



Halton Youth Survey

The purpose of this survey is to find out what students like you, think and do about a variety of issues

Do not put your name on the questionnaire. Your individual response will be kept completely secret and confidential. We will only publish summary information for large groups of students. This is not a test! There are no right or wrong answers. Do not spend too much time on any one question – go with the answer that first comes to your mind.

Please read each question carefully and answer to the best of your ability. We ask you to be completely honest and accurate when you answer the questions.

If you are not comfortable answering the question, leave it blank and go to the next question.

1. **To begin, please enter your six digit postal code (no spaces or dashes)**

Postal codes will **NOT** be used to identify individual students.

Your six digit postal code will assist us in grouping all Halton students by neighbourhood.

2. **Name of your school?**

Please select a school from the list below.

Section A: About You

The first few questions are about you and the way you live.

3. What grade are you in?

Grade 7

Grade 10

4. What is your sex?

Female

Male

5. Were you born in Canada?

Yes

No

6. Were your parents born in Canada?

Both parents were born in Canada

One parent was born in Canada

Neither parent was born in Canada

Don't Know

7. What language do you speak most often at home?

English

French

Other (please specify) _____

8. Do you identify yourself as Canadian? (You don't need to be born in Canada to think of yourself as Canadian)

Yes

No

9. What is your ethnic or cultural background?

Section B: Your Community

The following questions are about how you see your community and what it is like to live in your community. Please check the box that best describes you.

| | Not at All or Rarely | Somewhat or Sometimes | Very or Often | Extremely or Almost Always |
|---|--------------------------|-----------------------------|--------------------------|----------------------------------|
| 10. I help to make my community a better place | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. I try to help solve social problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. I serve others in my community | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. I can make a difference in my community | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. I live in a safe neighbourhood | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. My neighbours care about me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. I volunteer or help WITHOUT pay in my community | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

17. Do you live within easy walking distance of the following places in your community?

| | Yes | No |
|--|--------------------------|--------------------------|
| a) Public park or athletic field | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Library | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Shopping mall | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Other stores | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Community centre or recreation centre | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Your school | <input type="checkbox"/> | <input type="checkbox"/> |

18. In the past 12 months, how often have you:

| | Never | Less than once a month | Once a month | 2-3 times a month | Once a week | More than once a week |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Played on a sports team (e.g., basketball, hockey, soccer, volleyball) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Been to your local library | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Attended religious services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Attended a youth program (e.g., drop-in program) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

19. In the past 12 months have you:

| | Yes | No |
|---|--------------------------|--------------------------|
| a) Damaged or destroyed anything that didn't belong to you (for example damaged a bicycle, car, school furniture, broken windows or written graffiti) | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Carried a weapon for the purpose of defending yourself or using it in a fight | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Sold any drugs | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Been part of a group that broke the law by stealing, hurting someone, damaging property, etc. | <input type="checkbox"/> | <input type="checkbox"/> |

Section C: Your School

We would like to know how you feel about your school, how you do in school, and the things you do at school.

20. How do you feel about school?

- I love school
- I like school quite a bit
- I don't really care either way
- I don't like school very much
- I hate school

21. Are you proud of your school?

- Very proud
- Somewhat proud
- Not really proud
- Not at all proud

22. How safe do you feel in school?

- Very safe
- Somewhat safe
- Not really safe
- Not at all safe

23. What grades do you usually get in school?

- Mostly A's (80-100%)
- Mostly B's (70-79%)
- Mostly C's (60-69%)
- Mostly D's (50-59%)
- Below 50%

24. How important is it to you to do the following in school?

| | Very Important | Somewhat Important | Not very Important | Not at all Important |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Make friends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Get good grades | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Participate in extra-curricular activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Learn new things | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Always show up for class on time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Express your opinions in class | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Take part in student council or other similar groups | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

25. Last year, how many times did you skip class/school WITHOUT permission?

- Never
- 1-5 times
- 6-10 times
- 11 times or more

26. How many credits did you receive in grade 9? (Grade 10 question ONLY)

- 5 or less
- 6-7 credits
- 8 or more credits

27. Please indicate how much you agree or disagree with each of the following statements.

| | Strongly Agree | Somewhat Agree | Somewhat Disagree | Strongly Disagree |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Most teachers have high expectations of me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Most teachers are interested in me as a person | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Most teacher(s) notice when I am doing a good job and let me know about it | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) School will help me get where I want to go in the future | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Bullying

Bullying is when one or more people tease, hurt or upset another person on purpose, again and again. It is also bullying when someone is left out of things on purpose. Bullying may involve physical or verbal attacks, internet or electronic bullying, damage to property, etc.

