



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



Institute for Social Research  
York University



University of Toronto

# 2011 STUDENT SURVEY

THIS IS NOT A TEST. These questions are to find out what students, like yourself, know about alcohol and other drugs (for example, tobacco, cannabis, cocaine, 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 withdraw from the survey at any time.

THANK YOU VERY MUCH FOR YOUR HELP

## **INSTRUCTIONS FOR COMPLETING THIS QUESTIONNAIRE**

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

FOR EXAMPLE:

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

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

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

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

**THE FIRST FEW QUESTIONS ARE ABOUT YOUR BACKGROUND AND SCHOOL LIFE.**

**1. How old are you?**

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

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

- 1  Male
- 2  Female

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

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

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

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

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

**5. Who lives with you in your main home? (Please CHECK ALL THAT APPLY.)**

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

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

- 1  All of my life
- 2  Less than 1 year
- 3  1 to 2 years
- 4  3 to 5 years
- 5  6 or more years

**7. 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, Ukrainian, Russian, Israeli)
- b  **Chinese**
- c  **South Asian** (for example, East Indian, Pakistani, Sri Lankan)
- d  **Black** (for example, African, Caribbean)
- e  **Aboriginal/First Nations**
- f  **Filipino**
- g  **Latin American, Central American, South American** (for example, Mexican, Brazilian)
- h  **Southeast Asian** (for example, Vietnamese, Cambodian, Malaysian, Laotian)
- i  **West Asian or Arab** (for example, Egyptian, Saudi Arabian, Syrian, Iranian, Lebanese, Afghani)
- j  **Korean**
- k  **Japanese**
- l  Not sure

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

- 1  English
- 2  French
- 3  English and French
- 4  English and another language
- 5  French and another language
- 6  Another language

**FOR THE NEXT 3 QUESTIONS, PLEASE TELL US WHETHER YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENTS.**

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

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

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

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

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

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

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

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

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

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

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

- 1  90% - 100%
- 2  80% - 89%
- 3  70% - 79%
- 4  60% - 69%
- 5  50% - 59%
- 6  below 50%

**14a. 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

**14b. Since September, how many times have you been suspended from school?**

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

**15. How do you usually travel to school? (Please choose only one answer.)**

- 1  By car (as a passenger)
- 2  By car (as a driver)
- 3  By school bus
- 4  By public bus
- 5  By walking
- 6  By bicycling
- 7  By subway or streetcar
- 8  Other

**16. How do you usually travel home from school? (Please choose only one answer.)**

- 1  By car (as a passenger)
- 2  By car (as a driver)
- 3  By school bus
- 4  By public bus
- 5  By walking
- 6  By bicycling
- 7  By subway or streetcar
- 8  Other

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

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

**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 NATURAL PARENTS, ADOPTIVE PARENTS, STEPPARENTS, OR FOSTER PARENTS.**

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

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

**18. 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

**19. 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

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

**20. How well would you say you are getting along with your mother?**

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

**21. How well would you say you are getting along with your father?**

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

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

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

**23. 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 job 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	<input type="checkbox"/>	<b>Best off</b>
09	<input type="checkbox"/>	
08	<input type="checkbox"/>	
07	<input type="checkbox"/>	
06	<input type="checkbox"/>	
05	<input type="checkbox"/>	
04	<input type="checkbox"/>	
03	<input type="checkbox"/>	
02	<input type="checkbox"/>	
01	<input type="checkbox"/>	<b>Worst off</b>

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

- 01  Smoked a few puffs to a whole cigarette in the last 12 months
- 02  Smoked more than one cigarette, but not every day
- 03  1 or 2 cigarettes a day
- 04  3 to 5 cigarettes a day
- 05  6 to 10 cigarettes a day
- 06  11 to 15 cigarettes a day
- 07  16 to 20 cigarettes a day
- 08  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

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

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

**FOR THE FOLLOWING QUESTIONS, IF YOU DO NOT KNOW WHAT A DRUG IS OR HAVE NEVER HEARD OF IT, PLEASE CHOOSE ONLY THE "DON'T KNOW" BOX.**

