

# camh

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



Institute for Social Research  
York University



UNIVERSITY  
of TORONTO

# 2019 ONTARIO STUDENT SURVEY

(Grades 9-12)

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, and medical drugs), and how you feel about alcohol and other drugs. **There is no assumption that students who answer the questionnaire have ever used alcohol or other drugs.** This survey also asks 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 stop the survey at any time.

Thank you very much for your help!

SS – B

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

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

DATE: \_\_\_\_ . \_\_\_\_, 20\_\_\_\_ (For example, Jan. 16, 2019)

### **INSTRUCTIONS FOR COMPLETING THIS QUESTIONNAIRE**

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

FOR EXAMPLE:

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

The first few questions are about your background.

**A1. How old are you?**

- 12  12 years or younger
- 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

**A2. Were you born male or female?**

- 1  Male
- 2  Female

**A2-s. How do you describe yourself?**

- 1  Male
- 2  Female
- 3  Transgender
- 4  None of the above
- 5  Prefer not to answer

**A3. What grade are you in?**

- 09  Grade 9
- 10  Grade 10
- 11  Grade 11
- 12  Grade 12

**A4. How long have you lived in Canada?**

- 1  All of my life
- 2  2 years or less
- 3  3 to 5 years
- 4  6 to 10 years
- 5  11 years or longer

**A5. What language do you usually speak at home?**

- 1  English
- 2  French
- 3  English and French
- 4  English, French, and another language
- 5  English and another language
- 6  French and another language
- 7  Other language(s)

**A6. 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

**A7. Who lives with you in the home where you spend most of your time? (Please check all that apply.)**

- a  Birth mother
- b  Stepmother
- c  Adoptive mother
- d  Birth father
- e  Stepfather
- f  Adoptive father
- g  Grandparent(s)
- h  Other adult relative(s)
- i  Foster parent(s)
- j  Brother(s) and/or stepbrother(s)
- k  Sister(s) and/or stepsister(s)
- l  Others
- m  I live alone

**A8. Which of the following best describes your background? (You may choose more than one category.) Are you....?**

- a  **White** (for example, British, French, Italian, Portuguese, German, Ukrainian, Russian)
- b  **Chinese**
- c  **South Asian** (for example, East Indian, Pakistani, Bangladeshi, Sri Lankan)
- d  **Black** (African, Caribbean, North American)
- e  **Indigenous** (First Nations, Inuit, Métis)
- f  **Filipino**
- g  **Latin American, Central American, South American** (for example, Mexican, Brazilian, Chilean, Guatemalan, Venezuelan, Colombian, Argentinian, Salvadoran, Costa Rican)
- h  **Southeast Asian** (for example, Vietnamese, Cambodian, Indonesian, Malaysian, Laotian)
- i  **West Asian or Arab** (for example, Egyptian, Saudi Arabian, Syrian, Iranian, Iraqi, Afghan, Lebanese, Palestinian)
- j  **Korean**
- k  **Japanese**
- l  Not sure

**A8-s. Who are you physically attracted to?**

- 1  Males
- 2  Females
- 3  Both males and females
- 4  Not attracted to anyone
- 5  Prefer not to answer

**A9. About how many hours a day do you usually spend on social media sites or apps, such as Instagram, Snapchat, Twitter, Facebook, either posting or browsing?**

- 1  Less than 1 hour a day
- 2  About 1 hour a day
- 3  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  Use social media, but not every day
- 8  Use the Internet, but don't use social media
- 9  Don't use the Internet

**A10. If you use social media, have you ever posted personal information, a photo, or a video of yourself that you wish you had not posted?**

- 1  Don't use social media
- 2  Yes, I've posted something personal that I later wished I had not posted
- 3  No, I've never posted something personal that I later wished I had not posted

**The next few questions are about school.**

**A11. On average, what marks do you usually get in school? (Please choose only one answer.)**

- 1  90% - 100% (Mostly A+)
- 2  80% - 89% (Mostly As or A-)
- 3  70% - 79% (Mostly Bs)
- 4  60% - 69% (Mostly Cs)
- 5  50% - 59% (Mostly Ds)
- 6  below 50% (Mostly Fs)

**A12. Are you in special education or do you have an Individual Education Plan (IEP)?**

- 1  Yes
- 2  No
- 3  Not sure

**A13. If you are in special education or if you have an Individual Education Plan (IEP), which of these is the plan for? (You may choose more than one.)**

- 01  Not in special education / Don't have an Individual Education Plan
- 02  Physical disability
- 03  Hearing or vision problem
- 04  Learning disability
- 05  Behavioural or emotional problem
- 06  Autism/Asperger Syndrome
- 07  Mild intellectual disability
- 08  Gifted
- 09  Other
- 10  Not sure

**A14. In the LAST 4 WEEKS (that is, the last 20 school days), how many full days of school did you miss because you were sick or didn't feel like going? (Write '0' if you missed no days.)**

I missed \_\_\_\_\_ full days of school in the last 4 weeks.

