



# Halton Youth Survey

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

Do not put your name on the questionnaire. The information you give is to be kept completely secret and confidential.

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

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

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

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A postal code **CANNOT** be used to identify individual students.

Your six digit postal code will assist us in grouping all Halton students by neighbourhood. It is important that we know what public and Catholic youth in the north, east, and west sections of Halton think about a variety of issues, and a postal code is the only way for us to do this and ensure **COMPLETE ANONYMITY**.

2. What school are you with?

Please select a school from the list below.

## Section A: About You

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

3. What grade are you in?

- Grade 7
- Grade 10

4. What is your sex?

- Female
- Male

5. Were you born in Canada?

- Yes
- No

6. Were your parents born in Canada?

- Both parents were born in Canada
- One parent was born in Canada
- Neither parent was born in Canada
- Don't Know

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

- English
- French
- Other (please specify \_\_\_\_\_)

## Section B: Your Community

The following questions are about how you see your community and what it is like to live in your community.

8 Including volunteer work done for credit at school, in the past 12 months have you volunteered or helped without pay by... (MARK ALL THAT APPLY)

- Supporting a cause (food bank, environmental group, human rights, etc.)
- Fund raising (a charity, school trips, etc.)
- Helping in your community (hospital volunteering, etc.)
- Helping neighbours or relatives (cutting grass, babysitting or shovelling snow for a neighbour, etc.)
- Doing another volunteer activity (without pay)
- I have not done any of these activities without pay

9 Do you live within walking distance of the following places in your community?

	Yes	No
a) Public park or athletic field	<input type="checkbox"/>	<input type="checkbox"/>
b) Library	<input type="checkbox"/>	<input type="checkbox"/>
c) Shopping mall or a shopping plaza	<input type="checkbox"/>	<input type="checkbox"/>
d) Community centre	<input type="checkbox"/>	<input type="checkbox"/>
e) School	<input type="checkbox"/>	<input type="checkbox"/>

10. How would you describe your sense of belonging to the community?

- Very weak
- Somewhat weak
- Somewhat strong
- Very strong

11. In the past 12 months, have you:

	Yes	No
a) Played on an sports team (e.g., basketball, hockey, soccer)	<input type="checkbox"/>	<input type="checkbox"/>
b) Been to your neighbourhood library	<input type="checkbox"/>	<input type="checkbox"/>
c) Attended religious services	<input type="checkbox"/>	<input type="checkbox"/>
d) Attended a youth program (e.g., drop-in program)	<input type="checkbox"/>	<input type="checkbox"/>

12. In the past 12 months have you....

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

## Section C: Your School

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

13. How do you feel about school?

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

14. How proud are you of the school you go to?

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

15. How safe do you feel in school?

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

16. What grades do you usually get in school?

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

17. Recently have your grades been...

- Getting worse
- Getting better
- Staying about the same

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

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

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

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

20. Last year, how many times were you suspended from school?

- Never
- Once or twice
- 3 or 4 times
- 5 times or more

21. Last year, how many times were you absent from school for any reason?

- Never
- 1-5 days
- 6-10 days
- 16 or more days

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

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

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

23. SINCE SEPTEMBER, in what way were you BULLIED THE MOST at school?

- I was NOT bullied at school since September
- Physical attacks
- Verbal attacks, excluding you, or spreading rumours about you (including electronically or in writing)
- Stole from you or damaged your things

24. In the last 12 months have you been bullied for any of the following reasons?

	Yes	No
A) I was bullied with comments about my race or colour	<input type="checkbox"/>	<input type="checkbox"/>
B) I was bullied with comments about my religion	<input type="checkbox"/>	<input type="checkbox"/>
C) Other students made inappropriate sexual comments and/or gestures to me	<input type="checkbox"/>	<input type="checkbox"/>
D) I was bullied for being gay, lesbian, or bisexual	<input type="checkbox"/>	<input type="checkbox"/>
E) Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>

## Section D: Your Friends

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

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

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

26. How many of your close friends...

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

## Section E: Your Family

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

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

## Section F: Nutrition and Physical Activity

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

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

	Never or Almost Never	At least once a week but not every day	Once a day	Twice a day	3 or more times a day
a) Eat vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Drink 100% fruit juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Drink Coke or other drinks containing sugar (including sports drinks flavoured drinks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Drink milk (not including in your coffee or tea)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Eat fruits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Eat French fries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Eat candy or chocolate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. How often do you usually eat breakfast **BEFORE SCHOOL**?

