

# 2008 - 2009 School Health Action, Planning & Evaluation System SHAPES - PEI

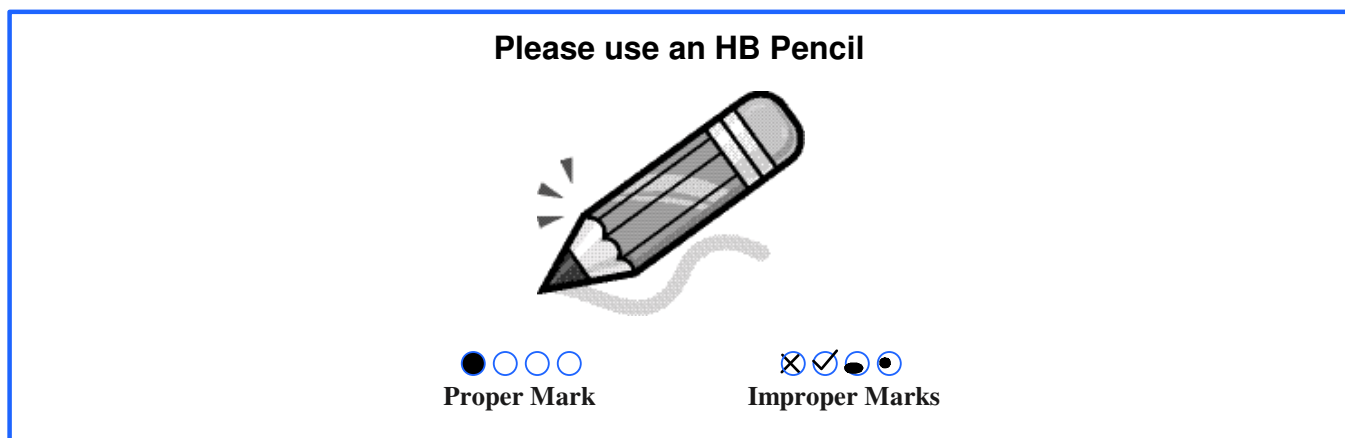
To all students:

Thousands of students across Prince Edward Island, just like you, have been asked to take part in this survey. This important survey will help the government of PEI to better understand health behaviour lifestyles (i.e., smoking, physical activity, healthy eating, & mental fitness - feelings & attitudes) among young people in PEI. Your responses will be added with the responses from other students to help us identify what can be done to encourage health in the province. Your help today is very important.

This is NOT a test. All of your answers will be kept private. No one, not even your parents or teachers, will ever know what you answered. So, please be honest when you answer the questions.

When filling out your responses please use a regular HB pencil and mark only one option per question unless the instructions tell you to do something else.

Thank You!



SHAPES – PEI would like to thank the Department of Education and Early Childhood Development for funding to conduct this survey.

This project is a partnership between the Comprehensive School Health Research Team (University of PEI), Centre for Behavioural Research and Program Evaluation (University of Waterloo), and the Health and Education Research Group (University of New Brunswick).

...a  **SHAPES** project

# About You

1. What grade are you in?

- Grade 5
- Grade 6
- Grade 7
- Grade 8
- Grade 9
- Grade 10
- Grade 11
- Grade 12

2. How old are you today?

- 11 years or younger
- 12 years
- 13 years
- 14 years
- 15 years
- 16 years
- 17 years
- 18 years or older

3. Are you...

- Female?
- Male?

4. Please indicate the first 3 digits of the postal code of where you live.

If your postal code is A1B

A	1	B
---	---	---

--	--	--

- I do not know

**Note:** Because this survey will be given to students across the province, please indicate the first 3 digits of the postal code of where you live. This only tells us the general area you live in. We cannot identify you through this information.

# Height and Weight

5. How tall are you without your shoes on? (Write your height on the line and then fill in the appropriate numbers for your height in feet and inches OR centimetres.)

"My height is \_\_\_\_\_"

Example: 5 ft 3in

Height	
Feet	Inches
0	0
1	1
2	2
3	3
4	4
●	5
6	6
7	7
8	8
	9
	10
	11

Height	
Feet	Inches
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
	9
	10
	11

OR

Height		
Centimetres		
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

- I do not know

6. How do you describe your weight?

- Very underweight
- Slightly underweight
- About the right weight
- Slightly overweight
- Very overweight

7. How much do you weigh without your shoes on? (Write your weight on the line and then fill in the appropriate numbers for your weight in pounds OR kilograms.)