**For the next 4 questions, please tell us whether you agree or disagree with the following statements.**

**A15. I feel safe in my school.**

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

**A16. I feel close to people at this school.**

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

**A17. I feel like I am part of this school.**

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

**A18. I feel that I am treated fairly by the adults at my school.**

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

**A19. Do you feel that there is at least one adult in your school that cares about you and that you could talk to if you needed help?**

- 1  Yes
- 2  No
- 3  Not sure

A20. Imagine this ladder below is a way of picturing your school. At the top of the ladder are the people in school with the most respect and the "highest standing." At the bottom of the ladder are the people who no one respects and no one wants to hang out with.

Please check off the numbered box that best shows where you would place yourself on this ladder.

10  Highest standing  
 09   
 08   
 07   
 06   
 05   
 04   
 03   
 02   
 01  Lowest standing

A21. How do you usually travel to school? (If you travel using more than one way, please choose the answer that best describes how you travel most of the distance.)

- 1  By car, van, truck, SUV (as a passenger)
- 2  By car, van, truck, SUV (as a driver)
- 3  By school bus
- 4  By public bus
- 5  By subway or streetcar
- 6  By walking
- 7  By bicycle
- 8  By skateboard/longboard or scooter
- 9  Other

The next few questions are about your parents. By "parents", "mother", or "father", we mean whoever you consider your parents to be. They could be your birth parents, adoptive parents, stepparents, or foster parents.

A22. Were your parents born in Canada?

- 1  Two (or more) parents born in Canada
- 2  One parent born in Canada
- 3  No parent born in Canada

A23. What is the highest level of education your father completed?

- 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

A24. What is the highest level of education your mother completed?

- 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

A25. How often do you talk about your problems or feelings with at least one of your parents?

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

A26. Imagine this ladder below shows how Canadian society is set up. At the top of the ladder are people who are the "best off" – they have the most money, the most education, and the jobs that bring the most respect. At the bottom are the people who are "worst off" – they have the least money, little education, no jobs or jobs that no one wants.

Now think about your family. Please check off the numbered box that best shows where you think your family would be on this ladder.

10  Best off  
 09   
 08   
 07   
 06   
 05   
 04   
 03   
 02   
 01  Worst off

The next section is about tobacco, alcohol, and other drugs. Please answer all the questions, even if you have never tried these drugs.

**B1. In the LAST 12 MONTHS, how often did you smoke tobacco 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  21 to 29 cigarettes a day
- 09  30 or more cigarettes a day
- 10  Smoked, but not in the last 12 months
- 11  Never smoked cigarettes in lifetime

**B2. Which of the following statements best describes your use of tobacco 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

For the following questions, if you do not know what a drug is or have never heard of it, please check only the "Don't know" box.

**B2a. In the LAST 12 MONTHS, how often did you use SMOKELESS TOBACCO (also known as chewing tobacco, snuff, plug, dipping tobacco)?**

- 01  Once in the last 12 months
- 02  A few times
- 03  At least once a month
- 04  At least once a week
- 05  A few times a week, but not every day
- 06  1 or 2 times a day
- 07  3 to 5 times a day
- 08  6 to 10 times a day
- 09  11 or more times a day
- 10  Used, but not in the last 12 months
- 11  Never used in lifetime
- 12  Don't know what smokeless tobacco is

**B2b. In the LAST 12 MONTHS, how often did you smoke a WATERPIPE (also known as a hookah, shisha, gouza, narghile)?**

- 01  Smoked only a few puffs once in the last 12 months
- 02  A few times
- 03  At least once a month
- 04  At least once a week
- 05  A few times a week, but not every day
- 06  1 or 2 times a day
- 07  3 or more times a day
- 08  Smoked from a waterpipe, but not in the last 12 months
- 09  Never used in lifetime
- 10  Don't know what a waterpipe is

