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)

___________________

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?

<table>
<thead>
<tr>
<th>Place</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Public park or athletic field</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Library</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Shopping mall or shopping plaza</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Community centre</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) School</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Played on an sports team (e.g., basketball, hockey, soccer)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Been to your neighbourhood library</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Attended religious services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Attended a youth program (e.g., drop-in program)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12. In the past 12 months have you….

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

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?

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

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.

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

Bullying is when on 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?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A) I was bullied with comments about my race or colour</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B) I was bullied with comments about my religion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C) Other students made inappropriate sexual comments and/or gestures to me</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D) I was bullied for being gay, lesbian, or bisexual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E) Other (specify):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Statement</th>
<th>False</th>
<th>Mostly false</th>
<th>Sometimes true/ Sometimes false</th>
<th>Mostly true</th>
<th>True</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) I have many friends.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) I get along easily with others my age.</td>
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<tr>
<td>c) Others my age want me to be their friend.</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>d) Most others my age like me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

26. How many of your close friends...

<table>
<thead>
<tr>
<th>Statement</th>
<th>None or a few</th>
<th>Some</th>
<th>Most or All</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Like school?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Get along with their parents?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Smoke cigarettes?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Use drugs?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

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

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

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)

<table>
<thead>
<tr>
<th>Drug Type</th>
<th>I have never used it</th>
<th>I have used it, but not in the last 12 months</th>
<th>I have used it in the last 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Smokeless tobacco, dip, chew</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Marijuana</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Hallucinogens (mushrooms, PCP, LSD)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Prescription drugs for recreational use to get high(aderol, Ritalin, Tylonel 3, Percocet)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Other drugs (ecstasy, cocaine, heroin, ketamine)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

☐ Yes
☐ No
☐ Don't Know

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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...

<table>
<thead>
<tr>
<th></th>
<th>Very Difficult</th>
<th>Somewhat Difficult</th>
<th>Somewhat Easy</th>
<th>Very Easy</th>
<th>Never Tried to get any</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Cigarettes</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>b) Alcohol</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>c) Marijuana</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>d) Other illegal drugs</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
Section H: Mental Health

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

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

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...

<table>
<thead>
<tr>
<th>Statement</th>
<th>Rarely or Never</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Felt sad</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Felt lonely</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Felt depressed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Felt like crying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.