drugstore, such as Nytol, Sleep-Eze D, Unisom or Sominex, for purposes other than sleeping?

- 1  1 or 2 times
- 2  3 to 5 times
- 3  6 to 9 times
- 4  10 to 19 times
- 5  20 to 39 times
- 6  40 or more times
- 7  Used, but not in the last 12 months
- 8  Never used for purposes other than sleeping

**45.** In the LAST 12 MONTHS, how often did you use SEDATIVES or TRANQUILLIZERS (such as Valium, Ativan, Xanax, also known as “tranqs”, “downers”, etc.) WITHOUT A PRESCRIPTION or without a doctor telling you to take them?

- 1  1 or 2 times
- 2  3 to 5 times
- 3  6 to 9 times
- 4  10 to 19 times
- 5  20 to 39 times
- 6  40 or more times
- 7  Used non-medically, but not in the last 12 months
- 8  Never used non-medically in lifetime
- 9  Don’t know what sedatives are

**46.** Sometimes doctors give medicine to students who are hyperactive or have problems concentrating in school. This is called Attention Deficit Hyperactivity Disorder (ADHD).

In the LAST 12 MONTHS, how often did you use medicine that is usually used to treat ADHD (such as Ritalin, Concerta, Adderall, Dexedrine) WITHOUT A PRESCRIPTION or without a doctor telling you to take it?

- 1  1 or 2 times
- 2  3 to 5 times
- 3  6 to 9 times
- 4  10 to 19 times
- 5  20 to 39 times
- 6  40 or more times
- 7  Used non-medically, but not in the last 12 months
- 8  Never used non-medically in lifetime
- 9  Don’t know what this medicine is

**47.** In the LAST 12 MONTHS, how often did you use PAIN RELIEF PILLS (such as Percocet, Percodan, Tylenol #3, Demerol, OxyContin, codeine) WITH A PRESCRIPTION or because a doctor told you to take them?

- 1  1 or 2 times
- 2  3 to 5 times
- 3  6 to 9 times
- 4  10 to 19 times
- 5  20 to 39 times
- 6  40 or more times
- 7  Used medically, but not in the last 12 months
- 8  Never used medically in lifetime
- 9  Don’t know what pain relief pills are

**47c.** In the LAST 12 MONTHS, how often did you use PAIN RELIEF PILLS (such as Percocet, Percodan, Tylenol #3, Demerol, OxyContin, codeine) WITHOUT A PRESCRIPTION or without a doctor telling you to take them?

- 1  1 or 2 times
- 2  3 to 5 times
- 3  6 to 9 times
- 4  10 to 19 times
- 5  20 to 39 times
- 6  40 or more times
- 7  Used non-medically, but not in the last 12 months
- 8  Never used non-medically in lifetime
- 9  Don’t know what pain relief pills are

**NOW WE WOULD LIKE TO KNOW WHETHER YOU USED ANY OF THE FOLLOWING DRUGS FOR THE VERY FIRST TIME DURING THE LAST 12 MONTHS.**

**47d.** If you used pain relief pills (such as Percocet, Percodan, Tylenol #3, Demerol, OxyContin, codeine) in the last 12 months WITHOUT a doctor's prescription, what was your main reason for using them? (Please choose only one answer.)

- 1  Never used these pain relief pills without a doctor's prescription
- 2  Didn't use these pain relief pills without a doctor's prescription in the last 12 months
- 3  To reduce physical pain
- 4  To "get high"
- 5  To see what it was like (to experiment)
- 6  To reduce anxiety/improve your mood

**47e.** If you used pain relief pills (such as Percocet, Percodan, Tylenol #3, Demerol, OxyContin, codeine) in the last 12 months WITHOUT a doctor's prescription, how did you get them? (If you used them more than once, think about the last time you used them.)

- 1  Never used these pain relief pills without a doctor's prescription
- 2  Didn't use these pain relief pills without a doctor's prescription in the last 12 months
- 3  Got them from home
- 4  Got them from a friend
- 5  Got them from someone I know
- 6  Got them from someone at a bar/club
- 7  Got them from someone on "the street"
- 8  Got them from another source not listed above
- 9  Don't remember

**47f.** Have you ever 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?

- 1  Yes
- 2  No

**47g.** In the LAST 12 MONTHS, have you used any illegal drug by injection or needle?

- 1  Yes
- 2  No

**47h.** During the LAST 12 MONTHS, have you smoked one whole cigarette for the VERY FIRST TIME?

- 1  Yes
- 2  No
- 3  Never smoked a whole cigarette in lifetime

**47i.** During the LAST 12 MONTHS, have you tried alcohol (beer, wine or liquor) for the VERY FIRST TIME?

- 1  Yes
- 2  No
- 3  Never tried alcohol in lifetime

**47j.** During the LAST 12 MONTHS, have you tried cannabis (marijuana or hashish) for the VERY FIRST TIME?

- 1  Yes
- 2  No
- 3  Never tried cannabis in lifetime

**47k.** During the LAST 12 MONTHS, have you tried any other illegal drug (such as cocaine, heroin, LSD, etc.) for the VERY FIRST TIME?