**B2c. Electronic cigarettes (E-CIGARETTES) are battery-operated devices that look like cigarettes and create a mist which the user inhales. Some e-cigarettes contain nicotine and some do not. Other names for e-cigarettes include "vape pipes", "hookah pens", and "e-hookahs".**

**In the LAST 12 MONTHS, how often did you smoke E-CIGARETTES?**

- 01  Smoked only once in the last 12 months (a few puffs to a whole e-cigarette)
- 02  A few times in the last 12 months
- 03  At least once a month
- 04  At least once a week
- 05  A few times a week, but not every day
- 06  1 or 2 times a day
- 07  3 to 5 times a day
- 08  6 to 10 times a day
- 09  11 or more times a day
- 10  Smoked an e-cigarette, but not in the last 12 months
- 11  Never smoked an e-cigarette in lifetime
- 12  Don't know what an e-cigarette is

**B2d. If you smoked e-cigarettes (also known as "vape pipes", "hookah pens", and "e-hookahs") in the LAST 12 MONTHS, were they usually the types with nicotine in them?**

- 1  Usually smoked e-cigarettes with nicotine
- 2  Usually smoked e-cigarettes without nicotine
- 3  Usually smoked both types
- 4  Not sure which type I smoked
- 5  Smoked an e-cigarette, but not in the last 12 months
- 6  Never smoked any e-cigarette in lifetime
- 7  Don't know what an e-cigarette is

**B2e.** Thinking about the last time you smoked any type of e-cigarette in the LAST 12 MONTHS, where did you get it from?

- 01  Bought it at a convenience store, small grocery store, supermarket
- 02  Bought it at a gas station
- 03  Bought it at a pharmacy
- 04  Bought it at a vape shop/lounge
- 05  Bought it online/over the Internet
- 06  Bought it off a friend or someone else
- 07  Gave money to someone else to buy it for me
- 08  Tried a friend's/borrowed one
- 09  Got it as a gift or free sample
- 10  Took it from a family member
- 11  Got it from another source not listed
- 12  Don't remember
  
- 13  Did not smoke an e-cigarette in the last 12 months or in lifetime
- 14  Don't know what an e-cigarette is

**B3.** In the LAST 12 MONTHS, how often did you drink ALCOHOL — liquor (rum, whiskey, etc.), wine, beer, coolers?

- 01  Had a sip of alcohol to see what it's like
- 02  Drank only at special events (for example, holidays or at weddings)
- 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

**B3a.** In the LAST 12 MONTHS, how often did you drink an ENERGY DRINK (such as Red Bull, Monster, Rockstar, Amp, Full Throttle, etc.) MIXED WITH ALCOHOL?

- 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  Drank an energy drink with alcohol, but not in the last 12 months
- 8  Never drank an energy drink with alcohol in lifetime
- 9  Never drank alcohol in lifetime

**B4.** In the LAST 12 MONTHS, how often did you use CANNABIS (also known as marijuana, "weed", "pot", "grass", 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

**B4a.** In the LAST 12 MONTHS, how often did you use CANNABIS ("weed") and ALCOHOL on the same occasion – that is, so that their effects overlapped?

- 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 cannabis and alcohol together, but not in the last 12 months
- 8  Never used these together lifetime
- 9  Never used either of these in lifetime

**B4b.** In the LAST 12 MONTHS, how often did you use the drug "SPICE" (also known as "K2", "K3", "Blaze", "Black Mamba", "legal weed", "fake pot", "IZMS")?

- 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 "Spice" is

**B5.** In the LAST 12 MONTHS, how often did you use a COUGH OR COLD MEDICINE such as Robitussin DM, Benylin DM (also known as "robos", "sizzurp", "syrup", "purple drank", "lean", "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 to "get high", but not in the last 12 months
- 8  Never used cough/cold medicine to "get high"

**B6.** In the LAST 12 MONTHS, how often did you use ADRENOCHROMES (also known as "wagon wheels", "dreens")?

- 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

**B7.** In the LAST 12 MONTHS, how often did you sniff or "huff" GLUE OR OTHER SOLVENTS (for example, gasoline, butane, aerosols, paint thinner, nail polish remover, 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 or another solvent, but not in the last 12 months
- 8  Never sniffed glue or another solvent in lifetime

**B8-s.** In the LAST 12 MONTHS, how often did you use psilocybin or mescaline (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 these drugs are

**B9-s.** 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

**B10-s.** 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

**B11-s.** 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

**B12-s.** In the LAST 12 MONTHS, how often did you use MDMA or "ECSTASY" (also known as "Molly", "E", "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

**B13-s.** In the LAST 12 MONTHS, how often did you use METHAMPHETAMINE or CRYSTAL METHAMPHETAMINE (also known as "speed", "crystal meth", "crank", "Ice", 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 these drugs are



**B14-s.** 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

**B15-s.** In the **LAST 12 MONTHS**, how often did you use **FENTANYL** (also known as "China white", "greenies", "shady 80s", "fake Oxy")?