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

- 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 smokeless tobacco is

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

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

**28.** 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

**28a.** In the **LAST 12 MONTHS**, how often did you sniff **GLUE OR OTHER SOLVENTS** (for example, airplane glue, nail polish remover, paint thinner, gasoline, etc.) **in order to get high?**

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

**29.** 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

**30.** 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

**31.** 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

**32.** 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

**33.** In the **LAST 12 MONTHS**, how often did you use MDMA or "**ECSTASY**" (also known as "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

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

- 1  1 or 2 times
- 2  3 to 5 times
- 3  6 to 9 times
- 4  10 to 19 times
- 5  20 to 39 times
- 6  40 or more times
- 7  Used without a prescription, but not in the last 12 months
- 8  Never used without a prescription in lifetime
- 9  Don't know what OxyContin is

**35.** 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

**36.** 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

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

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

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

- 1  1 or 2 times
- 2  3 to 5 times
- 3  6 to 9 times
- 4  10 to 19 times
- 5  20 to 39 times
- 6  40 or more times
- 7  Used without a prescription, but not in the last 12 months
- 8  Never used without a prescription in lifetime
- 9  Don't know what stimulants are

**38a.** In the **LAST 12 MONTHS**, how often did you use the drug **KETAMINE** (also known as "vitamin K", "special K")?

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

**38b.** In the **LAST 12 MONTHS**, how often did you use **JIMSON WEED** (also known as "locoweed", "stinkweed", "mad apple")?

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

**38c.** In the **LAST 12 MONTHS**, how often did you use **SALVIA DIVINORUM** (also known as "sally-D", "magic mint", "sadi")?

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

**38d.** In the LAST 12 MONTHS, how often did you use DODA (also known as "dode")?

- 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 doda is

**38e.** In the LAST 12 MONTHS, how often did you use BZP PILLS (also known as "pure rush", "party pills", "legal E", "herbal high")?

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

**38f.** In the LAST 12 MONTHS, how often did you use MEPHEDRONE (also known as "drone", "bubbles", "m-cat")?

- 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 mephedrone is

**38g.** In the LAST 12 MONTHS, how often did you use a COUGH OR COLD MEDICINE from a drug store, such as Robitussin DM, Benylin DM (also known as "robos", "dex", "DXM") in order to get high?

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

**38h.** In the LAST 12 MONTHS, how often did you use GRAVOL in order to get high?

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

**39.** 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 Valium, Ativan, Xanax) 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

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

- 1  1 or 2 times
- 2  3 to 5 times
- 3  6 to 9 times
- 4  10 to 19 times
- 5  20 to 39 times
- 6  40 or more times
- 7  Used 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

**41.** 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 to treat ADHD (such as Ritalin, Concerta, Adderall, Dexedrine) **WITH A PRESCRIPTION** or because a doctor told you to take it?

- 1  Once a day
- 2  Twice a day
- 3  3 times a day
- 4  4 times a day
- 5  Used with a prescription, but not in the last 12 months
- 6  Never used with a prescription in lifetime
- 7  Don't know what this medicine is

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

- 1  1 or 2 times
- 2  3 to 5 times
- 3  6 to 9 times
- 4  10 to 19 times
- 5  20 to 39 times
- 6  40 or more times
- 7  Used 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

**THE NEXT 6 QUESTIONS ARE ABOUT PRESCRIPTION PAIN RELIEF PILLS (SUCH AS PERCOCET, PERCODAN, TYLENOL #3, DEMEROL, OXYCONTIN, CODEINE).**

**WE DO NOT MEAN REGULAR TYLENOL OR ASPIRIN THAT ANYONE CAN BUY IN A DRUGSTORE.**

**43.** In the **LAST 12 MONTHS**, how often did you use these types of PAIN RELIEF PILLS **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 pain relief pills are

**44.** In the **LAST 12 MONTHS**, how often did you use these types of PAIN RELIEF PILLS **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 pain relief pills are

**44a** If you used these types of pain relief pills in the last 12 months **WITHOUT** a doctor's prescription or without a doctor telling you to take them, what was **your main reason for using?** (Please choose only one answer.)