28. SINCE the beginning of the school year, how often have you been bullied **AT SCHOOL**?

- 0
- 1-3 times
- 4 or more times
- Don't know

29. SINCE the beginning of the school year, how often have you been **bullied OUTSIDE OF SCHOOL**?

- 0
- 1-3 times
- 4 or more times
- Don't know

Section D: Your Friends

We would like to know some things about you and your friends.

30. Please answer the following statements about your friends.

| | False | Mostly False | Sometimes True/ Sometimes False | Mostly True | True |
|---|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|
| a) I have many friends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) I get along easily with others my age | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Others my age want me to be their friend | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Most others my age like me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

31. How many of your close friends:

| | None | Some or Few | Most or All | Don't Know |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Like school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Get along with their parents | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Smoke cigarettes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Use drugs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section E: Your Family

32. For each of the following statements, use the choice that best describes the way your parent(s) (or stepparent(s), foster parent(s) or guardian(s)) in general have acted towards you in the past 6 months.

| | Never | Rarely | Sometimes | Often | Always |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) My parents smile at me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) My parents want to know exactly where I am and what I am doing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) My parents praise me (say nice things about me) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) My parents let me go out any evening I want | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) My parents tell me what time to be home when I go out | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) My parents listen to my ideas and opinions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) My parents and I solve a problem together whenever we disagree about something | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h) My parents make sure I know I am appreciated | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i) My parents speak of the good things that I do | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j) My parents find out when I get into trouble. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k) My parents seem proud of the things I do | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l) My parents take an interest in where I am going and who I am with | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m) I spend quality time at home with my family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section F: Health

We would like to ask you questions about how you take care of your body, and how you see yourself and your environment.

33. How often do you eat or drink the following:

| | Less than once a day | Once a day | Twice a day | 3 times a day | 4 times a day | 5 or more times a day |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Fruit juice or vegetable juice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Vegetables including salad (not juice) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Fruits (not juice) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Pop or other drinks containing sugar (including sports drinks, flavoured drinks) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Milk/Chocolate milk or soy milk (not including in your coffee or tea) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) French fries, fried potatoes, chips, hash browns, etc | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Candy or chocolate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

34. In a usual school week (Monday to Friday) how often do you eat breakfast?

- Rarely/Never
 1-2 days per week
 3-4 days per week
 All 5 days

35. In a usual school week (Monday to Friday) how often do you eat a meal with at least one adult member of your family?

- Rarely/Never
 1-2 days per week
 3-4 days per week
 All 5 days

36. In a usual school week (Monday to Friday) how often do you walk (or bike or rollerblade) to or from school?

- Rarely/Never
 1-2 days per week
 3-4 days per week
 All 5 days

38a. How tall are you without your shoes on? _____ Feet _____ Inches **OR** _____ Metres _____ Centimetres

38b. How much do you weigh without your shoes on? _____ Pounds **OR** _____ Kilograms

Physical activity is any activity that makes your heart beat fast, can make you sweat and may cause you to lose your breath sometimes. Physical activity can be done in sports, school activities, while playing, or for transportation.

Some examples of physical activity are running, brisk walking, rollerblading, biking, dancing, skateboarding, swimming, soccer, basketball and football.

For the next two questions, add up all the time you spend in physical activity each day.

39. Over a **TYPICAL WEEK**, on how many days are you physically active for a total of at least **90 minutes** per day?

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

40. **OUTSIDE OF SCHOOL HOURS**, on average about how many **HOURS** a day do you watch TV/DVD's, use the computer or play video games?

