

SURVEY ID NUMBER

# Survey on Adolescent Health and Wellbeing



University of New Brunswick



University of Alberta



York University

RYERSON UNIVERSITY

Ryerson University



Conseil de recherches en  
sciences humaines du Canada

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## Survey on Adolescent Health and Wellbeing

Dear Student,

Thank you for agreeing to take part in this survey about understanding young people and the current challenges and transitions they may be experiencing. Your contribution to this study is very important to the research team and to research about youth in Canada.

We will be comparing the results we obtain from this survey to the results of a recent national survey of young people that was undertaken by Statistics Canada. Therefore, many of the questions in this survey are the same as those used in a previous national study.

As a participant in this research project, your answers to all questions will be kept strictly confidential. This means that **no one will see your answers except the researchers on this project**. Your identity will also remain anonymous. This means that **your answers will be kept separate from any identifying contact information you may choose to give us**. For example, your teachers and parents will not be given any of the information that you provide in this survey.

Some of the questions may be difficult to answer. Please try your best to answer as many of the questions that you can. If you have any problems understanding a question, please feel free to ask the assistant who is supervising this survey for help.

Please note that you do not have to answer questions that you do not want to, for any reason. You may also choose to stop participating in this survey at any time. Should you make this decision, you will not be asked for any explanation.

At the end of the survey, we will give you some information that will tell you a little more about the study. We will also include some resources that you might want to use if you feel you would like to speak to someone about any difficulties you may be experiencing or any general concerns that you might have. You can take this information with you.

Thank you again. Your participation is greatly appreciated and very important to expanding our knowledge about youth in Canada.

## SECTION A. INTRODUCTION

This is a questionnaire that asks about you, your family, your friends, how you feel and what you like to do. This is not a test and there are no right or wrong answers. Some questions may seem personal and some are about things not everybody does. Take your time and please be sure to answer each question based on what you really think.

Please mark the answer with a ✓ or x that corresponds to the ONE most appropriate response provided, unless instructed to do otherwise.  
You may fill out the questionnaire in pen or pencil, whichever you prefer.

A1. When is your birthday? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month date year

A2. Are you a  male or a  female?

A3. Who lives in the same household as you? (Check all that apply)

- |                         |   |           |                |
|-------------------------|---|-----------|----------------|
| <input type="radio"/> 1 | Father  |           |                |
| <input type="radio"/> 2 | Stepfather  |           |                |
| <input type="radio"/> 3 | Mother  |           |                |
| <input type="radio"/> 4 | Stepmother  |           |                |
| <input type="radio"/> 5 | Brothers and sisters  | How many? | (enter number) |
| <input type="radio"/> 6 | Stepbrothers and stepsisters  | How many? | (enter number) |
| <input type="radio"/> 7 | Your own children   | How many? | (enter number) |
| <input type="radio"/> 8 | Other persons:<br>(please write in their relationship to you<br>e.g. grandmother, friend) | How many? | (enter number) |
| <input type="radio"/> 9 | I live alone  |           |                |

A4. What language does your family speak at home the most?

- 1 English  
 2 French  
 3 Other (specify)

A5. How long have you lived at your current home? \_\_\_\_\_ years \_\_\_\_\_ months

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**A6. Have you lived in homes other than this one?**

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- 1  No → go to Section B
- 2  Yes → go to question A7
- 

**A7. Was your last home (before your current one):**

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- 1  in the same community
- 2  in a different community in the same province
- 3  in a different province
- 4  in a different country
- 

**A8. Over the past 3 years, how many times have you/your family moved?**

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- 1  Once
- 2  More than once: \_\_\_\_\_ times (write in number)
- 3  Not at all
- 

**A9. In your lifetime, how many times have you moved?**

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\_\_\_\_\_ times (write in "0" if no moves in your lifetime.)

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**SECTION B: FRIENDS AND FAMILY**

Please answer the following statements about your friends and others your age.

	False	Mostly False	Sometimes True/ sometimes False	Mostly True	True
<b>B1. I have many friends.</b>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
<b>B2. I get along easily with others my age.</b>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
<b>B3. Others my age want me to be their friend.</b>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
<b>B4. Most others my age like me.</b>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

For the rest of this questionnaire, by "close friends" we mean the people that you trust and confide in. They are friends that you see or hang out with at school or outside of school.