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

**44b.** If you used these types of pain relief pills in the last 12 months **WITHOUT** a doctor's prescription or without a doctor telling you to take them, **who did you get them from?** (If you used them more than once, think about who you usually got them from.)

- 01  Never used these pills without a prescription in lifetime
- 02  Didn't use these pills without a prescription in the last 12 months
- 03  Got them from a parent or a brother/sister
- 04  Got them from someone else I live with
- 05  Got them from a friend
- 06  Got them from someone else I know
- 07  Got them from someone at a party
- 08  Got them from someone at a bar/club
- 09  Got them from someone on "the street"
- 10  Got them from another source not listed above
- 11  Don't remember

**44c.** If you used these types of pain relief pills in the last 12 months WITHOUT a doctor's prescription or without a doctor telling you to take them, how did you get them? (If you used them more than once, think about how you usually got them.)

- 1  Never used these pills without a prescription in lifetime
- 2  Didn't use these pills without a prescription in the last 12 months
- 3  I got them for free
- 4  I bought them
- 5  I took them from someone without their knowing
- 6  I traded other drugs to get them
- 7  I traded something else to get them
- 8  I got them another way not listed
- 9  Don't remember

**44d.** In the LAST 12 MONTHS, did you drink more than just a sip of alcohol AND take a prescription pain relief pill (such as Percocet, Percodan, Tylenol #3, Demerol, OxyContin, codeine) on the same occasion – that is, so that their effects overlapped?

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

**44e.** Have you ever used **STEROIDS**, body builders/performance builders (e.g., testosterone and other androgens, durabolin, growth hormones, etc.) to increase your performance in some sport or activity, or to change your physical appearance?

- 1  Yes
- 2  No

**44f.** In the LAST 12 MONTHS, have you used any illegal drug by injection or needle?

- 1  Yes
- 2  No

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

**44g.** In the LAST 12 MONTHS, have you smoked one whole cigarette for the VERY FIRST TIME?

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

**44h.** 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

**44i.** In the LAST 12 MONTHS, have you tried cannabis (marijuana or hashish) for the VERY FIRST TIME?

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

**44j.** In the LAST 12 MONTHS, have you tried any other illegal drug (such as cocaine, "Ecstasy", LSD, etc.) for the VERY FIRST TIME?

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

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

**A "DRINK" OF ALCOHOL IS A GLASS OF WINE, A BOTTLE OF BEER, A COOLER, A SHOT GLASS OF LIQUOR, OR A MIXED DRINK.**

**45.** 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

**45a.** 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

- 46.** During the **LAST 4 WEEKS** how often did you drink alcohol (liquor, wine, beer, or coolers)?
- 1  Once or twice
  - 2  Once or twice each week
  - 3  3 or 4 times each week
  - 4  5 or 6 times each week
  - 5  Once each day
  - 6  More than once each day
  - 7  Did not drink alcohol in the last 4 weeks
  - 8  Never drank alcohol in lifetime

- 47.** How many times in the **LAST 4 WEEKS** have you had **5 OR MORE DRINKS** of alcohol on the **SAME OCCASION**?
- 1  Once
  - 2  2 times
  - 3  3 times
  - 4  4 times
  - 5  5 or more times
  - 6  Did not drink alcohol in the last 4 weeks
  - 7  Did not have five or more drinks of alcohol on the same occasion in the last 4 weeks
  - 8  Never drank alcohol in lifetime

- 48.** How many times in the **LAST 4 WEEKS** has drinking alcohol **MADE YOU DRUNK** (that is, you had so much to drink that you could not do what you wanted to do, or you threw up)?
- 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

- 49.** 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

- 49.1a.** How easy or difficult would it be for you to get alcohol if you wanted some?
- 1  Probably impossible
  - 2  Very difficult
  - 3  Fairly difficult
  - 4  Fairly easy
  - 5  Very easy
  - 6  Don't know

