

41. Not counting yourself, how many people smoke inside your home every day or almost every day?
- 0 3
 1 4
 2 5 or more

42. Do you think all public places (e.g., restaurants, malls, arcades, etc.) should be smoke-free?
- Definitely yes
 Probably yes
 Probably not
 Definitely not

43. Does your school have a clear set of rules about smoking for students to follow?
- Yes
 No
 I don't know

The following 2 questions deal with alcohol.

44. During the past 30 days, on how many days did you have at least one drink of alcohol?
- 0 days
 1 or 2 days
 3 to 5 days
 6 to 9 days
 10 to 19 days
 20 to 29 days
 All 30 days

45. During the past 30 days, on how many days did you have 5 or more drinks of alcohol within a couple of hours?
- 0 days
 1 or 2 days
 3 to 5 days
 6 to 9 days
 10 to 19 days
 20 to 29 days
 All 30 days

The following question deals with street drugs.

46. During the past 30 days, how many times did you use illegal drugs, (e.g., marijuana, cocaine, heroine, methamphetamines, ecstasy, steroid pills/shots, sniffed glue)?
- 0 times
 1 or 2 times
 3 to 9 times
 10 to 19 times
 20 to 39 times
 40 or more times

The following 5 questions deal with feelings.

47. How strongly do you agree with each of the following statements?
- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | Strongly Agree | Agree | Disagree | Strongly Disagree |
| a. I feel close to people at this school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I feel I am part of this school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I am happy to be at this school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I feel safe in my school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

48. In general, compared to other students your age, how would you rate your athletic ability?
- Excellent
 Good
 Fair
 Poor

49. In general, compared to other students your age, how well are you doing in your school work?
- Above average
 Average
 Below average

50. Do you consider yourself:
- Very overweight?
 Slightly overweight?
 About the right weight?
 Slightly underweight?
 Very underweight?

51. During the past 12 months, did you ever feel so sad or hopeless that you stopped doing some usual activities for a while?
- Yes
 No

Thank You for participating in this Youth Health Survey



YOUTH HEALTH SURVEY

Your answers are anonymous & confidential

1. The name of my school is:
- _____

2. What grade are you in?
- | | |
|---------------------------------------|--|
| <input type="checkbox"/> 6 | <input type="checkbox"/> 10 (Senior 2) |
| <input type="checkbox"/> 7 | <input type="checkbox"/> 11 (Senior 3) |
| <input type="checkbox"/> 8 | <input type="checkbox"/> 12 (Senior 4) |
| <input type="checkbox"/> 9 (Senior 1) | |

3. How old are you?
- | | |
|--|--------------------------------------|
| <input type="checkbox"/> 11 or younger | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 17 |
| <input type="checkbox"/> 14 | <input type="checkbox"/> 18 or older |

4. Are you male or female?
- Male
 Female

The following 18 questions deal with physical activity.

5. How physically active are you at the following times?
- | | | | | |
|---------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Active | Somewhat active | Inactive | Does not apply |
| Before school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| After school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Recess | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lunch | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. What do you think of the number of sports offered at your school?
- Does not matter to me
 Too few
 Just right
 Too many

7. How much do your parent(s) or guardian(s) encourage you to be physically active?
- Strongly encourage
 Encourage
 Do not encourage or discourage
 Discourage

8. How much do your parent(s) or guardian(s) support you in being physically active (help you join or get to activities)?
- Very supportive
 Supportive
 Unsupportive
 Very unsupportive

9. Your closest friends are the friends you like to spend the most time with. How many of your 5 closest friends are physically active?
- | | |
|-------------------------------|----------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> 3 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 5 |

10. On how many days in the last week did you do exercises to **strengthen or tone your muscles**, such as push-ups, sit-ups, or weight lifting?
- | | |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> 0 days | <input type="checkbox"/> 4 days |
| <input type="checkbox"/> 1 day | <input type="checkbox"/> 5 days |
| <input type="checkbox"/> 2 days | <input type="checkbox"/> 6 days |
| <input type="checkbox"/> 3 days | <input type="checkbox"/> 7 days |

11. In the last week, how did you **usually** get to and from school?
- Actively (e.g., walk, bike, skateboard)
 Inactively (e.g., car, bus, public transit)
 Mixed (actively and inactively)

Hard physical activities increase your heart rate and make you breathe hard and sweat. They include jogging, team sports, fast dancing, jump-rope.

12. Mark how many minutes of **hard** physical activity you did for each day last week. Include activities that lasted for at least 15 minutes at one time during physical education class, lunch, recess, after school, evenings, and spare time.

For example: If you did 1 hour and 15 minutes of hard activity on Monday you would shade:

	Hours				Minutes				
Monday	0	1	2	3	4	0	15	30	45
Monday	0	1	2	3	4	0	15	30	45
Tuesday	0	1	2	3	4	0	15	30	45
Wednesday	0	1	2	3	4	0	15	30	45
Thursday	0	1	2	3	4	0	15	30	45
Friday	0	1	2	3	4	0	15	30	45
Saturday	0	1	2	3	4	0	15	30	45
Sunday	0	1	2	3	4	0	15	30	45

13. Was this a typical week for the amount of **hard** physical activity that you **usually** do?
- Yes
 No

14. In the last week, when did you **usually** do **hard** physical activities? (choose all that apply)
- I do not do any hard physical activities
 - Before school
 - During school
 - After school
 - In the evening
 - On weekends

Moderate physical activities are easier activities such as walking, biking and recreational swimming.