- Less than 1 hour a day
- 1 or 2 hours a day
- 3 or 4 hours a day
- 5 or 6 hours a day
- 7 or more hours a day

41. In the past 12 months have you been injured seriously enough to require medical attention by a doctor, nurse or dentist? (such as a broken bone, bad cut or burn, head injury, etc)

- Yes
- No

Section G: Mental Health

The following are questions about how you may feel about yourself. Please check the box that best describes you.

| | Never | Rarely | Sometimes | Often | Always |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 42. Spiritual or religious values play an important role in my life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Spiritual or religious values help me to find meaning in my life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. I deal with frustrations in positive ways | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. I overcome challenges/problems in positive ways | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. I feel good about myself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. I feel proud of myself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. I feel in control of my life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | Never | Rarely | Sometimes | Often | Always |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 49. I feel good about my future | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 50. I am happy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

51. During the **LAST 7 DAYS** how often have you:

| | Never | Rarely | Sometimes | Often | Always |
|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Felt sad | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Felt lonely | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Felt depressed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Felt like crying | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

52. In the **last 12 months**, how often have you:

| | Never | Rarely | Sometimes | Often | Always |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Felt you had too many problems in your life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Thought about harming yourself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Seriously thought about suicide (taking your own life) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section H: Cigarettes, Alcohol and Other Drugs

53. Have you ever smoked cigarettes? (Even just a few puffs)

- Yes
 No

54. How often do you currently smoke cigarettes?

- Every day
 At least once a week, but not every day
 Less than once a week
 I do not smoke

55. In the past 12 months, have you used smokeless tobacco, dip or chew?

- Yes
 No

56. In the last 12 months, have you had a drink of beer, wine, liquor or other alcoholic beverage?

- Yes
 No
 Don't know

57. How often in the last 12 months have you had 5 or more alcoholic drinks on one occasion?
- Never
 - Less than once a month
 - Once a month
 - 2-3 times a month
 - Once a week
 - More than once a week
58. In the last 12 months, how often did you use CANNABIS (also known as marijuana, weed, grass, pot, hashish)?
- I have never used it
 - I have used it, but not in the last 12 months
 - I have used it in the last 12 months
59. In the last 12 months, how often did you use PAIN RELIEF PILLS WITH A PRESCRIPTION (such as Percocet, Percodan, Tylenol #3, Demoral, OxyContin, codeine) or because a doctor told you to take them?
- I have never used them
 - I have used them, but not in the last 12 months
 - I have used them in the last 12 months
60. In the last 12 months, how often did you use PAIN RELIEF PILLS **WITHOUT A PRESCRIPTION** (such as Percocet, Percodan, Tylenol #3, Demoral, OxyContin, codeine) or without a doctor telling you to take them?
- I have never used them
 - I have used them, but not in the last 12 months
 - I have used them in the last 12 months
61. In the last 12 months, how often did you use Ecstasy?
- I have never used it
 - I have used it, but not in the last 12 months
 - I have used it in the last 12 months
62. In the last 12 months, how did you use other drugs (such as PCP, cocaine, crack, etc)
- I have never used them
 - I have used them, but not in the last 12 months
 - I have used them in the last 12 month

Section I: About You

63. Do you have your own bedroom?
- Yes
 - No
64. Is there a computer in your home?
- Yes, one
 - Yes, two or more
 - No
65. Is there an internet connection in your home?
- Yes
 - No

66. Does your family own a car, van or truck?

- Yes, one
- Yes, two or more
- No

67. How far did your FATHER go in school?

- Did not attend high school
- Did not graduate high school
- Graduated from high school
- Graduated from trade school
- Graduated college
- Graduated university
- Don't know
- No father

68. How far did your MOTHER go in school?

- Did not attend high school
- Did not graduate high school
- Graduated from high school
- Graduated from trade school
- Graduated college
- Graduated university
- Don't know
- No mother

69. How much spending money do you have in an average week (including work pay, allowance, etc)?

- No money
- \$1-\$30
- \$31-\$60
- \$61-\$100
- More than \$100

Section J: Our Kids

The Our Kids Network has opened a few "hubs" or meeting places to be used by youth in Halton. The hub offers things like basketball, homework clubs, and counselling to a variety of youth. We just want to ask you a few questions about these hubs.

70. Have you heard anything about the Our Kids Hubs in communities across Halton?

- Yes
- No

71. Have you visited any of the Our Kids Hubs in schools across Halton?

- Yes
- No

Thank you for your participation in this survey.

If you are experiencing any problems that you would like to talk to someone about or get more information, please call the Kids Help Phone at 1-800-668-6868 or visit

www.KidsHelpPhone.ca