- 49.1b.** In the **LAST 12 MONTHS**, how did you usually get the alcohol you drank? (Please choose one answer only.)
- 01  Someone gave it to me
  - 02  I took it from home
  - 03  I took it from somewhere else
  - 04  I bought it in a liquor store
  - 05  I bought it in a beer store
  - 06  I bought it at a restaurant, bar, or club
  - 07  I bought it at a public event such as a concert or sporting event
  - 08  I gave someone else money to buy it for me
  - 09  I got it some other way
  - 10  Don't remember
  - 11  Did not drink alcohol in the last 12 months
  - 12  Never drank alcohol in lifetime

- 49.1c.** In the **LAST 12 MONTHS**, did you drink alcohol in the form of mouthwash, rubbing alcohol, or hand sanitizer, even just a sip to try it?
- 1  Yes
  - 2  No
  - 3  Never tried drinking these in lifetime

- 49.1d.** Please tell us whether you agree or disagree with the following statement:
- Alcohol companies advertise to people my age.**
- 1  Strongly agree
  - 2  Somewhat agree
  - 3  Somewhat disagree
  - 4  Strongly disagree

- 50.** Have you been in a treatment program during the **LAST 12 MONTHS** because of your alcohol or drug use?
- 1  Yes, for alcohol only
  - 2  Yes, for drugs only
  - 3  Yes, for both alcohol and drugs
  - 4  No

**THE NEXT 2 QUESTIONS ARE ABOUT THE DRUG CANNABIS (ALSO KNOWN AS MARIJUANA, HASHISH, "WEED", "POT", "GRASS").**

**PLEASE ANSWER THE QUESTIONS, EVEN IF YOU HAVE NEVER TRIED CANNABIS.**

**51.** 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

**51.1a.** How easy or difficult would it be for you to get cannabis (also known as marijuana, "weed", "pot", "grass", hashish, "hash", hash oil) if you wanted some?

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

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

**51.1b.** How easy or difficult would it be for you to get LSD or "acid" if you wanted some?

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

**51.1c.** How easy or difficult would it be for you to get cocaine if you wanted some?

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

**51.1d.** How easy or difficult would it be for you to get "Ecstasy" (or MDMA) if you wanted some?

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

**51.1e.** How easy or difficult would it be for you to get prescription pain relief pills (such as Percocet, Percodan, Tylenol #3, Demerol, OxyContin, 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

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

**51.2a.** How easy or difficult would it be for you to get cigarettes if you wanted some?

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

**51.2b.** When (if ever) did you first smoke a whole 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

**51.2c.** How many times have you tried to quit smoking cigarettes in the LAST 12 MONTHS?

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

**51.2d.** Thinking about the last time you bought cigarettes in the PAST 12 MONTHS, were they...?

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

**51.2e.** Thinking about the last time you bought cigarettes in the PAST 12 MONTHS, about how much did you pay for each single cigarette, or pack, or bag?

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

**51.2f.** Thinking about the last time you smoked a whole cigarette in the PAST 12 MONTHS, where did you get it from? (Please choose only one answer.)

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

**51.2g.** In the LAST 12 MONTHS, how often did you smoke cigarettes made on Native 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 my lifetime  
11  Never smoked any cigarette in my lifetime

**51.2h.** In the LAST 12 MONTHS, have you seen, heard, or read news stories in the media about youth trying to raise awareness about cigarette smoking? (Please choose only one answer.)

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

**51.2i.** In your opinion, how should cigarettes or other tobacco products be sold in Ontario?

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

**THE NEXT 2 QUESTIONS ARE ABOUT SECOND-HAND SMOKE.**

**IF YOU ARE STANDING CLOSE TO SOMEONE WHO IS SMOKING A CIGARETTE OR TOBACCO, SAY WITHIN 10 FEET, YOU WILL BE EXPOSED TO THAT PERSON'S SMOKE. THIS CAN BE ANYWHERE SUCH AS INSIDE A HOME, ON THE STREET, IN A CAR/BUS, AT A BUS SHELTER, AT SCHOOL, AT A PLAYGROUND/SPORTS FIELD, OR AT A MALL.**

**51.2j. Thinking about the LAST 7 DAYS, on how many days were you exposed to other people's tobacco smoke anywhere, either indoors or outdoors?**