- 1  Yes
- 2  No
- 3  Never tried an illegal drug in lifetime

**THE NEXT FEW QUESTIONS ARE ABOUT ALCOHOL. A "DRINK" OF ALCOHOL IS A GLASS OF WINE, A BOTTLE OF BEER, A COOLER, A SHOT GLASS OF LIQUOR, OR A MIXED DRINK.**

**48.** When (if ever) did you first drink more than just a few sips of alcohol?

- 01  Grade 4 or before
- 02  Grade 5
- 03  Grade 6
- 04  Grade 7
- 05  Grade 8
- 06  Grade 9
- 07  Grade 10
- 08  Grade 11
- 09  Grade 12
- 10  Never drank more than a few sips of alcohol in lifetime

**48a. When (if ever) did you first drink enough alcohol to feel drunk?**

- 01  Grade 4 or before
- 02  Grade 5
- 03  Grade 6
- 04  Grade 7
- 05  Grade 8
- 06  Grade 9
- 07  Grade 10
- 08  Grade 11
- 09  Grade 12
- 10  Never been drunk in lifetime

**49. During the LAST 4 WEEKS how often did you drink alcohol (liquor, wine, beer, or coolers)?**

- 1  Once or twice
- 2  Once or twice each week
- 3  3 or 4 times each week
- 4  5 or 6 times each week
- 5  Once each day
- 6  More than once each day
- 7  Did not drink alcohol in the last 4 weeks
- 8  Never drank alcohol in lifetime

**50. How many times in the LAST 4 WEEKS have you had 5 OR MORE DRINKS of alcohol on the SAME OCCASION?**

- 1  Once
- 2  2 times
- 3  3 times
- 4  4 times
- 5  5 or more times
- 6  Did not drink alcohol in the last 4 weeks
- 7  Did not have five or more drinks of alcohol on the same occasion in the last 4 weeks
- 8  Never drank alcohol in lifetime

**50.1a. How easy or difficult would it be for you to get alcohol if you wanted some?**

- 1  Probably impossible
- 2  Very difficult
- 3  Fairly difficult
- 4  Fairly easy
- 5  Very easy
- 6  Don't Know

**50.1b. On average, how much beer do you usually drink at any one time?**

- 01  Less than 1 bottle
- 02  1 bottle
- 03  2 bottles
- 04  3 bottles
- 05  4 bottles
- 06  5 bottles
- 07  6 bottles
- 08  7 or more bottles
- 09  Don't drink beer
- 10  Never drank beer

**50.1c. On average, how much wine do you usually drink at any one time?**

- 01  Less than 1 glass
- 02  1 glass
- 03  2 glasses
- 04  3 glasses
- 05  4 glasses
- 06  5 glasses
- 07  6 glasses
- 08  7 or more glasses
- 09  Don't drink wine
- 10  Never drank wine

**50.1d. On average, how much hard liquor (for example, rum, whiskey, vodka, coolers, etc.) do you usually drink at any one time?**

- 01  Less than 1 drink
- 02  1 drink
- 03  2 drinks
- 04  3 drinks
- 05  4 drinks
- 06  5 drinks
- 07  6 drinks
- 08  7 or more drinks
- 09  Don't drink hard liquor
- 10  Never drank hard liquor

**51. Have you been in a treatment program during the LAST 12 MONTHS because of your alcohol or drug use?**

- 1  Yes, for alcohol only
- 2  Yes, for drugs only
- 3  Yes, for both alcohol and drugs
- 4  No

**NOW WE HAVE A FEW QUESTIONS ABOUT DRUGS OTHER THAN ALCOHOL.**

**52.** When (if ever) did you first try **CANNABIS** (also known as marijuana, “weed”, “grass”, “pot”, hashish, “hash”, hash oil)

- 01  Never used cannabis in lifetime
- 02  Grade 4 or before
- 03  Grade 5
- 04  Grade 6
- 05  Grade 7
- 06  Grade 8
- 07  Grade 9
- 08  Grade 10
- 09  Grade 11
- 10  Grade 12

**52.1a.** How easy or difficult would it be for you to get cannabis (also known as marijuana, “weed”, “grass”, “pot”, hashish, “hash”, hash oil) if you wanted some?