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**B5. I feel that my close friends really know who I am.** 1  2  3  4  5

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	Never	Less than one day a week	One day a week	2-3 days a week	4-5 days a week	6-7 days a week
<b>B6. How many days a week do you do things with close friends outside of school hours?</b>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

	All the time	Most of the time	Sometimes	Rarely	Never
<b>B7. How often do you confide in your close</b>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

<b>B8. How many of your close friends do the following?</b>	None	A few	Most	All
a. Smoke cigarettes?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Drink alcohol?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Break the law by stealing, hurting someone or damaging property?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. Have tried marijuana?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. Have tried drugs other than marijuana?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

<b>B9. Since September 1<sup>st</sup>, how many of your close friends have done the following?</b>	None	A few	Most	All
a. Worked for an employer or at odd jobs?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Cut or skipped a day of school without permission?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Been suspended from school?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. Dropped out of school for more than one week?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

<b>B10. For each of the following statements, mark the answer that corresponds to your situation with your close friends.</b>	True	Mostly True	Mostly false	False
a. My close friends push me to succeed and do interesting things that I would not do by myself.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. When I make a decision, I take my close friends' opinion into account.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. My close friends sometimes push me to do foolish or stupid things.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

**B11. Other than your close friends, do you have anyone else in particular you can talk to about yourself or your problems?**

Yes → Go to question B12

No → Go to question C1

B12. Mark all the people that you feel you can talk to about yourself or your problems (mark all that apply)	How often do you talk to them about yourself or your problems?				Using the list below, insert the numbers corresponding to the topics you most talk to them about
	Often	Sometimes	Rarely	Never	1. family problems 2. relationships with peers 3. education/school 4. health (including sexuality) 5. romantic relationships 6. other (please specify)

Example:

Mother	1 <input checked="" type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	1, 3, 6 (problems at work)
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Mother	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
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Father	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
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Stepmother	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
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Stepfather	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
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Brother	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
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Sister	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
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Grandparent	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
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Other relative	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
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A friend of the family or a friend's parent	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
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Parent's boyfriend/girlfriend	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
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Teacher	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
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Coach or Leader (e.g. Scout, Guide, or Church leader)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
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Other (e.g. family doctor, counselor)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
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(please specify) \_\_\_\_\_

## SECTION C. SCHOOL

	I like school very much	I like school quite a bit	I like school a bit	I don't like school very much	I hate school.
<b>C1. How do you feel about school?</b>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

**C2. Are you in the same school you were in two years ago?** 1  Yes → Go to question C7

2  No → Go to question C3

**C3. For your most recent school, why did you change schools? (please mark all that apply)**

- 1  I changed from elementary school to middle school or junior high.
- 2  I changed from elementary school to high school.
- 3  I changed from middle school or junior high to high school.
- 4  I moved.
- 5  I was expelled.
- 6  Other reason \_\_\_\_\_ (please specify)

**C4. What did you find hard to get used to about your new school? (please mark all that apply)**

- 1  I did not find it hard to get used to my new school.
- 2  Organizing homework.
- 3  New teachers.
- 4  Changing classes.
- 5  Having to make new friends.
- 6  Finding my way around.
- 7  Taking the bus to a new school.
- 8  Other (please specify):

**C5. Is this the only time you have changed schools?** 1  Yes → Go to question C7

2  No → Go to question C6



**C6. For your next-to-most recent change in schools, why did you change schools? (Please mark all that apply)**

- 1  I changed from elementary school to high school
- 2  I changed from elementary school to middle or junior high.
- 3  I changed from middle school or junior high to high school.
- 4  I moved.
- 5  I was expelled.
- 6  Other reason \_\_\_\_\_ (please specify)

**C7. How many schools have you attended all together? (Write in number)**

	Very well	Well	Average	Poorly	Very poorly
<b>C8. How well do you think you are doing in your schoolwork?</b>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

**C9. How important is it to you to do the following in school?**

	Very important	Somewhat important	Not very important	Not important at all
a. Make friends	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Get good grades?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Participate in extra-curricular activities?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. Learn new things?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. Always show up for class on time?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. Express your opinion in class?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
g. Take part in student council or other similar groups?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
h. Hand in assignments on time?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

**C10. How often do you feel like an outsider (or left out of things) at your school?**

	All the time	Most of the time	Sometimes	Rarely	Never
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

<b>C11. Since the beginning of the school year, how often have you taken part in the following <u>school-based</u> activities (other than in class)?</b>	Never	Less than once a week	1-3 times a week	4 or more times a week
a. Played sports or done physical activities <b>without</b> a coach or an instructor (e.g., softball during lunch time)?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Played sports <b>with</b> a coach or instructor, other than for gym class (e.g., school teams)?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Taken part in dance, gymnastics, karate or other groups or lessons, other than in gym class?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. Taken part in art, drama or music groups, clubs or lessons, outside of class?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. Taken part in a school club or group such as yearbook club, photography club or student council?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

<b>C12.</b>	Never	Once or twice	3 or 4 times	5 times
a. <b>Since the beginning of this school year</b> , how many times have you skipped a day of school <b>WITHOUT</b> permission?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. In the last week (since last week at this time), how many times have you skipped a day of school <b>WITHOUT</b> permission?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Was this a typical week for you?				
1 <input type="radio"/> Yes				
2 <input type="radio"/> No, I usually skip less				
3 <input type="radio"/> No, I usually skip more				