- 1  I was not exposed to other people's tobacco smoke in the last 7 days
- 2  1 day
- 3  2 days
- 4  3 days
- 5  4 days
- 6  5 days
- 7  6 days
- 8  7 days
- 9  Not sure how many days

**51.2k. Thinking about the last time in the past 7 days that you were exposed to other people's tobacco smoke, for about how long were you exposed, in total?**

- 1  I was not exposed to other people's tobacco smoke in the last 7 days
- 2  Less than 1 minute
- 3  1 to 9 minutes
- 4  10 to 29 minutes
- 5  30 minutes to almost 1 hour
- 6  1 hour to almost 3 hours
- 7  3 hours to almost 6 hours
- 8  6 hours or more
- 9  Not sure how long

**THE NEXT SECTION IS ABOUT DRIVING A VEHICLE, MEANING A CAR, SUV, VAN, TRUCK, OR MOTORCYCLE.**

**52. 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

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

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

**53a. 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
- 6  Never

**54. In the LAST 12 MONTHS, how often 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  No driver's licence of any type
- 2  Never
- 3  Once
- 4  2 times
- 5  3 times
- 6  4 or more times

**54a. Since August 2010, how often have you driven a vehicle within an hour of drinking any amount of alcohol?**

- 01  No driver's licence of any type
- 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

**55. In the LAST 12 MONTHS, how often have you driven a vehicle within an hour of drinking 2 or more drinks of alcohol?**

- 01  No driver's licence of any type
- 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

**56. In the LAST 12 MONTHS, have you driven a snowmobile, motor boat, sea-doo, or all-terrain vehicle (ATV) within an hour of drinking 2 or more drinks of alcohol?**

- 1  Did not drive a snowmobile, motor boat, sea-doo, or ATV in the last 12 months
- 2  Yes
- 3  No

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

**57.** In the LAST 12 MONTHS, how often have you driven a vehicle within an hour of using marijuana or hashish?

- 01  No driver's licence of any type
- 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

**58.** In the LAST 12 MONTHS, how often have you driven a vehicle within an hour of using a prescription pain relief pill such as Percocet, Percodan, Tylenol #3, Demerol, OxyContin, or codeine? (We do not mean regular Tylenol or Aspirin that anyone can buy in a drugstore.)

- 01  No driver's licence of any type
- 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

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

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

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

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

**60.1a.** 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

**60.1b.** Since September, how many classes or presentations did you have that talked about cannabis (marijuana or hashish)?

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

**60.1c.** Since September, how many classes or presentations did you have that talked about drugs other than alcohol, cannabis, or tobacco?

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

**60.1d.** Since September, were there any activities or events at your school (outside of regular class time) to stop students from using alcohol or drugs?

- 1  No, there were no activities
- 2  Yes there were activities, but I was not involved
- 3  Yes there were activities, and I was involved
- 4  Not sure

**60.1e.** 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

**60.1f.** In the LAST 12 MONTHS, how many times (if ever) have you been drunk or "high" on school property?

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

**60.1g.** In the LAST 12 MONTHS, has anyone offered, sold, or given you an illegal drug on school property?

- 1  Yes
- 2  No

**60.1h.** In the LAST 12 MONTHS, has anyone tried to sell you any illegal drug ANYWHERE?

- 1  Yes
- 2  No

**60.1i.** In the LAST 12 MONTHS, have you SEEN anyone selling illegal drugs in your neighbourhood?

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

**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....**

**60.2a.** .... smoke one or two cigarettes a day?

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

**60.2b.** .... try marijuana (pot, grass, weed) once or twice?

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

**60.2c.** .... smoke marijuana regularly?

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

**60.2d.** .... 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

**60.2e.** .... try cocaine once or twice?

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

**60.2f.** .... try "Ecstasy" (MDMA) once or twice?

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

**DO YOU DISAPPROVE OF ADULTS (AGE 18 AND OLDER) DOING THE FOLLOWING...**

**60.3a.** .... smoking one or more packs of cigarettes a day?

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

**60.3b.** .... trying marijuana (pot, grass, weed) once or twice?

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

**60.3c.** .... smoking marijuana regularly?

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

**60.3d.** .... trying cocaine once or twice?

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

**60.3e.** .... trying "Ecstasy" (MDMA) once or twice?

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

**THE NEXT SECTION IS ABOUT YOUR HEALTH.**

**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.**

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

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

**62.** 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

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

- 1  None
- 2  Less than 1 hour a day
- 3  1 to 2 hours a day
- 4  3 to 4 hours a day
- 5  5 to 6 hours a day
- 6  7 or more hours a day
- 7  Not sure