- 1  Probably impossible
- 2  Very difficult
- 3  Fairly difficult
- 4  Fairly easy
- 5  Very easy
- 6  Don't know

**52.1b.** How easy or difficult would it be for you to get LSD or “acid” if you wanted some?

- 1  Probably impossible
- 2  Very difficult
- 3  Fairly difficult
- 4  Fairly easy
- 5  Very easy
- 6  Don't know

**52.1c.** How easy or difficult would it be for you to get cocaine if you wanted some?

- 1  Probably impossible
- 2  Very difficult
- 3  Fairly difficult
- 4  Fairly easy
- 5  Very easy
- 6  Don't know

**52.1d.** How easy or difficult would it be for you to get “Ecstasy” (or MDMA) if you wanted some?

- 1  Probably impossible
- 2  Very difficult
- 3  Fairly Difficult
- 4  Fairly Easy
- 5  Very easy
- 6  Don't know

**52.1e.** How easy or difficult would it be for you to get OxyContin or any other prescription pain reliever if you wanted some – WITHOUT going to a doctor?

- 1  Probably impossible
- 2  Very difficult
- 3  Fairly difficult
- 4  Fairly easy
- 5  Very easy
- 6  Don't know

**THE NEXT FEW QUESTIONS ARE ABOUT TOBACCO.**

**52.2a.** How easy or difficult would it be for you to get cigarettes if you wanted some?

- 1  Probably impossible
- 2  Very difficult
- 3  Fairly difficult
- 4  Fairly easy
- 5  Very easy
- 6  Don't know

**52.2b.** When (if ever) did you first smoke a whole cigarette?

- 01  Never smoked a whole cigarette
- 02  Grade 4 or before
- 03  Grade 5
- 04  Grade 6
- 05  Grade 7
- 06  Grade 8
- 07  Grade 9
- 08  Grade 10
- 09  Grade 11
- 10  Grade 12

**52.2c.** How soon after you wake up do you usually smoke your first cigarette?

- 1  Don't smoke cigarettes
- 2  Within 5 minutes
- 3  6 to 30 minutes
- 4  31 to 60 minutes
- 5  After 60 minutes

**52.2d.** How many times have you tried to quit smoking cigarettes in the **LAST 12 MONTHS?**

- 99  Don't smoke cigarettes
- \_\_\_\_\_ times (Write '0' if you smoke and did not try to quit.)

**52.2e. Thinking about the last time you bought cigarettes in the PAST 12 MONTHS, were they...?**

- 1  In a pack of 20 cigarettes
- 2  In a pack of 25 cigarettes
- 3  In a bag of 200 cigarettes
- 4  A single cigarette
- 5  A roll-your-own cigarette
- 6  In another amount
- 7  Didn't buy cigarettes in the past 12 months

**52.2f. Thinking about the last time you bought cigarettes in the PAST 12 MONTHS, about how much did you pay for each single cigarette, or pack, or bag?**

- 01  Didn't buy cigarettes in the past 12 months
- 02  Less than 25 cents
- 03  Between 25 cents and 49 cents
- 04  Between 50 cents and 99 cents
- 05  \$1.00 to \$4.49
- 06  \$4.50 to \$5.99
- 07  \$6.00 to \$9.99
- 08  \$10.00 to \$45.00
- 09  More than \$45.00
- 10  Don't remember the price

**52.2g. In the LAST 12 MONTHS, how often did you smoke cigarettes made on Native Reserves (such as "DKs", "Natives", "Discount", or unbranded cigarettes packaged in a plastic bag)?**

- 01  Smoked a few puffs to a whole cigarette in the last 12 months
- 02  Smoked more than one of these cigarettes, but not every day
- 03  1 or 2 of these cigarettes a day
- 04  3 to 5 of these cigarettes a day
- 05  6 to 10 of these cigarettes a day
- 06  11 to 15 of these cigarettes a day
- 07  16 to 20 of these cigarettes a day
- 08  More than 20 of these cigarettes a day
- 09  Smoked these brands, but not in the last 12 months
- 10  Never smoked these brands in my lifetime
- 11  Never smoked any cigarette in my lifetime

**52.2h. Thinking about the last time you smoked a whole cigarette in the PAST 12 MONTHS, where did you get it from? (Please choose only one answer.)**

- 1  Don't smoke cigarettes
- 2  Got it from a corner store, small grocery store, supermarket, gas station, or bar
- 3  Got it over the Internet
- 4  Got it from a friend or family member
- 5  Got it from someone else
- 6  Got it from a Native Reserve
- 7  Got it from another source not listed
- 8  Don't remember

**52.2i. In the last 12 months, have you seen, heard, or read news stories in the media about youth trying to raise awareness about cigarette smoking? (Please choose only one answer.)**

- 1  No
- 2  Yes, I have heard of the news stories, but have not participated in any event
- 3  Yes, I have heard of the news stories and I have participated in an event

**52.2j. There are youth who are working together to raise awareness about smoking and tobacco issues. Have you heard about such groups in your town/city? (Please choose only one answer.)**

- 1  No
- 2  Yes, but I have not participated in one of their activities
- 3  Yes, and I have participated in one of their activities
- 4  Yes, I am a member of one of these groups

**52.2k. In the last 12 months, have you seen banners or advertisements (for example, on TV, in the theatre, on a billboard) with the phrase "stupid.ca"?**