	Never	Once or twice	3 or 4 times	5 or more times
d. <b>Since the beginning of this school year</b> , how many times have you been suspended from school?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

**C13. Have you ever dropped out of school for more than a week?**      1  Yes      2  No

<b>C14. The next statements are about teachers and homework.</b>	All the time	Most of the time	Sometimes	Rarely	Never	
a. In general my teachers treat me fairly.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	
b. If I need extra help, my teachers give it to me.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/> Don't need help
c. I have a place at home to do homework or study.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/> No homework
d. When my teachers give me homework, I do it.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/> No homework

**C15. How often do you talk to a teacher outside of class?**

1 <input type="radio"/> Every day
2 <input type="radio"/> A few times a week
3 <input type="radio"/> Once a week
4 <input type="radio"/> A few times a month
5 <input type="radio"/> Less than once a month
6 <input type="radio"/> Almost never

**C16. In the next statements, parents include guardians. They are the ones who live with you at home and influence your life.**

	All the time	Most of the time	Some of the time	Rarely	Never	No problems at school
a. If I have problems at school, my parents are ready to help.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
b. My parents encourage me to do well at school.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	
c. My parents expect too much of me at school.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	

**C17. How far do you hope to go in school? I hope to complete ...**

1 <input type="radio"/> Middle school/junior high
2 <input type="radio"/> High school
3 <input type="radio"/> College or CEGEP
4 <input type="radio"/> A university degree
5 <input type="radio"/> More than one university degree
6 <input type="radio"/> I don't know
7 <input type="radio"/> Other (please specify):

## SECTION D. ABOUT ME

<b>D1. Choose the answer that best describes how you feel</b>	False	Mostly false	Sometimes false /sometimes true	Mostly true	True
a. In general, I like the way I am.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Overall I have a lot to be proud of.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. A lot of things about me are good.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. When I do something, I do it well.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. I like the way I look.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

### **D2. In general, I am happy with how things are for me in my life now.**

- 1  Strongly disagree
- 2  Disagree
- 3  Agree
- 4  Strongly agree

### **D3. The next five years look good to me.**

- 1  Strongly disagree
- 2  Disagree
- 3  Agree
- 4  Strongly agree

### **D4. The following is a series of events that may directly affect youth. Have you personally been through these events in the last two years?**

	Yes	No
a. A painful break-up with your boyfriend/girlfriend.	1 <input type="radio"/>	2 <input type="radio"/>
b. A serious problem in school.	1 <input type="radio"/>	2 <input type="radio"/>
c. A pregnancy or an abortion.	1 <input type="radio"/>	2 <input type="radio"/>
d. The divorce or separation of your parents	1 <input type="radio"/>	2 <input type="radio"/>
e. The death of someone close to you.	1 <input type="radio"/>	2 <input type="radio"/>
f. Another difficult event. Please specify: _____	1 <input type="radio"/>	2 <input type="radio"/>

<b>D5. In the past 12 months, have you personally been treated unfairly because of ...</b>	No	Yes	I don't know
a. your sex/gender?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b. your race, skin colour, or ethnic group?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
c. your religion?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
d. your sexual orientation?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
e. another reason? Please specify:	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

## SECTION E. FEELINGS AND BEHAVIOURS

<b>E1. How often have you felt or behaved this way during the <u>past week</u> (7 days)?</b>	Rarely or none of the time (less than 1 day)	Some or little of the time (1 to 2 days)	Occasionally or little of the time (3 to 4 days)	Most or all of the time (5 to 7 days)
a. I did not feel like eating; my appetite was poor.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. I felt I could not shake off the blues even with the help from my family or friends.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. I had trouble keeping my mind on what I was doing.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. I felt depressed.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. I felt that everything I did was an effort.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. I felt hopeful about the future.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
g. My sleep was restless.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
h. I was happy.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
i. I felt lonely.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
j. I enjoyed life.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
k. I had crying spells.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
l. I felt people disliked me.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

The following questions are about suicide. Some of them might be hard for you to answer, but please answer them as well as you can. These questions will help us learn about young people. If you feel like you need support, we encourage you to talk to your school counselor, family doctor or nurse, or use the resources provided to you by the research team on the sheet at the end of this survey. You will also be told about counselors that will be available to you after this survey has been completed. If you want the information again, please just ask a member of the research team, or ask your teacher how to contact a member of the research team.