- 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 fentanyl is

**C1a.** In the **LAST 12 MONTHS**, how often did you use **PAIN RELIEF PILLS** (such as Percocet, Percodan, Tylenol #3, Demerol, Dilaudid, OxyNeo, codeine) **WITH A PRESCRIPTION** or because a doctor told you to take them? (We do not mean regular Tylenol, Advil, or Aspirin that anyone can buy in a drugstore.)

- 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 with a prescription, but not in the last 12 months
- 8  Never used with a prescription in lifetime
- 9  Don't know what pain relief pills are

**C1.** Now, we'd like to ask about your use of these types of pills **without** your own prescription.

In the **LAST 12 MONTHS**, how often did you use **PAIN RELIEF PILLS** (such as Percocet, Percodan, Tylenol #3, Demerol, Dilaudid, OxyNeo, 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.)

- 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 without a prescription, but not in the last 12 months
- 8  Never used without a prescription in lifetime
- 9  Don't know what pain relief pills are

**C1b.** If you used these types of pain relief pills in the last 12 months **WITHOUT** a prescription or without a doctor telling you to take them, how did you **usually** get them? (Please choose only **one** answer.)

- 01  Never used these pills without a prescription in lifetime
- 02  Did not use these pills without a prescription in the last 12 months
  
- 03  Given to me by a brother or sister
- 04  Given to me by a friend
- 05  Bought them from a friend
- 06  Bought them from someone I had heard about, but did not know personally
- 07  Bought them online/over the Internet
- 08  Given to me by one of my parents
- 09  Took them from home without my parents' permission
- 10  I got them some other way
- 11  Don't remember

**C2.** 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 Adderall, Ritalin, Concerta, Dexedrine, also known as "Addys", "Dexies") 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 without a prescription, but not in the last 12 months
- 8  Never used without a prescription in lifetime
- 9  Don't know what this medicine is

**C3-s.** Sedatives or tranquilizers are sometimes prescribed by doctors to help people sleep, calm them down, or to relax their muscles.

In the LAST 12 MONTHS, how often did you use SEDATIVES or TRANQUILLIZERS (such as Xanax, Valium, Ativan) 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 with a prescription, but not in the last 12 months
- 8  Never used with a prescription in lifetime
- 9  Don't know what sedatives are

**C4-s.** In the LAST 12 MONTHS, how often did you use SEDATIVES or TRANQUILLIZERS (such as Xanax, Valium, Ativan, also known as "tranqs", "benzos", "xans", "bars", "downers") 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 without a prescription, but not in the last 12 months
- 8  Never used without a prescription in lifetime
- 9  Don't know what sedatives 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.

**D1a.** In the LAST 12 MONTHS, have you smoked one whole tobacco cigarette for the VERY FIRST TIME?

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

**D1b.** In the LAST 12 MONTHS, have you smoked any type of electronic cigarette (also known as "vape pipe", "hookah pen", "e-hookah") for the VERY FIRST TIME (even just a few puffs)?

- 1  Yes
- 2  No
- 3  Never smoked an electronic cigarette in lifetime

**D1c.** In 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

**D1d.** In the LAST 12 MONTHS, have you tried cannabis (marijuana or hashish, "weed") for the VERY FIRST TIME?

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

**D1e.** In the LAST 12 MONTHS, have you tried any other illegal drug (such as "ecstasy", cocaine, 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.

Please answer these questions even if you have never tried alcohol.