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

**52.2l. When it comes to the effects of smoking on health, do you think tobacco companies always tell the truth, often tell the truth, rarely tell the truth, or never tell the truth?**

- 1  Always tell the truth
- 2  Often tell the truth
- 3  Rarely tell the truth
- 4  Never tell the truth

**52.2m.** In your opinion, how should cigarettes or other tobacco products be sold in Ontario?

- 1  Sold in a number of places as they are now
- 2  Sold only in government-owned stores, the way alcohol is sold in liquor stores
- 3  Not sold at all
- 4  Don't know

**THE NEXT FEW QUESTIONS ARE ABOUT THE TIMES YOU MIGHT HAVE HAD CLASSES OR PRESENTATIONS AT SCHOOL ABOUT DRUGS.**

**52.3a.** Since September, how many classes or presentations did you have that talked about alcohol?

- 1  No classes
- 2  1 or 2 classes
- 3  3 or 4 classes
- 4  5 or 6 classes
- 5  7 or more classes

**52.3b.** Since September, how many classes or presentations did you have that talked about cannabis (marijuana or hashish)?

- 1  No classes
- 2  1 or 2 classes
- 3  3 or 4 classes
- 4  5 or 6 classes
- 5  7 or more classes
- 6  Don't know what cannabis is

**52.3c.** Since September, how many classes or presentations did you have that talked about drugs other than alcohol, cannabis, or tobacco?

- 1  No classes
- 2  1 or 2 classes
- 3  3 or 4 classes
- 4  5 or 6 classes
- 5  7 or more classes

**52.3d.** Since September, were there any activities or events at your school to stop students from smoking?

- 1  No, there were no activities
- 2  Yes there were activities, but I was not involved
- 3  Yes there were activities, and I was involved
- 4  Don't know

**52.3e.** In your school, do you think that drug use is higher, lower, or about the same as it was a few years ago?

- 1  Higher
- 2  Lower
- 3  About the same

**52.3f.** What about students in general, do you think that drug use is higher, lower, or about the same as a few years ago?

- 1  Higher
- 2  Lower
- 3  About the same

**52.3g.** In your school, is drug use a big problem, a small problem, or no problem at all?

- 1  A big problem
- 2  A small problem
- 3  No problem at all

**52.3h.** In the LAST 12 MONTHS, how many times (if ever) have you been drunk or "high" ON SCHOOL PROPERTY?

- 1  Never
- 2  Once
- 3  2 or 3 times
- 4  4 or 5 times
- 5  6 or 7 times
- 6  8 or 9 times
- 7  10 or 11 times
- 8  12 or more times

**52.3i.** In the LAST 12 MONTHS, has anyone offered, sold, or given you an illegal drug ON SCHOOL PROPERTY?

- 1  Yes
- 2  No

**52.3j.** In the LAST 12 MONTHS, has anyone tried to sell you any illegal drug ANYWHERE?

- 1  Yes
- 2  No

**52.3k.** In the LAST 12 MONTHS, have you SEEN anyone selling illegal drugs in your neighbourhood?

- 1  Yes
- 2  No
- 3  I think so, but I'm not sure

**52.3i.** How many of your **CLOSEST** friends use illegal drugs?

- 1  None of my friends
- 2  Some of my friends
- 3  About half of my friends
- 4  Most of my friends
- 5  All of my friends
- 6  Don't know