"My weight is \_\_\_\_\_"

Example: 116lbs

Weight		
Pounds		
0	0	0
●	●	1
2	2	2
3	3	3
4	4	4
5	5	5
6	●	
7	7	
8	8	
9	9	

Weight		
Pounds		
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

OR

Weight		
Kilograms		
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

- I do not know

8. Are you currently eating less than usual to lose weight?

- Yes
- No

## FOR OFFICE USE ONLY

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
0	1	2	3	4	5	6	7	8	9																
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z

## We would now like to ask you some questions about your smoking behaviour.

9. Are you a smoker?

- Yes
- No

10. Have you ever tried cigarette smoking, even just a few puffs?

- Yes
- No

11. Do you think in the future you might try smoking cigarettes?

- Definitely yes
- Probably yes
- Probably not
- Definitely not

12. If one of your best friends was to offer you a cigarette would you smoke it?

- Definitely yes
- Probably yes
- Probably not
- Definitely not

13. At any time during the next year do you think you will smoke a cigarette?

- Definitely yes
- Probably yes
- Probably not
- Definitely not

14. Have you ever smoked a whole cigarette?

- Yes
- No

15. Have you ever smoked 100 or more whole cigarettes in your life?

- Yes
- No

16. Have you ever smoked every day for at least 7 days in a row?

- Yes
- No

17. On how many of the last 30 days did you smoke one or more cigarettes?

- None
- 1 day
- 2 to 3 days
- 4 to 5 days
- 6 to 10 days
- 11 to 20 days
- 21 to 29 days
- 30 days (*every day*)

18. Have you ever tried any of the following?  
(Mark all that apply)

- Smoking pipe tobacco
- Smoking cigarillos or little cigars (*plain or flavoured*)
- Smoking cigars (not including cigarillos or little cigars, plain or flavoured)
- Smoking roll-your-own cigarettes (tobacco only)
- Using smokeless tobacco (chewing tobacco, pinch, snuff, or snus)
- Using nicotine patches, nicotine gum, or nicotine lozenges
- I have not tried these things

19. How comfortable do you feel asking someone else not to smoke?

- Very uncomfortable
- Somewhat uncomfortable
- Somewhat comfortable
- Very comfortable

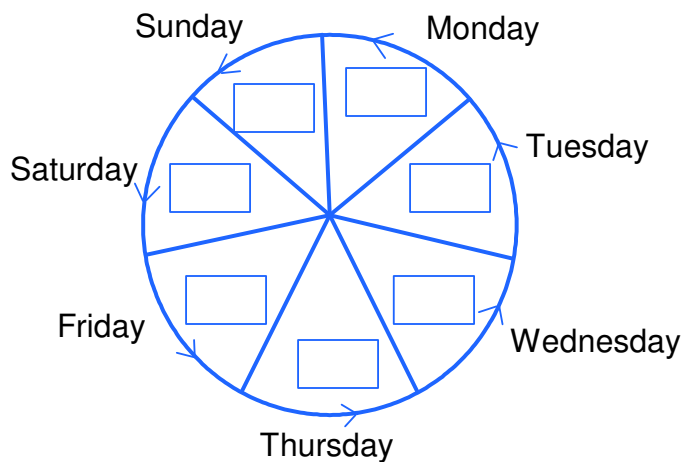
20. Think back over the last 7 days.

Find yesterday on the wheel and fill in the number of whole cigarettes you smoked.

Then follow the wheel backwards and fill in the number of whole cigarettes you smoked on each of the last 7 days.

If you have not smoked mark one of the circles below.

- I have never smoked
- I did not smoke over the last 7 days



21. Please mark the number of whole cigarettes you smoked in the past 24 hours.

- I did not smoke in the past 24 hours
- 0 cigarettes
- 1-2 cigarettes
- 3-5 cigarettes
- 6-10 cigarettes
- 11 or more cigarettes

22. Think back over the last 7 days. Mark the number of whole cigarettes you usually smoked on Thursday, Friday, or Saturday.