**D2. 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

**D2a. 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

**D3. In 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

**D4. In the LAST 4 WEEKS, how often 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

**D5. In the LAST 4 WEEKS, what is the largest number of drinks of alcohol you had in a row or on the same occasion?**

- 1  1 drink
- 2  2 drinks
- 3  3 drinks
- 4  4 drinks
- 5  5 drinks
- 6  6 or 7 drinks
- 7  8 or more drinks
- 8  Did not drink alcohol in the last 4 weeks
- 9  Never drank alcohol in lifetime

**D5a. In the LAST 4 WEEKS, how often 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)?**

- 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  Not been drunk in the last 4 weeks
- 8  Never drank alcohol in lifetime

**D6. How many drinks containing alcohol do you have on a typical day when you are drinking?**

- 1  1 drink
- 2  2 to 3 drinks
- 3  4 drinks
- 4  5 to 7 drinks
- 5  8 or more drinks
- 6  Don't drink alcohol
- 7  Never drank alcohol in lifetime

**D6i. In the LAST 12 MONTHS, how did you usually get the alcohol you drank? (Please choose one answer only.)**

- 01  Given to me by a friend
- 02  Given to me by a family member
- 03  Took it from home without my parents' permission
- 04  Took it from somewhere else
- 05  Bought it at a LCBO store
- 06  Bought it at a beer store
- 07  Bought it at a grocery store
- 08  Bought it at a restaurant, bar, or club
- 09  Bought it at a public event such as a concert or sporting event
- 10  I gave someone else money to buy it for me
- 11  I got it some other way
- 12  Don't remember
- 13  Did not drink alcohol in the last 12 months
- 14  Never drank alcohol in lifetime

**D6j-s.** If you wanted to buy beer in Ontario, do you think it would be more difficult for YOU to buy it at a grocery store or at a LCBO/beer store?

- 1  More difficult to buy beer at a grocery store
- 2  More difficult to buy beer at a LCBO or beer store
- 3  Same difficulty
- 4  Not sure

**D6k-s.** Do your parents (or guardians) allow you and your friends to drink alcohol in your home while you are having a party or get-together?

- 1  Yes
- 2  No
- 3  Don't drink alcohol
- 4  Never drank alcohol in lifetime

**D8-s.** Were you in a treatment program at any time in 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

The next few questions are about the drug cannabis (also known as marijuana, "weed", "pot", "grass", hashish, "hash", hash oil). Please answer these questions even if you have never tried cannabis.

**E1.** When (if ever) did you first try cannabis (also known as marijuana, "weed", "pot", "grass", hashish, "hash", hash oil)?

- 01  Never tried 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

**E2.** In the LAST 4 WEEKS, how often (if ever) did you use cannabis?

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

**E2a.** In the LAST 12 MONTHS, how did you usually get the cannabis you used? (Please choose one answer only.)

- 01  Never used cannabis in lifetime
- 02  Did not use in the last 12 months
- 03  Given to me by a brother or sister
- 04  Given to me by a friend
- 05  It was shared around a group of friends
- 06  Bought it from a friend
- 07  Bought it from someone I had heard about, but did not know personally
- 08  Bought it online from the Ontario Cannabis Store website
- 09  Bought it online from another website
- 10  Bought it at a cannabis store
- 11  Bought it at a medical dispensary
- 12  Given to me by one of my parents
- 13  Took it from home without my parents' permission
- 14  I grow my own
- 15  I got it some other way
- 16  Don't remember

**E2b.** In the LAST 12 MONTHS, have you smoked cannabis mixed with tobacco at the same time?

- 1  Never used cannabis in lifetime
- 2  Did not use in the last 12 months
- 3  Yes
- 4  No

**E2c-s.** In the LAST 12 MONTHS, what ways have you used cannabis, if at all? Please **CHECK ALL THE WAYS** you've used any type of cannabis.

- a  Never used cannabis in lifetime
- b  Did not use in the last 12 months
- c  Smoked cannabis in a joint
- d  Smoked cannabis in a blunt (hollowed-out cigar)
- e  Smoked cannabis in a pipe or a bong
- f  Used cannabis in an electronic cigarette, vape pen, or vaporizer
- g  Used cannabis in a waterpipe (hookah)
- h  Eaten food that contained cannabis (such as a brownie, cookie, candy)
- i  Had a drink that contained cannabis (such as a tea)
- j  Used cannabis by "dabbing" (hash oil, wax, shatter)

**E2d-s.** Have you ever been arrested or warned by the police because of your use of cannabis or any other drug?

- 1  Never used cannabis or other drugs
- 2  Yes, for cannabis only
- 3  Yes, for another drug only
- 4  Yes, for cannabis and another drug
- 5  No

**E2e-s.** Since cannabis use has become legal for adults, have you noticed your friends are using cannabis more often or less often than when it was illegal?

- 1  My friends don't use cannabis
- 2  My friends are using cannabis more often now that it's legal for adults
- 3  My friends are using cannabis less often now that it's legal for adults
- 4  My friends are using cannabis the same as before it was legal for adults
- 5  Not sure

Now we would like to know about cannabis use during the last 3 months.