**WE WOULD LIKE TO KNOW YOUR OPINIONS ON THE EFFECTS OF USING CERTAIN DRUGS.**

**How much do you think people RISK HARMING THEMSELVES (physically or in other ways) if they...**

**52.4a.** .... smoke one or two cigarettes a day?

- 1  No risk
- 2  Slight risk
- 3  Medium risk
- 4  Great risk
- 5  Don't know

**52.4b.** .... try marijuana (pot, grass, weed) once or twice?

- 1  No risk
- 2  Slight risk
- 3  Medium risk
- 4  Great risk
- 5  Don't know

**52.4c.** .... smoke marijuana regularly?

- 1  No risk
- 2  Slight risk
- 3  Medium risk
- 4  Great risk
- 5  Don't know

**52.4d.** .... have 5 drinks of alcohol once or twice each weekend?

- 1  No risk
- 2  Slight risk
- 3  Medium risk
- 4  Great risk
- 5  Don't know

**52.4e.** .... try cocaine once or twice?

- 1  No risk
- 2  Slight risk
- 3  Medium risk
- 4  Great risk
- 5  Don't know

**52.4f.** .... try LSD once or twice?

- 1  No risk
- 2  Slight risk
- 3  Medium risk
- 4  Great risk
- 5  Don't know

**52.4g.** .... try "Ecstasy" (MDMA) once or twice?

- 1  No risk
- 2  Slight risk
- 3  Medium risk
- 4  Great risk
- 5  Don't know

**PEOPLE DIFFER IN WHETHER OR NOT THEY DISAPPROVE OF OTHERS DOING CERTAIN THINGS.**

**Do you disapprove of adults (age 18 or older) doing the following...**

**52.5a.** .... trying marijuana (pot, grass, weed) once or twice?

- 1  Don't disapprove
- 2  Disapprove
- 3  Strongly disapprove

**52.5b.** .... smoking marijuana regularly?

- 1  Don't disapprove
- 2  Disapprove
- 3  Strongly disapprove

**52.5c.** .... having 5 drinks of alcohol once or twice each weekend?

- 1  Don't disapprove
- 2  Disapprove
- 3  Strongly disapprove

**52.5d.** .... trying cocaine once or twice?

- 1  Don't disapprove
- 2  Disapprove
- 3  Strongly disapprove

**52.5e.** .... trying LSD once or twice?

- 1  Don't disapprove
- 2  Disapprove
- 3  Strongly disapprove

**52.5f.** .... trying "Ecstasy" (MDMA) once or twice?

- 1  Don't disapprove
- 2  Disapprove
- 3  Strongly disapprove

THE NEXT SECTION IS ABOUT YOUR HEALTH.

**53.** On how many of the LAST 7 DAYS were you physically active for a total of **AT LEAST 60 MINUTES** each day? Please add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time. (Some examples are brisk walking, running, rollerblading, biking, dancing, skateboarding, swimming, soccer, basketball, football.) Please include both school and non-school activities.

- 1  0 days
- 2  1 day
- 3  2 days
- 4  3 days
- 5  4 days
- 6  5 days
- 7  6 days
- 8  7 days

**54.** On how many of the LAST 5 SCHOOL DAYS did you participate in physical activity for **AT LEAST 20 MINUTES** that increased your heart rate and made you breathe hard some of the time **IN PHYSICAL EDUCATION CLASS** in your school?

- 1  0 days
- 2  1 day
- 3  2 days
- 4  3 days
- 5  4 days
- 6  5 days
- 7  Not enrolled in physical education right now

**55.** In the LAST 7 DAYS, about how many hours a day, on average, did you spend: watching TV/movies, playing video/computer games, on a computer chatting, emailing, or surfing the Internet?

- 1  None
- 2  Less than 1 hour a day
- 3  1 to 2 hours a day
- 4  3 to 4 hours a day
- 5  5 to 6 hours a day
- 6  7 or more hours a day
- 7  Don't know

**56.** On how many of the LAST 5 SCHOOL DAYS did you eat breakfast, either at home, on the way to school, or at school before classes (more than a glass of milk or fruit juice)?

- 1  None
- 2  1 to 2 days
- 3  3 to 4 days
- 4  All 5 days

**57.** In the LAST 7 DAYS, how often did you eat fruit? Please include fresh, frozen, canned and dried fruits. (Do not include fruit juice, fruit roll-ups or other fruit flavoured candies.)

- 1  1 time in the last 7 days
- 2  2 to 4 times in the last 7 days
- 3  5 to 6 times in the last 7 days
- 4  Once each day
- 5  More than once each day
- 6  Did not eat fruit in the last 7 days

**58.** In the LAST 7 DAYS, how often did you eat vegetables? Please include all fresh, frozen, canned vegetables, and salads. (Do not include french fries or vegetable juice.)

- 1  1 time in the last 7 days
- 2  2 to 4 times in the last 7 days
- 3  5 to 6 times in the last 7 days
- 4  Once each day
- 5  More than once each day
- 6  Did not eat vegetables in the last 7 days

**59.** The next question asks about the beverages you drank during the last 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Think about the meals you ate at home, at school, at restaurants, or anywhere else.

In the LAST 7 DAYS, how often did you drink a can, bottle or glass of soda pop or sport drink such as Coke, Pepsi, Sprite or Gatorade? (Do not include fruit juice.)

- 1  1 time in the last 7 days
- 2  2 to 4 times in the last 7 days
- 3  5 to 6 times in the last 7 days
- 4  Once each day
- 5  More than once each day
- 6  Did not drink pop or a sport drink in the last 7 days

**60. What is your current height without shoes? Below is a list of heights in feet and inches, and the matching number in centimetres (“cm”). Please choose the height that is closest to yours.**