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**E2. Has anyone in your school committed suicide?**

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- <sub>1</sub> Yes, within the last year
- <sub>2</sub> Yes, more than a year ago
- <sub>3</sub> No, never
- <sub>4</sub> I don't know
- 

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**E3. Has anyone that you have personally known committed suicide?**

---

- <sub>1</sub> Yes, within the last year
- <sub>2</sub> Yes, more than a year ago
- <sub>3</sub> No, never
- <sub>4</sub> I don't know
- 

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**E4. During the past 12 months, did you seriously consider attempting suicide?**

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- <sub>1</sub> Yes
- <sub>2</sub> No → Go to question F1
- 

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**E5. During the past 12 months, how many times did you attempt suicide?**

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- <sub>1</sub> Never/none
- <sub>2</sub> Once
- <sub>3</sub> More than once
- 

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**E6. If you attempted suicide during the past 12 months, did you have to be treated by a doctor, nurse or other health professional (for a physical injury or counseling)?**

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- <sub>1</sub> I did not attempt suicide within the past 12 months.
- <sub>2</sub> Yes
- <sub>3</sub> No
-

## SECTION F. SMOKING, DRINKING, AND DRUGS

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### F1. How often do you smoke cigarettes? (Mark one only.)

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- I have never smoked
- I only tried once or twice but I do not smoke now.
- A few times a year
- About once or twice a month
- About 1-2 days a week
- About 3-5 days a week
- About 6-7 days a week
- 

The next questions are about drinking alcohol.

A drink of alcohol is, for example:

one bottle of beer or  
one glass of wine, or  
one shot of liquor

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### F2. If you drink alcohol, how often do you do so?

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- I have never had a drink of alcohol
- I only tried once or twice, but I do not drink alcohol anymore
- A few times a year
- About once or twice a month
- About 1-2 days a week
- About 3-5 days a week
- About 6-7 days a week
-

The next questions are about drug use. Please answer even if you do not use drugs.

**F3. Which of the following best describes your experience with using marijuana and cannabis products (also known as a joint, pot, grass or hash) in the past 12 months?**

- 1  I have never done it.
- 2  I have done it but not during the past 12 months.
- 3  In the past 12 months, I've done it a few times.
- 4  In the past 12 months, I've done it about once or twice a month.
- 5  In the past 12 months, I've done it about 1-2 days a week.
- 6  In the past 12 months, I've done it about 3-5 days a week
- 7  In the past 12 months, I've done it about 6-7 days a week

**F4. Thinking about the following drugs...**

I don't know what that drug is

How many times have you done this drug in the past 12 months? (write 0 if you've never done it)

I first did it when I was... (leave blank if you've never done the drug)

a. Marijuana and cannabis products (also known as joint, pot, grass, hash).	1 <input type="radio"/>	years old
b. Hallucinogens (like LSD, acid, magic mushrooms).	2 <input type="radio"/>	years old
c. Glue or solvents (such as paint thinner, gasoline, etc.).	3 <input type="radio"/>	years old
d. Drugs without a prescription or advice from a doctor: uppers, tranquilizers, Ritalin, etc.	4 <input type="radio"/>	years old
e. Misuse of over the counter drugs (Gravol, cough syrup, codeine)	5 <input type="radio"/>	years old
f. Ecstasy ("E")	6 <input type="radio"/>	years old
g. Methamphetamine ("meth" or "ice")	7 <input type="radio"/>	years old
h. Cocaine	8 <input type="radio"/>	years old
i. Crack	9 <input type="radio"/>	years old
j. Other drugs (please write in):		years old



## SECTION G. ABOUT YOUR MOTHER

---

**G1. Think of the mother you spend the most time with. Is she ... (Mark one only)**

---

- <sub>1</sub> your biological mother? → go to question G6
- <sub>2</sub> your adoptive mother? → go to question G6
- <sub>3</sub> your stepmother? → go to question G2
- <sub>4</sub> your foster mother? → go to question G2
- <sub>5</sub> another person (a mother figure)? → go to question G2
- <sub>6</sub> I am not in touch with my mother → go to Section H
- 

**G2. If you don't live with your biological or adoptive mother, is it because she is separated or divorced from your biological father?**

---

- <sub>1</sub> Yes → go to question G6
- <sub>2</sub> No → go to question G3
- 

**G3. If you don't live with your biological or adoptive mother, is it because she died?**

---

- <sub>1</sub> Yes → go to question G4
- <sub>2</sub> No → go to question G6
- 

**G4. Was she a member of the Canadian Forces?**

---

- <sub>1</sub> Yes → go to question G5
- <sub>2</sub> No → go to question G6
- 

**G5. Did she die in service?**

---

- <sub>1</sub> Yes
- <sub>2</sub> No
- 

**Thinking of the mother you spend the most time with...**

---

**G6. Does your mother currently work outside of the home?**

- <sub>1</sub> Yes → Go to question G7
- 
- <sub>2</sub> No, but she used to → go to question G7
- 
- <sub>3</sub> No, she never has → go to question G26
-