- I did not smoke last Thursday, Friday, or Saturday
- 0 cigarettes
- 1-2 cigarettes
- 3-5 cigarettes
- 6-10 cigarettes
- 11 or more cigarettes

23. Think back over the last 7 days. Mark the number of whole cigarettes you usually smoked on Sunday, Monday, Tuesday, or Wednesday.

- I did not smoke last Sunday, Monday, Tuesday, or Wednesday
- 0 cigarettes
- 1-2 cigarettes
- 3-5 cigarettes
- 6-10 cigarettes
- 11 or more cigarettes

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Sun	Mon	Tue	Wed	Thur	Fri	Sat
0	0	0	0	0	0	0
1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
8	8	8	8	8	8	8
9	9	9	9	9	9	9

**DO NOT START THIS SECTION UNTIL YOUR TEACHER GIVES YOU INSTRUCTIONS.**

24. **HARD** physical activities are jogging, team sports, fast dancing, jump-rope and any other physical activities that increase your heart rate and make you breathe hard and sweat.

Mark how many minutes of **HARD** physical activity you did on each of the last 7 days. This includes physical activity during physical education class, lunch, recess, after school, evenings, and spare time.

**For example:** if you did 45 minutes of physical activity on Monday, you will need to fill in the 0 hour circle and the 45 minute circle, as shown below:

	Hours					Minutes			
Monday	●	①	②	③	④	①	②	③	④

	Hours					Minutes			
Monday	①	②	③	④	①	②	③	④	
Tuesday	①	②	③	④	①	②	③	④	
Wednesday	①	②	③	④	①	②	③	④	
Thursday	①	②	③	④	①	②	③	④	
Friday	①	②	③	④	①	②	③	④	
Saturday	①	②	③	④	①	②	③	④	
Sunday	①	②	③	④	①	②	③	④	

26. **MODERATE** physical activities are lower intensity activities such as walking, biking to school, and recreational swimming.

Mark how many minutes of **MODERATE** physical activity you did on each of the last 7 days. This includes physical activity during physical education class, lunch, recess, after school, evenings, and spare time.

**For example:** if you did 1 hour and 30 minutes of physical activity on Monday, you will need to fill in the 1 hour circle and the 30 minute circle, as shown below:

	Hours					Minutes			
Monday	①	②	③	④	①	②	③	④	

	Hours					Minutes			
Monday	①	②	③	④	①	②	③	④	
Tuesday	①	②	③	④	①	②	③	④	
Wednesday	①	②	③	④	①	②	③	④	
Thursday	①	②	③	④	①	②	③	④	
Friday	①	②	③	④	①	②	③	④	
Saturday	①	②	③	④	①	②	③	④	
Sunday	①	②	③	④	①	②	③	④	

25. Were the last 7 days a typical week in terms of the amount of **HARD** physical activity that you usually do?

- Yes
- No, I was *more* active in the last 7 days
- No, I was *less* active in the last 7 days

27. Were the last 7 days a typical week in terms of the amount of **MODERATE** physical activity that you usually do?

- Yes
- No, I was *more* active in the last 7 days
- No, I was *less* active in the last 7 days

We would now like to ask you some additional questions about your physical activity.

28. **In the last 7 days**, how many times were your parents, step-parents or guardians physically active (e.g. walking, running, biking, going to the gym, doing yard work, etc.) for at least 30 - 60 minutes?

- 0 times
- 1 - 2 times
- 3 - 5 times
- 6 - 7 times
- More than 7 times
- I'm not sure
- I have no parents, step-parents, or guardians

29. **How much do your parents, step-parents, or guardians encourage you to be physically active?**

- Strongly encourage
- Encourage
- Do not encourage or discourage
- Discourage
- Strongly discourage

30. **How much do your parents, step-parents, or guardians support you in being physically active?** (e.g. driving you to team games, buying you sporting equipment, etc.)

- Very supportive
- Supportive
- Unsupportive
- Very unsupportive

31. **In the last 7 days**, how did you *usually* get to and from school?

- Actively (e.g. walk, bike, skateboard)
- Inactively (e.g. car, bus, public transit)
- Mixed (actively and inactively)

32. **Your closest friends are the friends you like to spend the most time with. How many of your closest friends are physically active?**

- None
- 1
- 2
- 3
- 4
- 5 or more

33. **In the last 7 days**, how many days did you do exercises to *strengthen or tone your muscles*, such as push-ups, yoga, or weight lifting?