- |  |   |
|--|---|
| <input type="checkbox"/> 4 feet 4 inches/ 132 cm | <input type="checkbox"/> 5 feet 5 inches/ 165 cm  |
| <b>or less</b>                                   | <input type="checkbox"/> 5 feet 6 inches/ 168 cm  |
| <input type="checkbox"/> 4 feet 5 inches/ 135 cm | <input type="checkbox"/> 5 feet 7 inches/ 170 cm  |
| <input type="checkbox"/> 4 feet 6 inches/ 137 cm | <input type="checkbox"/> 5 feet 8 inches / 173 cm |
| <input type="checkbox"/> 4 feet 7 inches/ 140 cm | <input type="checkbox"/> 5 feet 9 inches/ 175 cm  |
| <input type="checkbox"/> 4 feet 8 inches/ 142 cm | <input type="checkbox"/> 5 feet 10 inches/ 178 cm |
| <input type="checkbox"/> 4 feet 9 inches/ 145 cm | <input type="checkbox"/> 5 feet 11 inches/ 180 cm |
| <input type="checkbox"/> 4 feet 10 inches/147 cm | <input type="checkbox"/> 6 feet 0 inches / 183 cm |
| <input type="checkbox"/> 4 feet 11 inches/150 cm | <input type="checkbox"/> 6 feet 1 inch/ 185 cm    |
| <input type="checkbox"/> 5 feet 0 inches/ 152 cm | <input type="checkbox"/> 6 feet 2 inches/ 188 cm  |
| <input type="checkbox"/> 5 feet 1 inch/ 155 cm   | <input type="checkbox"/> 6 feet 3 inches/ 191 cm  |
| <input type="checkbox"/> 5 feet 2 inches/ 157 cm | <input type="checkbox"/> 6 feet 4 inches/ 193 cm  |
| <input type="checkbox"/> 5 feet 3 inches/ 160 cm | <input type="checkbox"/> 6 feet 5 inches/ 196 cm  |
| <input type="checkbox"/> 5 feet 4 inches/ 163 cm | <input type="checkbox"/> 6 feet 6 inches/ 198 cm  |
- or more**

**61. What is your current weight without shoes? Below is a list of weights in pounds, and the approximate number in kilograms (“kg”). Please choose the weight that is closest to yours.**

- |  |   |
|--|---|
| <input type="checkbox"/> 80 pounds/ 36 kg <b>or less</b> | <input type="checkbox"/> 181-185 pounds/ 82-84 kg         |
| <input type="checkbox"/> 81-85 pounds/ 37-39 kg          | <input type="checkbox"/> 186-190 pounds/ 84-86 kg         |
| <input type="checkbox"/> 86-90 pounds/ 39-41 kg          | <input type="checkbox"/> 191-195 pounds/ 87-88 kg         |
| <input type="checkbox"/> 91-95 pounds/ 41-43 kg          | <input type="checkbox"/> 196-200 pounds/ 89-91 kg         |
| <input type="checkbox"/> 96-100 pounds/ 43-45 kg         | <input type="checkbox"/> 201-205 pounds/ 91-93 kg         |
| <input type="checkbox"/> 101-105 pounds/ 46-48 kg        | <input type="checkbox"/> 206-210 pounds/ 93-95 kg         |
| <input type="checkbox"/> 106-110 pounds/ 48-50 kg        | <input type="checkbox"/> 211-215 pounds/ 96-98 kg         |
| <input type="checkbox"/> 111-115 pounds/ 50-52 kg        | <input type="checkbox"/> 216-220 pounds/ 98-100 kg        |
| <input type="checkbox"/> 116-120 pounds/ 53-54 kg        | <input type="checkbox"/> 221-225 pounds/100-102 kg        |
| <input type="checkbox"/> 121-125 pounds/ 55-57 kg        | <input type="checkbox"/> 226-230 pounds/102-104 kg        |
| <input type="checkbox"/> 126-130 pounds/ 57-59 kg        | <input type="checkbox"/> 231-235 pounds/105-107 kg        |
| <input type="checkbox"/> 131-135 pounds/ 59-61 kg        | <input type="checkbox"/> 236-240 pounds/107-109 kg        |
| <input type="checkbox"/> 136-140 pounds/ 62-64 kg        | <input type="checkbox"/> 241-245 pounds/109-111 kg        |
| <input type="checkbox"/> 141-145 pounds/ 64-66 kg        | <input type="checkbox"/> 246-250 pounds/112-114 kg        |
| <input type="checkbox"/> 146-150 pounds/ 66-68 kg        | <input type="checkbox"/> 251-255 pounds/114-116 kg        |
| <input type="checkbox"/> 151-155 pounds/ 68-70 kg        | <input type="checkbox"/> 256-260 pounds/116-118 kg        |
| <input type="checkbox"/> 156-160 pounds/ 71-73 kg        | <input type="checkbox"/> 261-265 pounds/118-120 kg        |
| <input type="checkbox"/> 161-165 pounds/ 73-75 kg        | <input type="checkbox"/> 266-270 pounds/121-122 kg        |
| <input type="checkbox"/> 166-170 pounds/ 75-77 kg        | <input type="checkbox"/> 271-275 pounds/123-125 kg        |
| <input type="checkbox"/> 171-175 pounds/ 77-79 kg        | <input type="checkbox"/> 276-280 pounds/125-127 kg        |
| <input type="checkbox"/> 176-180 pounds/ 80-82 kg        | <input type="checkbox"/> 281 pounds/127 kg <b>or more</b> |

**62. How would you rate your physical health?**

- 1  Excellent
- 2  Very good
- 3  Good
- 4  Fair
- 5  Poor

**62c. In the LAST 12 MONTHS, how many times have you seen a doctor about your physical health or for a check-up?**

\_\_\_\_\_ times (Write in ‘0’ if you have not seen a doctor about your physical health in the last 12 months.)