**G7. If your mother is a civilian, what kind of job does/did she have?**

Please describe what she does (*e.g., drives a truck, is a secretary in an office, works as a nurse in a hospital*)

**G8. Is your mother a member of the Canadian Forces?**

1  Yes → go to question G9

2  No, but she used to be → go to question G13.

3  No, she has never been a member of the Canadian Forces → go to question G26

**If your mother is a member of the Canadian Armed Forces:**

**G9. What kind of job does she have?**

1  Combat arms (infantry, tanks, gunnery, combat engineering, etc.)

2  Pilot (specify type: \_\_\_\_\_)

3  Support (e.g., weapons tech, air frame tech, administration, office work, human resources, accounting, clerical, logistics, medical, dental, chaplains)

**G10. If your mother is a member of the Regular Force Canadian military, for how many years has she belonged to the Canadian Forces?**

For about \_\_\_\_\_ years

99  she is a member of the Canadian Forces Reserve

**G11. If your mother is a member of the Regular Force Canadian military, is she of an enlisted/non-commissioned rank, or is she an officer?**

1  enlisted

2  officer

3  don't know

**G12. Does she belong to:**

- 1  Army
- 2  Navy
- 3  Air force

**G13. If she was once, but is no longer, a member of the Regular Force Canadian military, how many years ago did she take her release?**

- About \_\_\_\_\_ years ago
- 99  She did not take her release; she joined the Canadian Forces Reserve.

**G14. If she was once, but is no longer, a member of the Regular Force Canadian military, how many years did she belong to the Canadian Forces before taking her release?**

- About \_\_\_\_\_ years
- 99  She still belongs to the Canadian Forces Reserve.

**G15. If she was once, but is no longer, a Regular Force Canadian military member, was she of an enlisted/non-commissioned rank, or was she an officer?**

- 1  enlisted
- 2  officer
- 3  don't know

**G16. If she was once, but is no longer, a member of the Regular Force Canadian military, did she belong to the army, navy, or air force?**

- 1  Army
- 2  Navy
- 3  Air force

**G17. Is your mother a member of the Canadian Forces Reserve?**

- 1  Yes → Go to question G18
- 2  No → Go to question G21

**G18. If your mother is a member of the Canadian Forces Reserve, for how many years in total has she belonged to the Canadian Forces?**

About \_\_\_\_\_ years

**G19. If your mother is a member of the Canadian Forces Reserve, is she of an enlisted/non-commissioned rank, or is she an officer?**

- 1  enlisted
- 2  officer
- 3  don't know

G20. Does she belong to army, navy or air force?

- 1  Army
- 2  Navy
- 3  Air force

G21. If she was once, but is no longer, a Canadian Forces Reserve member, how many years ago did she take her release?

About \_\_\_\_\_ years

- 98  she is still in the Reserve → go to question G25
- 99  she was never in the Reserve → go to G25

G22. If she was once, but is no longer, a Canadian Forces Reserve member, for how many years **in total** did she belong to the Canadian Forces before taking her release?

About \_\_\_\_\_ years

G23. If she was once, but is no longer, a Canadian Forces Reserve member, was she of an enlisted/non-commissioned rank, or was she an officer?

- 1  enlisted
- 2  officer
- 3  don't know

G24. If she was once, but is no longer, a Canadian Forces Reserve member, did she belong to the army, navy, or air force?

- 1  Army
- 2  Navy
- 3  Air force

G25. As a regular or reserve Canadian Forces member, did your mother ever serve on an overseas deployment?

If yes, for how long?

Specify: \_\_\_\_\_

- 1  Yes
- 2  No

**G26. Thinking of the mother you have identified in the previous questions:**

A great deal      Some      Very little

a. How well do you feel that your mother understands you?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b. How much fairness do you receive from your mother?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
c. How much affection do you receive from your mother?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

**G27. Overall, how would you describe your relationship with your mother?**

- 1  Very close
- 2  Somewhat close
- 3  Not very close

**G28. Tell us how often per week you do the following activities with your mother:**

Never      Less than once a week      1 or 2 days      3 or 4 days      5 or 6 days      Everyday

a. eat a meal together?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
b. have a discussion together?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

**G29. People often disagree with each other. The following sentences describe disagreements. Tell us how often you and your mother do the following things.**

Never      Rarely      Sometimes      Often      Always

a. We make up easily when we have a fight	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. We disagree and fight.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. We bug each other or get on each others nerves.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. We yell at each other.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. When we argue, we stay angry for a long time.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. When we disagree, we refuse to talk to each other.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
g. When we disagree, one of us stomps out of the room, or house, or yard.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
h. When we disagree about something, we solve problems together.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
i. When we disagree about something, I give in just to end the argument.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
j. When we disagree, another person comes in to settle things or find a solution.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
k. We hit each other.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