Please answer these questions even if you have never tried cannabis.

**E3a-s.** In the LAST 3 MONTHS, how often did the idea of missing a smoke of cannabis make you very anxious or worried?

- 1  Never used cannabis in lifetime
- 2  Did not use in the last 3 months
- 3  Never in the last 3 months
- 4  Sometimes
- 5  Often
- 6  Always or nearly always

**E3b-s.** In the LAST 3 MONTHS, how often was your use of cannabis out of control?

- 1  Never used cannabis in lifetime
- 2  Did not use in the last 3 months
- 3  Never in the last 3 months
- 4  Sometimes
- 5  Often
- 6  Always or nearly always

**E3c-s.** In the LAST 3 MONTHS, how much did you worry about your use of cannabis?

- 1  Never used cannabis in lifetime
- 2  Did not use in the last 3 months
- 3  Never in the last 3 months
- 4  A little
- 5  Quite a lot
- 6  A great deal

**E3d-s.** In the LAST 3 MONTHS, how often did you wish you could stop using cannabis?

- 1  Never used cannabis in lifetime
- 2  Did not use in the last 3 months
- 3  Never in the last 3 months
- 4  Sometimes
- 5  Often
- 6  Always or nearly always

**E3e-s.** How difficult would it be for you to stop or go without using cannabis?

- 1  Don't use cannabis
- 2  Not difficult
- 3  Quite difficult
- 4  Very difficult
- 5  Impossible

The next few questions are about tobacco.

Please answer these questions even if you have never smoked.

**F1a.** When (if ever) did you first smoke a whole tobacco cigarette?

- 01  Never smoked a whole cigarette 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

**F1b.** Thinking about the last time you smoked a whole tobacco cigarette in the LAST 12 MONTHS, where did you get it from? (Please choose only one answer.)

- 01  Never smoked a whole cigarette in lifetime
- 02  Did not smoke a whole cigarette in the last 12 months
- 03  Got it from a corner store, small grocery store, supermarket, gas station, or bar
- 04  Got it over the Internet
- 05  Got it from a friend
- 06  Got it from a family member
- 07  Got it from someone else
- 08  Got it from a First Nations Reserve
- 09  Got it from another source not listed
- 10  Don't remember

**F1c.** In the LAST 12 MONTHS, how often did you smoke cigarettes made on First Nations Reserves (such as "DKs", "Natives", "Putter's", 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 lifetime
- 11  Never smoked any cigarette in lifetime

**F1d.** In your opinion, how should tobacco 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

**F1e.** Please tell us if you agree or disagree with the following statement:

**Movies that show characters smoking should be rated 18A, which means people under age 18 must be with an adult.**

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

The next 2 questions are about second-hand smoke. If you are close to someone who is smoking (such as a tobacco cigarette or a cannabis joint), say within 10 feet (3 metres), you will be exposed to that person's smoke. This can be anywhere such as inside a home, on the street, in a car, at a bus shelter, at school, at a playground/sports field, or at a mall.

**F1f.** Thinking about the LAST 7 DAYS, on how many days were you exposed to other people's tobacco smoke anywhere, either indoors or outdoors?

- 01  I was not exposed to other people's tobacco smoke in the last 7 days
- 02  Not sure if I was exposed
  
- 03  1 day
- 04  2 days
- 05  3 days
- 06  4 days
- 07  5 days
- 08  6 days
- 09  7 days
- 10  Not sure how many days

**F1g.** Thinking about the LAST 7 DAYS, on how many days were you exposed to other people's cannabis (marijuana or hash) smoke anywhere, either indoors or outdoors?

- 01  I was not exposed to other people's cannabis smoke in the last 7 days
- 02  Not sure if I was exposed
  
- 03  1 day
- 04  2 days
- 05  3 days
- 06  4 days
- 07  5 days
- 08  6 days
- 09  7 days
- 10  Not sure how many days

The next section is about vehicles, meaning cars, vans, trucks, SUVs, or motorcycles.

**G1a.** How often do you wear a seat belt when you are in a vehicle?

- 1  Never travel by vehicle
- 2  All of the time
- 3  Most of the time
- 4  Some of the time
- 5  Rarely or never

**G1.** In the LAST 12 MONTHS, how many times did you ride in a vehicle driven by someone who had been drinking alcohol?

- 0  Never
- 1  Once
- 2  2 times
- 3  3 times
- 4  4 times
- 5  5 times
- 6  6 times
- 7  7 times
- 8  8 or more times
- 9  Not sure

**G2.** In the LAST 12 MONTHS, how many times did you ride in a vehicle driven by someone who had been using drugs (other than alcohol)?