15. Mark how many minutes of **moderate** physical activity you did for each day last week. Include activities that lasted for at least 15 minutes at one time during physical education class, lunch, recess, after school, evenings, and spare time.

For example: If you did 1 hour and 15 minutes of moderate activity on Monday you would shade:

	Hours				Minutes				
Monday	0	1	2	3	4	0	15	30	45
Monday	0	1	2	3	4	0	15	30	45
Tuesday	0	1	2	3	4	0	15	30	45
Wednesday	0	1	2	3	4	0	15	30	45
Thursday	0	1	2	3	4	0	15	30	45
Friday	0	1	2	3	4	0	15	30	45
Saturday	0	1	2	3	4	0	15	30	45
Sunday	0	1	2	3	4	0	15	30	45

16. Was this a typical week in terms of the amount of **moderate** physical activity that you **usually** do?
- Yes
 - No

17. In the last week, when did you **usually** do **moderate** physical activities? (Choose all that apply)
- I do not do any moderate physical activities
 - Before school
 - During school
 - After school
 - In the evening
 - On weekends



18. Mark how much time you spent watching TV, movies, playing video/computer games, surfing the internet, or talking on the phone for each day last week.

	None	Less than 1 hour	1-2 hours	3-5 hours	6 or more hours
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. In the last week, how much total time did you spend reading, not counting at work or at school or homework. (Include books, magazines and newspapers)?
- None
 - Less than 1 hour
 - From 1 to 6 hours
 - From 7 to 13 hours
 - 14 or more hours

20. In the last week, how much total time did you spend doing homework?
- None
 - Less than 1 hour
 - From 1 to 6 hours
 - From 7 to 13 hours
 - 14 or more hours

21. Do the subjects offered in your school teach about:
- | | Yes | No | I don't know |
|--|--------------------------|--------------------------|--------------------------|
| a. Why it's important to be physically active? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. How you can get sick if you are not physically active? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. How TV can influence you about physical activity? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. How your friends can influence you about physical activity? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

22. List up to 3 recreation activities that you would like to do that are currently not available in your community?

- I am not interested in any recreation activities

23. For the above activities, when would you like to participate in them?
- Weekends
 - Weekdays (check time)
 - 6 am to 9 am
 - 9 am to 5 pm
 - after 5 pm

The following 6 questions deal with what you eat.

24. In the past week, how many times did you drink 100% fruit juice? (For example: 3 times a week)
- ___ times
25. In the past week, how often did you eat fruit (not counting fruit juice)?
- ___ times
26. In the past week, how often did you eat green salad?
- ___ times
27. In the past week, how often did you eat potatoes? (Do not count french fries, fried potatoes, or potato chips.)
- ___ times
28. In the past week, how often did you eat carrots?
- ___ times
29. In the past week, how often did you eat other vegetables (not counting carrots, potatoes, or salad)?
- ___ times

The following 2 questions deal with weight and height.

30. How much do you weigh **without** your shoes on? My weight is _____ pounds **or** _____ kilograms
31. How tall are you without your shoes on? My height is ___ feet ___ inches **or** ___ centimeters

The following 12 questions deal with smoking.

32. Have you ever smoked a cigarette, even just a few puffs?
- Yes
 - No (If no, go to question #41)
33. Have you ever smoked a whole cigarette?
- Yes
 - No

34. Have you smoked 100 or more whole cigarettes in your life?
- Yes
 - No
35. Think about the last 30 days. Did you smoke a cigarette, even just a few puffs?
- Yes - Every day
 - Almost every day
 - Some days
 - 1 or 2 days
 - No
36. Do you plan to quit smoking cigarettes?
- I have already quit
 - Yes, within one week
 - Yes, within 30 days
 - Yes, within six months
 - Yes, within one year
 - Yes, but I'm not sure when
 - No, I do not plan to quit smoking
37. How do you usually get your cigarettes?
- I buy them
 - Someone buys them for me
 - I get them from my friends
 - I get them from home
 - Other: _____
38. If you buy your own cigarettes, where do you buy them? **Please fill in all that apply.**
- Convenience store (e.g. 7-11, Macs, corner store)
 - Gas station
 - Grocery store/supermarket
 - Restaurant/diner/cafeteria
 - Bar
 - Friend or other person
 - Other: _____
 - I do not buy cigarettes

39. In the past month, when you tried to buy cigarettes, how often were you asked your age?
- Never
 - Less than half of the time
 - About half of the time
 - More than half of the time
 - Always or almost always
 - I did not buy cigarettes in the past month

40. Your closest friends are the friends you like to spend the most time with. How many of your 5 closest friends smoke cigarettes?
- | | |
|-------------------------------|----------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> 3 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 5 |