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

34. **In the last 7 days**, how many days did you do exercises *for flexibility*, such as stretching or yoga?

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

35. **In the last 7 days**, did anything prevent you from doing your normal physical activities (e.g. illness, away from home, too many shifts at work)?

- Yes
- No

36. **In the last 7 days**, how many Physical Education classes did you have?

- 0 classes
- 1 class
- 2 classes
- 3 classes
- 4 classes
- 5 or more classes

37. **What do you enjoy about your physical education classes?** *(Mark all that apply)*

- Being active
- Getting fit
- Having fun
- Variety of activities
- Learning different sports
- Socializing with friends
- Learning about healthy bodies
- Nothing

38. **Do you have a chance to be physically active in other classes besides physical education?**

- No
- Yes, some other classes
- Yes, all other classes

39. **Students who are physically active do better at school.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- I do not know

40. **In general, compared to other people your age, how would you rate your athletic ability?**

- Excellent
- Good
- Fair
- Poor

41. **Do you participate in competitive or non-competitive sports or clubs not organized by your school?**

- Yes
- No

42. **Do you do individual physical activities outside of school (e.g. jogging, biking)?**

- Yes
- No

43. **Do you participate in before-school, noon hour, or after-school physical activities organized by your school (e.g. intramurals, non-competitive clubs)?**

- Yes
- No
- None offered

44. **Do you participate in competitive school sports teams that compete against other schools (e.g. junior varsity or varsity sports)?**

- Yes
- No
- None offered

45. **Outside of classes (e.g. phys ed) do you have any other chances to be physically active at school?**

- Yes
- No

46. **Do the facilities at your school meet the physical activity needs of students?**

- a. Indoor facilities  Yes  No
- b. Outdoor facilities  Yes  No

47. **What do you think of the number of competitive and non-competitive sports and clubs offered by your school?**

- Does not matter to me
- Too few
- Just right
- Too many

48. **In the last 7 days, how much *total time* did you spend doing homework?**

- None
- Less than 1 hour
- From 1 to 6 hours
- From 7 to 13 hours
- 14 or more hours

49. **In the last 7 days, how much *total time* did you spend reading, not counting at work, at school, or for homework? *(Include reading books, magazines, and newspapers)***

- None
- Less than 1 hour
- From 1 to 6 hours
- From 7 to 13 hours
- 14 or more hours

50. Mark how much time you spent watching TV/movies, playing video games, or playing computer games on each of the last 7 days.

**For example:** if you spent 3 hours doing these activities on Monday, you would need to fill in the 3 hour circle, as shown below:

	Hours per Day						
Monday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Hours per Day						
Monday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuesday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wednesday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thursday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Saturday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sunday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

51. Mark how much time you spent talking on the phone, surfing the internet, or texting on each of the last 7 days.

**For example:** if you spent 2 hours doing these activities on Monday, you would need to fill in the 2 hour circle, as shown below:

	Hours per Day						
Monday	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Hours per Day						
Monday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuesday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wednesday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thursday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Saturday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sunday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

52. In your school, how much emphasis is placed on:

	None	A little	Some	A lot	I don't know
a. Student participation in competitive sports?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Student participation in non-competitive sports or clubs (e.g. intramurals)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Developing positive attitudes about physical activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Developing students' self-esteem (e.g. feeling good about yourself)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Informing students about opportunities to be physically active (e.g. bulletin boards, announcements)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Involving students in planning/organizing physical activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. School staff being physically active in your school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>







57. In a usual school week ( <i>Monday to Friday</i> ), how many times do you:	None	Less than once a week	1 time	2 times	3 times	4 times	5+ times
a) eat breakfast?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) eat lunch?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) eat as part of a breakfast and/or snack program at school, where food is supplied to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) eat foods purchased at a fast food place or restaurant?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) eat snacks purchased from a vending machine, corner store, snack bar, or canteen?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) eat meals while watching television?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) eat meals with at least one adult family member?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

58. On a usual weekend ( <i>Saturday and Sunday</i> ), how many times do you:	None	1 time	2 times	3+ times
a) eat breakfast?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) eat lunch?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) eat foods purchased at a fast food place or restaurant?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) eat snacks purchased from a vending machine, corner store, snack bar, or canteen?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) eat meals while watching television?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) eat meals with at least one adult family member?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