## SECTION H. ABOUT YOUR FATHER

**H1. Think of the father you spend the most time with. Is he ... (Mark one only.)**

- <sub>1</sub> your biological father? → go to question H6
- <sub>2</sub> your adoptive father? → go to question H6
- <sub>3</sub> your step father? → go to question H2
- <sub>4</sub> your foster father? → go to question H2
- <sub>5</sub> another person (a father figure)? → go to question H2
- <sub>6</sub> I am not in touch with my father → go to Section J

**H2. If you don't live with your biological or adoptive father, is it because he is separated or divorced from your biological mother?**

- <sub>1</sub> Yes → go to question H6
- <sub>2</sub> No → go to question H3

**H3. If you don't live with your biological or adoptive father, is it because he died?**

- <sub>1</sub> Yes → go to question H4
- <sub>2</sub> No → go to question H6

**H4. Was he a member of the Canadian Forces?**

- <sub>1</sub> Yes → go to question H5
- <sub>2</sub> No → go to question H6

**H5. Did he die in service?**

- <sub>1</sub> Yes
- <sub>2</sub> No

**Thinking of the father you spend the most time with...**

**H6. Does your father currently work outside of the home?**

- <sub>1</sub> Yes → go to question H7
- <sub>2</sub> No, but he used to → go to question H7
- <sub>3</sub> No, he never has → go to question H26

---

**H7. If your father is a civilian, what kind of job does/did he have?**

---

Please describe what he does (*e.g., drives a truck, is an accountant, works as a paramedic*)

---

**H8. Is your father a member of the Canadian Forces?**

- 1  Yes → go to question H9
- 2  No, but he used to be → go to question H13
- 3  No, he has never been a member of the Canadian Forces → go to question H26

**If your father is a member of the Canadian Armed Forces:**

**H9. What kind of job does he have?**

- 1  Combat arms (infantry, tanks, gunnery, combat engineering, etc.)
- 2  Pilot (specify type: \_\_\_\_\_)
- 3  Support (e.g., weapons tech, air frame tech, administration, office work, human resources, accounting, clerical, logistics, medical, dental, chaplains)

**H10. If your father is a member of the Regular Force Canadian military, for how many years has he belonged to the Canadian Forces?**

For about \_\_\_\_\_ years

- 99  he is a member of the Canadian Forces Reserve

**H11. If your father is a member of the Regular Force Canadian military, is he of an enlisted/non-commissioned rank, or is he an officer?**

- 1  enlisted
- 2  officer
- 3  don't know

**H12. Does he belong to:**

- 1  Army
- 2  Navy
- 3  Air force

**H13. If he was once, but is no longer, a member of the Regular Force Canadian military, how many years ago did he take his release?**

About \_\_\_\_\_ years ago

99  He did not take his release; he joined the Canadian Forces Reserve.

**H14. If he was once, but is no longer, a member of the Regular Force Canadian military, how many years did he belong to the Canadian Forces before taking his release?**

About \_\_\_\_\_ years

99  He still belongs to the Canadian Forces Reserve.

**H15. If he was once, but is no longer, a Regular Force Canadian military member, was he of an enlisted/non-commissioned rank, or was he an officer?**

1  enlisted

2  officer

3  don't know

**H16. If he was once, but is no longer, a member of the Regular Force Canadian military, did he belong to the army, navy, or air force?**

1  Army

2  Navy

3  Air force

**H17. Is your father a member of the Canadian Forces Reserve?**

1  Yes → Go to question H18

2  No → Go to question H21

**H18. If your father is a member of the Canadian Forces Reserve, for how many years in total has he belonged to the Canadian Forces?**

About \_\_\_\_\_ years

**H19. If your father is a member of the Canadian Forces Reserve, is he of an enlisted/non-commissioned rank, or is he an officer?**

1  enlisted

2  officer

3  don't know

**H20. Does he belong to army, navy or air force?**

1  Army

2  Navy

3  Air force



**H21. If he was once, but is no longer, a Canadian Forces Reserve member, how many years ago did he take his release?**

About \_\_\_\_\_ years

98  he is still in the Reserve → go to question H25

99  he was never in the Reserve → go to question H25

**H22. If he was once, but is no longer, a Canadian Forces Reserve member, for how many years in total did he belong to the Canadian Forces before taking his release?**

About \_\_\_\_\_ years

**H23. If he was once, but is no longer, a Canadian Forces Reserve member, was he of an enlisted/non-commissioned rank, or was he an officer?**

1  enlisted

2  officer

3  don't know

**H24. If he was once, but is no longer, a Canadian Forces Reserve member, did he belong to the army, navy, or air force?**