- 0  Never
- 1  Once
- 2  2 times
- 3  3 times
- 4  4 times
- 5  5 times
- 6  6 times
- 7  7 times
- 8  8 or more times
- 9  Not sure

**G3-s.** 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  Not sure

**G3a-s.** Did you ever take, or are you currently taking, a driver education course with both in-class and on-road training?

- 1  No
- 2  Yes, I'm currently taking a course
- 3  Yes, I've already taken a course

**G3b-s.** In the LAST 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?

- 1  Did not drive/Can't drive
- 2  Never
- 3  Once
- 4  2 times
- 5  3 times
- 6  4 or more times

**G4-s.** In the LAST 12 MONTHS, how many times did you drive a vehicle within an hour of drinking 2 or more drinks of alcohol?

- 01  Did not drive/Can't drive
- 02  Never
- 03  Once
- 04  2 times
- 05  3 times
- 06  4 times
- 07  5 times
- 08  6 times
- 09  7 times
- 10  8 or more times

**G5-s.** In the LAST 12 MONTHS, how many times did you drive a vehicle within an hour of using cannabis (marijuana or hashish)?

- 01  Did not drive/Can't drive
- 02  Never
- 03  Once
- 04  2 times
- 05  3 times
- 06  4 times
- 07  5 times
- 08  6 times
- 09  7 times
- 10  8 or more times

**G5a-s.** How much do you agree or disagree with the following statement:  
**It is safer to drive under the influence of cannabis than under the influence of alcohol.**

- 1  Strongly agree
- 2  Somewhat agree
- 3  Somewhat disagree
- 4  Strongly disagree
- 5  Not sure

**G5b-s.** In the LAST 12 MONTHS, how many times did you send or read a text message or an email while you were driving a vehicle?

- 01  Did not drive/Can't drive
- 02  Never
- 03  Once
- 04  2 times
- 05  3 times
- 06  4 times
- 07  5 times
- 08  6 times
- 09  7 times
- 10  8 or more times

**G5c-s.** In the LAST 12 MONTHS, how many times did you talk on a hand-held cell phone while you were driving a vehicle?

- 01  Did not drive/Can't drive
- 02  Never
- 03  Once
- 04  2 times
- 05  3 times
- 06  4 times
- 07  5 times
- 08  6 times
- 09  7 times
- 10  8 or more times

The next 2 questions are about the times you might have had classes or presentations at school about drugs.

**H1a.** 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

**H1b.** Since September, how many classes or presentations did you have that talked about cannabis or other types of drugs?

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

**H2a.** 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

**H2b.** In the LAST 12 MONTHS, how many times 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

**H2c.** In the LAST 12 MONTHS, has anyone offered, sold, or given you an illegal drug on school property?

- 1  Yes
- 2  No

**H2d.** In the LAST 12 MONTHS, has anyone tried to sell you any illegal drug ANYWHERE?

- 1  Yes
- 2  No

**H2e.** In the LAST 12 MONTHS, have you seen anyone selling illegal drugs in your neighbourhood?

- 1  Yes
- 2  No
- 3  Not sure

Now we have a few questions about how easy or difficult you think it would be to get certain drugs, if you wanted some.

**H3a.** How easy or difficult would it be for you to get tobacco cigarettes if you wanted some?

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

**H3b.** 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

**H3c.** How easy or difficult would it be for you to get cannabis ("weed", "pot", "hash") if you wanted some?

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



**H3d.** How easy or difficult would it be for you to get prescription pain relief pills (such as Percocet, Percodan, Tylenol #3, Demerol, Dilaudid, OxyNeo, codeine) 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

**H3e-s.** 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

**H3f-s.** How easy or difficult would it be for you to get "Ecstasy" ("Molly", "E") if you wanted some?

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

**H3g-s.** 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

**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....**

**H4a.** .... smoke 1 or 2 tobacco cigarettes a day?

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

**H4b.** .... smoke electronic cigarettes regularly? (An electronic cigarette is a battery-operated device that looks like a cigarette and creates a mist which is inhaled. Some e-cigarettes contain nicotine and some do not.)