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

30. How often has your family not had enough money to buy food?

- We always have enough money to buy food
- There has been some 1-2 times that we could not afford to buy food
- There has been more than 2 times but not every month
- Every month we have trouble buying food

31. How tall are you without your shoes on?

\_\_\_\_\_ Feet \_\_\_\_\_ Inches      **OR**      \_\_\_\_\_ Metres \_\_\_\_\_ Centimetres

32. How much do you weigh without your shoes on?

\_\_\_\_\_ Pounds      **OR**      \_\_\_\_\_ Kilograms

33. How often do you brush your teeth?

- More than twice a day
- Twice a day
- Once a day
- Less than once a day
- Once a week
- Less than once a week

Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. Physical activity can be done in sports, school activities, playing with friends, or walking to school.

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

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

34. Over the **PAST 7 DAYS**, on how many days were you physically active for a total of at least 90 minutes per day?

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

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

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

36. On average, about how many hours a day do you watch TV or DVD's, or play video games?

- I don't watch TV 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

37. On average, about how many hours a day do you spend on the computer (doing homework, playing games, emailing, chatting, surfing the web, etc.)?

- I don't watch TV 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

38. To change your weight and body shape have you done any of the following in the past three months? (MARK ALL THAT APPLY)

- Exercised to change my weight
- Ate less food
- Ate more food
- Used Vomiting/Laxatives
- Used Protein supplements
- Used steroids
- Used Diet Pills
- I've done nothing to change my weight or body shape

## Section G: Cigarettes, Alcohol and Other Drugs

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

- Yes  
 No

40. How often do you currently smoke cigarettes?

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

41. Which best describes your experience with the following drugs: (used/not used)

	I have never used it	I have used it, but not in the last 12 months	I have used it in the last 12 months
a) Smokeless tobacco, dip, chew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Hallucinogens (mushrooms, PCP, LSD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Prescription drugs for recreational use to get high(aderol, Ritalin, Tylonel 3, Percocet)			
e) Other drugs (ecstasy, cocaine, heroin, ketamine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- Yes  
 No  
 Don't Know

43. How often in the last 12 months have you had 5 or more alcoholic drinks on one occasion?

- Never
- Less than once a month
- Once a month
- 2-3 times a month
- Once a week
- More than once a week

44. How difficult would it be for you to get the following if you wanted some...

	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy	Never Tried to get any
a) Cigarettes	<input type="checkbox"/>				
b) Alcohol	<input type="checkbox"/>				
c) Marijuana	<input type="checkbox"/>				
d) Other illegal drugs	<input type="checkbox"/>				

## Section H: Mental Health

45. For the following statements, place a check in the box according to how true the statement is about yourself:

	Never true about me	Rarely true about me	Sometimes true about me	Often true about me
a) I'm afraid that other kids will make fun of me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I try to stay near my mom and dad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I get dizzy or faint feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I feel restless and on edge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I feel sick to my stomach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I get nervous if I have to perform in public.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Bad weather, the dark, heights, animals, or bugs scare me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) The idea of going away to camp scares me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) I check to make sure things are safe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) I feel shy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

46. In the last 12 months, have you seriously considered suicide or taking your own life?

- Yes  
 No

47. During the **LAST 7 DAYS** how often have you...

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

## Section I: Your Work

At your age, young people earn money by doing odd jobs such as babysitting, mowing lawns and raking leaves or by having more regular jobs for an employer (part-time or full time) like at a restaurant or at the mall. Most times, they get paid for that work but sometimes they work without pay. We would like to know about any paid work that you might be doing.

48. Do you currently have a part-time or full-time job?

- Yes
- No

49. If you currently have a part-time or full-time job, how many hours do you work per week?

- 0-5 hours
- 6-10 hours
- 11-15 hours
- more than 15 hours
- I don't have a job

50. Do you currently receive an allowance?

- Yes
- No

51. How much money do you get on an average week (including work pay, allowance, etc)?

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

## Section J: About You

52. Do you have your own bedroom?

- Yes
- No

53. In your house is there a computer?

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

54. In your house is there an internet connection?

- Yes
- No

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

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

56. How far did your FATHER go in school?

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

57. How far did your MOTHER go in school?

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

## Section K: Our Kids

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

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

- Yes  
 No

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

- Yes  
 No

**Thank you for your participation in this survey.**