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

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

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

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

**65a.** In the LAST 7 DAYS, how often did you drink a can of a high-energy caffeine drink, such as Redbull, Rockstar, Full Throttle, Monster, 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 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

**66.** 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>                                    |

**67. 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> |

**67a. Do you think of yourself as being too thin, about the right weight, or too fat?**

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

**67b. Which of the following are you doing about your weight?**

- Not doing anything
- Trying to lose weight
- Trying to keep from gaining weight
- Trying to gain weight

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

- Excellent
- Very good
- Good
- Fair
- Poor

**68a. Has a doctor or nurse ever told you that you have asthma? (Please choose only one answer.)**

- No
- Yes, I have asthma now
- Yes, I used to have asthma, but not anymore
- Not sure

**68b. In the LAST 12 MONTHS, how many times have you seen a doctor about your physical health or for a check-up?**

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

**68c. In the LAST 12 MONTHS, how many times were you hurt or injured, and had to be treated by a doctor or nurse?**

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

**THE NEXT 3 QUESTIONS ARE ABOUT HEAD INJURIES THAT YOU MAY HAVE HAD IN YOUR LIFE. WE ARE INTERESTED IN ANY HEAD INJURY THAT RESULTED IN YOU BEING UNCONSCIOUS (KNOCKED OUT) FOR AT LEAST 5 MINUTES, OR YOU HAD TO STAY IN THE HOSPITAL FOR AT LEAST 1 NIGHT BECAUSE OF IT.**

**69. How many times IN YOUR LIFE have you had a head injury like this?**

\_\_\_\_\_ times (Write '0' if you have never had a head injury like this in your life.)

**70. Did you have this type of head injury during the LAST 12 MONTHS?**

- Yes, I've had a head injury like this in the last 12 months.
- Yes, I've had a head injury like this in my life, but not in the last 12 months.
- No, I've never had a head injury like this in my life.

**71. If you had this type of head injury in the last 12 months, what was the cause of it? (If this happened more than once, think about the last time it happened.)**

- I've not had a head injury like this in the last 12 months
- I've never had a head injury like this in my life
- Motor vehicle accident
- Other vehicle accident (such as a snowmobile, ATV, tractor)
- Bicycle accident
- Fight
- Sports injury (such as team sports, skate boarding, skiing, snow boarding)
- Fell down
- Other cause not listed

**PLEASE INDICATE HOW MUCH YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENTS.**

**71.6a. I like new and exciting experiences, even if I have to break the rules.**

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

**71.6b. I prefer friends who are exciting and unpredictable.**

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

**71.6c. I like to explore strange places.**

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

**71.6d. I like to do frightening things.**

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

**71.6e. Sometimes I feel that I can't do anything right.**

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

**71.6f. I feel good about myself.**

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

**71.6g. I feel I don't have much to be proud of.**

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

**71.6h. Sometimes I think I am no good at all.**

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

**71.6i. I am able to do most things as well as other people can.**

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

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

**71.7a. Would you feel embarrassed or ashamed if your friends knew that someone in your family smokes cigarettes?**

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

**71.7b. Would you feel embarrassed or ashamed if your friends knew that someone in your family was addicted to alcohol?**

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

**71.7c. Would you feel embarrassed or ashamed if your friends knew that someone in your family was addicted to drugs?**

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

**71.7d. Would you feel embarrassed or ashamed if your friends knew that someone in your family had a mental illness?**

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

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

**72. 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

**73. 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

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

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

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

\_\_\_\_\_

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

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

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