1  Army

2  Navy

3  Air force

**H25. As a regular or reserve Canadian Forces member, did your father ever serve on an overseas deployment?**

If yes, for how long? Specify: \_\_\_\_\_

1  Yes

2  No

**H26. Thinking of the father you have identified in the previous questions:**

	A great deal	Some	Very little
a. How well do you feel that your father understands you?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b. How much fairness do you receive from your father?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
c. How much affection do you receive from your father?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

**H27. Overall, how would you describe your relationship with your father ?**

1  Very close

2  Somewhat close

3  Not very close

**H28. Tell us how often per week you do the following activities with your father:**

Never      Less than once a week      1 or 2 days      3 or 4 days      5 or 6 days      everyday

a. eat a meal together?      1       2       3       4       5       6

b. have a discussion together?      1       2       3       4       5       6

**H29. People often disagree with each other. The following sentences describe disagreements. Tell us how often you and your father do the following things.**

Never      Rarely      Sometimes      Often      Always

a. We make up easily when we have a fight      1       2       3       4       5

b. We disagree and fight.      1       2       3       4       5

c. We bug each other or get on each others nerves.      1       2       3       4       5

d. We yell at each other.      1       2       3       4       5

e. When we argue, we stay angry for a long time.      1       2       3       4       5

f. When we disagree, we refuse to talk to each other.      1       2       3       4       5

g. When we disagree, one of us stomps out of the room, or house, or yard.      1       2       3       4       5

h. When we disagree about something, we solve problems together.      1       2       3       4       5

i. When we disagree about something, I give in just to end the argument.      1       2       3       4       5

j. When we disagree, another person comes in to settle things or find a solution.      1       2       3       4       5

k. We hit each other.      1       2       3       4       5

## SECTION J: YOUR PARENTS

**J1. How well do you think your parents get along with each other?**

- 1  Very well
- 2  Fairly well
- 3  Not very well.
- 4  My parents are not in touch with each other.

	Never	Rarely	Sometimes	Often	Always	I don't know	My parents are not in touch with each other
--	-------	--------	-----------	-------	--------	--------------	---

**J2. How often do your parents disagree about how to deal with the you and your brother(s) and sister(s)?**

- 1  2  3  4  5  6  7

**J3. How often do your parents get upset with one another, including times when they are mad but don't say much?**

- 1  2  3  4  5  6  7

**J4. How often do your parents have fights that include yelling?**

- 1  2  3  4  5  6  7

**J5. How often do your parents have fights that involve hitting each other?**

- 1  2  3  4  5  6  7

**J6. Thinking about the mother and/or father you have identified in the previous questions, for each of the following statements, use the choice that best describes the way they have acted towards you in the past 6 months.**

My parents...	Never	Rarely	Sometimes	Often	Always
a. Tell me what time to be home when I go out.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Take an interest in where I am going and who I am with.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Ask me to leave a note or call to let them know where I am going.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Let me know how to get in touch with them when they are not at home.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

The next set of questions is about things you may have witnessed in your home. You might find them upsetting to answer, but please do if you can. Please remember that all of your answers are confidential and anonymous. We will not tell your parents or teachers about your answers. Please also remember that there are counselors to help you if you are experiencing any of the situations we ask you about in the questions below. There are details about getting help at the end of this survey on a piece of paper that you can take away with you.

	Yes	No	
<b>J7. In the last year, did you <u>see</u> one of your parents get hit by another parent, or their boyfriend or girlfriend?</b>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/> I live with a single parent who has no boyfriend/girlfriend
<b>J8. How about slapped, punched, or beat up?</b>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/> I have a single parent who has no boyfriend/girlfriend
<b>J9. In the last year, did you <u>see</u> your parent hit, beat, kick, or physically hurt your brothers or sisters, <u>not</u> including a spanking on the bottom?</b>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/> I have no brothers or sisters.

In the questions below, parents can include step-parents and boyfriends/girlfriends of parents.

	Yes	No
<b>J10. Have you ever thought that one of your parents had a drinking problem?</b>	1 <input type="radio"/>	2 <input type="radio"/>
<b>J11. Did you ever encourage one of your parents to quit drinking?</b>	1 <input type="radio"/>	2 <input type="radio"/>
<b>J12. Did you ever argue or fight with a parent when he or she was drinking?</b>	1 <input type="radio"/>	2 <input type="radio"/>
<b>J13. Have you ever heard your parents fight when one of them was drunk?</b>	1 <input type="radio"/>	2 <input type="radio"/>
<b>J14. Did you ever feel like hiding or emptying a parent's bottle of liquor?</b>	1 <input type="radio"/>	2 <input type="radio"/>
<b>J15. Did you ever wish that a parent would stop drinking?</b>	1 <input type="radio"/>	2 <input type="radio"/>
<b>J16. Did you ever think your father was an alcoholic?</b>	1 <input type="radio"/>	2 <input type="radio"/>
<b>J17. Did you ever think your mother was an alcoholic?</b>	1 <input type="radio"/>	2 <input type="radio"/>