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

**H4c.** .... 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

**H4d.** .... try marijuana ("weed", "pot", "grass") once or twice?

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

**H4e.** .... smoke marijuana regularly?

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

**H4f.** .... take a prescription pain reliever pill (such as Percocet, Percodan, Tylenol #3, Demerol, Dilaudid, OxyNeo, codeine) that was not prescribed for them?

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

**H4g-s.** .... try cocaine once or twice?

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

H4h-s. .... try "Ecstasy" ("Molly", "E") once or twice?

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

The next section is about your health.

I1. How would you rate your physical health?

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

I2. 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.

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

I2a. 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  Not enrolled in a physical education class right now
- 2  0 days
- 3  1 day
- 4  2 days
- 5  3 days
- 6  4 days
- 7  5 days

I3. In the LAST 7 DAYS, about how many hours a day, on average, did you spend: watching TV/movies/videos, playing video games, texting, messaging, posting or surfing the Internet in your free time? (Include time on any screen, such as a smartphone, tablet, TV, gaming device, computer, or wearable technology.)

- 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  Not sure

I4. On an average day, how many times do you eat fruits and vegetables? (Do not include juices.)

- 0  0 times a day
- 1  1 time a day
- 2  2 times a day
- 3  3 times a day
- 4  4 times a day
- 5  5 times a day
- 6  6 or more times a day

The next 2 questions are about what 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.

I5. In the LAST 7 DAYS, how often did you drink a can, bottle or glass of pop (such as Coke, Pepsi, Sprite), sport drink (such as Gatorade), fruit cocktails or lemonades, or pre-sweetened tea or coffee (such as Iced Tea or Frappuccino), bubble tea, or chocolate milk? (Do not include diet pop, 100% fruit juice, G2, or plain water.)

- 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 any of these beverages in the last 7 days

15a. In the **LAST 7 DAYS**, how often did you drink a can of a high-energy caffeine drink, such as Red Bull, Monster, Rockstar, Amp, Full Throttle, etc.?

- 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 a high-energy drink in the last 7 days, but did drink at least one in the last 12 months
  
- 7  Did not drink a high-energy drink in the last 7 days or in the last 12 months

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

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

17. Some young people go to school or to bed hungry because there is not enough food at home. How often does this happen to you?

- 1  Always
- 2  Often
- 3  Sometimes
- 4  Never

18. On an average **school night**, how many hours of sleep do you get?

- 1  4 hours or less
- 2  5 hours
- 3  6 hours
- 4  7 hours
- 5  8 hours
- 6  9 hours
- 7  10 hours
- 8  11 or more hours

19. 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  |
|                                                   | <b>or more</b>                                    |

110. 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> |

110a. 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)

110b. 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

I10c. In the **LAST 12 MONTHS**, how many times were you hurt or injured, and had to be treated by a doctor or nurse?

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

The next 2 questions are about **head injuries** that you may have had in the last 12 months. We are interested in any head injury that resulted in a headache, dizziness, blurred vision, vomiting, feeling confused or "dazed," problems remembering, or being unconscious (knocked out).

I11. Did you have this type of head injury in the **LAST 12 MONTHS**?

- 1  Never had a head injury like this in my life
- 2  I've had a head injury like this in my life, but not in the last 12 months
- 3  Yes, I've had a head injury like this in the last 12 months

I11a. If you've ever had a head injury like this, what was the cause? If you had more than one head injury in your life, think of the last one you had. (Please choose only one answer.)

- 01  Never had a head injury like this in my life
- 02  Car/truck/motorcycle accident
- 03  Other vehicle accident (such as a snowmobile, ATV, tractor)
- 04  Bicycle accident
- 05  Playing hockey
- 06  Playing soccer
- 07  Playing another team sport (such as football, rugby, basketball)
- 08  Other sports injury (such as skate boarding, skiing, snowboarding)
- 09  Fell down by accident
- 10  Was in a fight with someone
- 11  Bullied (pushed) by someone
- 12  An object hit me or was thrown at me
- 13  Other cause not listed above

For the next 4 questions, please tell us whether you agree or disagree with the following statements.

J4. I am very enthusiastic about my future.

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

J5. I would like to skydive or parachute out of a plane.

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

J6. I usually act without stopping to think.

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

J7. It frightens me when I feel dizzy or faint.

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

Just a few final questions...

N1. 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

N2. 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

N3. Do you think the questions in this survey make most students...

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

Thank you for participating in this provincial survey!

Please indicate the time you finished.

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