**62d. In the LAST 12 MONTHS, how many times were you hurt or injured, and had to be treated by a doctor or nurse?**

- 1  Was not treated for an injury in the last 12 months
- 2  1 time
- 3  2 times
- 4  3 times
- 5  4 or more times

**62e. Do you think of yourself as being too thin, about the right weight, or too fat?**

- 1  Too thin (underweight)
- 2  About the right weight
- 3  Too fat (overweight)

**62f. Which of the following are you doing about your weight?**

- 1  Not doing anything
- 2  Trying to lose weight
- 3  Trying to keep from gaining weight
- 4  Trying to gain weight

**THE NEXT SECTION IS ABOUT IS ABOUT PLAYING VIDEO GAMES EITHER ON A COMPUTER OR TV, OR AT AN ARCADE. PLEASE ANSWER THE QUESTIONS, EVEN IF YOU HAVE NEVER PLAYED VIDEO GAMES.**

**62.8a. In the last 12 months, how often did you play video games?**

- 1  Never played video games in lifetime
- 2  Did not play in the last 12 months
- 3  Every day or almost every day
- 4  4 or 5 times a week
- 5  2 or 3 times a week
- 6  Once a week
- 7  2 or 3 times a month
- 8  Once a month or less often

**62.8b.** In the last 12 months, when you were not playing video games, did you keep thinking about them (such as planning your next game, remembering past games)?

- 1  Yes
- 2  No
- 3  Don't play video games

**62.8c.** In the last 12 months, did you spend an increasing amount of time playing video games?

- 1  Yes
- 2  No
- 3  Don't play video games

**62.8d.** In the last 12 months, did you try to cut back or stop playing video games, or did you play for longer than you had planned to?

- 1  Yes
- 2  No
- 3  Don't play video games

**62.8e.** In the last 12 months, did you get restless or irritated when you could not play video games?

- 1  Yes
- 2  No
- 3  Don't play video games

**62.8f.** In the last 12 months, did you play video games more often when you felt bad (sad, angry or nervous) or had problems?

- 1  Yes
- 2  No
- 3  Don't play video games

**62.8g.** In the last 12 months, when you lost in a game or did not get the results you wanted, did you keep playing to achieve your target?

- 1  Yes
- 2  No
- 3  Don't play video games

**62.8h.** In the last 12 months, did you skip school or work, or lie or steal, or argue with someone so that you could play video games?

- 1  Yes
- 2  No
- 3  Don't play video games

**62.8i.** In the last 12 months, did you ignore homework, or go to bed late, or spend less time with family and friends because of your video game playing?

- 1  Yes
- 2  No
- 3  Don't play video games

**62.8j.** In the last 12 months, did you ever hide your video game playing from your family or friends?

- 1  Yes
- 2  No
- 3  Don't play video games

**NOW, WE WOULD LIKE TO KNOW HOW YOU WOULD FEEL ABOUT THE FOLLOWING SITUATIONS...**

**62.9a.** Would you feel embarrassed or ashamed if your friends knew that someone in your family was addicted to alcohol?

- 1  Definitely
- 2  Probably
- 3  Probably not
- 4  Definitely not
- 5  Not sure

**62.9b.** Would you feel embarrassed or ashamed if your friends knew that someone in your family was addicted to drugs?

- 1  Definitely
- 2  Probably
- 3  Probably not
- 4  Definitely not
- 5  Not sure

**62.9c.** Would you feel embarrassed or ashamed if your friends knew that someone in your family had a mental illness?

- 1  Definitely
- 2  Probably
- 3  Probably not
- 4  Definitely not
- 5  Not sure
- 6  Don't know what a mental illness is

THE NEXT SECTION IS ABOUT DRIVING A CAR, MOTORCYCLE OR OTHER MOTOR VEHICLES.

63. What type of driver's licence do you have now?

- 1  No driver's licence of any type
- 2  Level One graduated licence (G1)
- 3  Level Two graduated licence (G2)
- 4  Full graduated licence (G)
- 5  Don't know

64. How often in the **LAST 12 MONTHS** have you driven within an hour of drinking two or more drinks of alcohol?

- 01  Never
- 02  Once
- 03  2 times
- 04  3 times
- 05  4 times
- 06  5 times
- 07  6 times
- 08  7 times
- 09  8 or more times
- 10  No driver's licence of any type

64a. How often in the **LAST 12 MONTHS** did you ride in a car or other vehicle driven by someone who had been drinking alcohol?