## SECTION K. OUTSIDE SCHOOL ACTIVITIES

<b>K1. OUTSIDE OF SCHOOL, in the last 12 months, how often have you ...</b>	Never	Less than once a week	1 to 3 times a week	4 or more times a week
a. played sports or done physical activities <b>without</b> a coach or an instructor (e.g. biking, skateboarding)?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. played sports <b>with</b> a coach or instructor (swimming lessons, baseball, hockey, etc.)?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. taken part in dance, gymnastics, karate or other groups or lessons (always organized outside of school)?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. taken part in art, drama or music groups, clubs or lessons (again outside of school)?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. taken part in clubs or groups such as Guides or Scouts, 4-H club, community, church or other religious groups?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. done a hobby or craft (drawing, model building, etc.)?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

<b>K2. In any of your activities, at school or outside school, do you have special responsibilities such as team leader, captain, secretary, etc.?</b>	1 <input type="radio"/>	Yes
	2 <input type="radio"/>	No

**K3. In the last 12 months, have you helped without pay by (include volunteer work done for credit at school) ... (Mark all that apply.)**

- 1  Doing activities at school (yearbook committee, student council, etc.)
- 2  Supporting a cause (food bank, environmental group, etc.)
- 3  Fund raising (a charity, school trips, etc.)
- 4  Helping in your community (hospital volunteering, etc.)
- 5  Helping neighbours or relatives (cutting grass, baby-sitting or shoveling snow for a neighbour, etc.)
- 6  Doing another volunteer activity (without pay)
- 7  I have not done any of these activities without pay

---

**K4. On average, about how many hours a day do you watch TV or videos, or play video games?**

---

I don't watch TV or videos or play video games.

---

Less than 1 hour a day

---

1 or 2 hours a day

---

3 or 4 hours a day

---

5 or 6 hours a day

---

7 or more hours a day

---

---

**K5. On average, about how many hours a day do you spend time on a computer (doing work, playing games, e-mailing, chatting, surfing the Internet, etc.)?**

---

I don't use a computer.

---

Less than 1 hour a day

---

1 or 2 hours a day

---

3 or 4 hours a day

---

5 or 6 hours a day

---

7 or more hours a day

---

## SECTION L. DATING

---

**L1. How old were you when you had your first boyfriend/girlfriend?**

---

I've never had a boyfriend/girlfriend

---

I was \_\_\_\_\_ years old

---

---

**L2. Do you have a boyfriend/girlfriend right now?**

---

Yes

---

No

---

---

**L3. How long have you been dating him/her?**

---

- I've never had a boyfriend/girlfriend
- 
- I don't have a boyfriend/girlfriend now
- 
- Less than 1 month
- 
- 1 to 5 months
- 
- 6 months to a year
- 
- Over a year.
- 

---

**L4. Outside of school hours, about how many days a week do you see your boyfriend/girlfriend?**

---

- I've never had a boyfriend/girlfriend
- 
- I don't have a boyfriend/girlfriend now
- 
- Never
- 
- Less than once a week
- 
- One day a week
- 
- 2 or 3 days a week
- 
- 4 or 5 days a week
- 
- 6 or 7 days a week
- 

---

**L5. Outside of school hours, about how often do you communicate with your boyfriend/girlfriend? This can include emailing, telephone calls, chatting online, or text messaging.**

---

- I've never had a boyfriend/girlfriend
- 
- I don't have a boyfriend/girlfriend now
- 
- Never
- 
- Less than once a week
- 
- One day a week
- 
- 2 or 3 days a week
- 
- 4 or 5 days a week
- 
- 6 or 7 days a week
-

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

The research assistant supervising this survey will have told you about the counselors available to you.

**If you wish to discuss sensitive issues that have occurred to you while filling out this survey, please see [names deleted] in the guidance centre.**

You can also talk to someone about any problems that you might have on the

**Kids Help Phone at 1 800 668 6868.**

They also have a website at

**<http://www.kidshelpphone.ca/>**

More information about this study can be found on the project website:

**[deleted]**

If you have any questions about the study, please feel free to contact the researcher in charge of the project,

**[name deleted]**



## Contact Form

The researchers on this project might be interested in contacting you again in the next few months to ask you more questions about being a teenager in [Armyville]. Would you agree to be contact in the future by these researchers?

Yes

No

If yes, please give us your name and contact information. Please note that this information will be kept separate from the information that you give us in the survey.

**Name:**

**Phone number:**

**Email address:**

Please also give us the name and contact information of two people who will always know where you are, in case you move before we need to contact you next.

**Contact person 1**

**Name:**

**Relationship to you:**

**Phone number:**

**Email address:**

**Contact person 2**

**Name:**

**Relationship to you:**

**Phone number:**

**Email address:**