- 01  Never
- 02  Once
- 03  2 times
- 04  3 times
- 05  4 times
- 06  5 times
- 07  6 times
- 08  7 times
- 09  8 or more times
- 10  Not sure

65. How often in the **LAST 12 MONTHS** have you driven within an hour of using marijuana or hashish?

- 01  Never
- 02  Once
- 03  2 times
- 04  3 times
- 05  4 times
- 06  5 times
- 07  6 times
- 08  7 times
- 09  8 or more times
- 10  No driver's licence of any type

THE NEXT QUESTIONS ARE ABOUT HOW YOU USUALLY GET TO SCHOOL AND BACK HOME. THINK ABOUT YOUR USUAL ROUTINE DURING THE FALL OR SPRING MONTHS.

65.1a. How do you usually travel to and from school? (Please choose only one answer in each column.)

	To school from home	To home from school
By car (as a passenger)	1 <input type="checkbox"/>	1 <input type="checkbox"/>
By car (as a driver)	2 <input type="checkbox"/>	2 <input type="checkbox"/>
By school bus	3 <input type="checkbox"/>	3 <input type="checkbox"/>
By public bus	4 <input type="checkbox"/>	4 <input type="checkbox"/>
By walking	5 <input type="checkbox"/>	5 <input type="checkbox"/>
By bicycling	6 <input type="checkbox"/>	6 <input type="checkbox"/>
By subway or streetcar	7 <input type="checkbox"/>	7 <input type="checkbox"/>
Other	8 <input type="checkbox"/>	8 <input type="checkbox"/>

65.1b. If you could choose, how would you like to travel to and from school? (Please choose only one answer in each column.)

	To school from home	To home from school
By car (as a passenger)	1 <input type="checkbox"/>	1 <input type="checkbox"/>
By car (as a driver)	2 <input type="checkbox"/>	2 <input type="checkbox"/>
By school bus	3 <input type="checkbox"/>	3 <input type="checkbox"/>
By public bus	4 <input type="checkbox"/>	4 <input type="checkbox"/>
By walking	5 <input type="checkbox"/>	5 <input type="checkbox"/>
By bicycling	6 <input type="checkbox"/>	6 <input type="checkbox"/>
By subway or streetcar	7 <input type="checkbox"/>	7 <input type="checkbox"/>
Other	8 <input type="checkbox"/>	8 <input type="checkbox"/>

65.1c. On average, how long does it take you to get to school from home in the morning?

- 1  0 to 5 minutes
- 2  6 to 15 minutes
- 3  16 to 30 minutes
- 4  31 to 45 minutes
- 5  46 to 60 minutes
- 6  More than 60 minutes

65.1d. Who do you usually travel with to school in the morning? (Please check **ALL** that apply.)

- 1  Friend(s)
- 1  Brother and/or Sister (including stepbrothers and stepsisters)
- 1  Mother/Stepmother
- 1  Father/Stepfather
- 1  Other adults
- 1  I travel to school alone

**JUST A FEW FINAL QUESTIONS...**

**65.1e.** On average, how long does it take you to get home from school in the afternoon?

- 1  0 to 5 minutes
- 2  6 to 15 minutes
- 3  16 to 30 minutes
- 4  31 to 45 minutes
- 5  46 to 60 minutes
- 6  More than 60 minutes

**65.1f.** Who do you usually travel with when you go home at the end of the school day? (Please check ALL that apply.)

- 1  Friend(s)
- 1  Brother and/or Sister (including stepbrothers and stepsisters)
- 1  Mother/Stepmother
- 1  Father/Stepfather
- 1  Other adults
- 1  I go home alone

**65.1g.** How often do you get to decide how you travel to school and back home?

- 1  I never get to decide how I go to school or back home
- 2  I rarely get to decide
- 3  I sometimes get to decide
- 4  I often get to decide
- 5  I always get to decide

**65.1h.** If you don't usually walk or bicycle to and from school, what is the main reason that stops you from doing so? (Please choose only one answer.)

- 1  I live too far away
- 2  My friends don't do it
- 3  My parent(s) worry about the traffic
- 4  My parent(s) worry about crime
- 5  I don't think it's safe because of the traffic
- 6  I don't think it's safe because of crime
- 7  Bad weather
- 8  I just don't want to
- 9  I do usually walk or bicycle to school

**66.** Overall, how easy did you find the questionnaire to understand?

- 1  Not at all easy
- 2  Not very easy
- 3  Fairly easy
- 4  Very easy

**67.** What about the length of the questionnaire, did you find it . . .

- 1  Much too long
- 2  A bit too long
- 3  About right
- 4  A bit too short

**67a.** Do you think the questions in this survey make most students...

- 1  Very uncomfortable
- 2  Somewhat uncomfortable
- 3  Not at all uncomfortable

**68.** What are the first 3 digits of your postal code?

\_\_\_\_\_

**Thank you for participating in this survey!**

**Please indicate the time you finished this survey.**

\_\_\_\_\_ : \_\_\_\_\_ (For example, 10:45)