59. If you do not eat breakfast every day, why do you skip breakfast? (*Mark all that apply*)
- I eat breakfast every day
  - I don't have time for breakfast
  - The bus comes too early
  - I sleep in
  - I'm not hungry in the morning
  - I feel sick when I eat breakfast
  - I'm trying to lose weight
  - There is nothing to eat at home
  - Other: \_\_\_\_\_

60. When you eat foods like pizza, subs, sandwiches, hotdogs, and/or hamburgers, how often do you choose whole grain?
- Always
  - Often
  - Sometimes
  - Never

## We would now like to ask your some questions about your feelings.

61. We are interested in how you feel about yourself and how you think other people see you. For each item, fill in the circle that best describes your feelings and ideas in the past week.

	Really false for me	Sort of false for me	Sort of true for me	Really true for me
a. I feel I do things well at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. My teachers like me and care about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I feel free to express myself at home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I feel my teachers think I am good at things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I like to spend time with my parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I feel free to express myself with my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I feel I do things well at home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. My parents like me and care about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I feel I have a choice about when and how to do my schoolwork.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I feel my parents think that I am good at things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. I like to be with my teachers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. I feel I have a choice about which activities to do with my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. I feel I do things well when I am with my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. My friends like me and care about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. I feel free to express myself at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. I feel my friends think I am good at things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. I like to spend time with my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. I feel like I have a choice about when and how to do my household chores.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

62. This scale consists of a number of words that describe different feelings and emotions. Read each item and fill in the appropriate circle next to that word. Indicate to what extent you have felt this way during the past week.

	Very Slightly or Not at All	A Little	Moderately	Quite a Bit	Extremely
a. Sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Frightened	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Upset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Happy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Energetic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Miserable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Cheerful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Active	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Afraid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Joyful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Lively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

63. How strongly do you agree or disagree with each of the following?

	Strongly agree	Agree	Disagree	Strongly disagree
a) I feel close to people at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I feel I am part of my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I am happy to be at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) I feel the teachers at my school treat me fairly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) I feel safe in my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

64. For each item, fill in the circle that best describes what you are like as a person.

Definitely Not Like Me

Definitely Like Me

- |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| a. I cut classes or skip school.                                    | 1 | 2 | 3 | 4 | 5 | 6 |
| b. I make other people do what I want.                              | 1 | 2 | 3 | 4 | 5 | 6 |
| c. I disobey my parents.  | 1 | 2 | 3 | 4 | 5 | 6 |
| d. I talk back to my teachers.                                      | 1 | 2 | 3 | 4 | 5 | 6 |
| e. I get into fights.   | 1 | 2 | 3 | 4 | 5 | 6 |
| f. I often say mean things to people to get what I want.            | 1 | 2 | 3 | 4 | 5 | 6 |
| g. I take things that are not mine from home, school, or elsewhere. | 1 | 2 | 3 | 4 | 5 | 6 |
| h. I often do favours for people without being asked.               | 1 | 2 | 3 | 4 | 5 | 6 |
| i. I often lend things to people without being asked.               | 1 | 2 | 3 | 4 | 5 | 6 |
| j. I often help people without being asked.                         | 1 | 2 | 3 | 4 | 5 | 6 |
| k. I often compliment people without being asked.                   | 1 | 2 | 3 | 4 | 5 | 6 |
| l. I often share things with people without being asked.            | 1 | 2 | 3 | 4 | 5 | 6 |

Sometimes teenagers have problems or feel upset about things. When this happens, they may do different things to solve the problem or to make themselves feel better. For each item below, choose the answer that BEST describes how often you usually did this to solve your problems or to make yourself feel better during the past month. There are no right or wrong answers, just indicate how often YOU USUALLY did each thing in order to solve your problems or make yourself feel better during the past month.

65. When you have had problems...

Never

Sometimes

Often

Most of the time

- |   |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| a. You asked your mother/father for help in figuring out what to do.      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. You told your mother/father how you felt about the problem.            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. You thought about why it happened.                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. You thought about what would happen before you decided what to do.     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. You played sports.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. You told your mother/father how you would like to solve the problem.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. You told yourself that it would be OK.                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. You tried to put it out of your mind.                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. You told your friends about what made you feel the way you did.        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. You talked with friends about what you would like to happen.           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k. You told yourself you could handle whatever happens.                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| l. You wished that bad things wouldn't happen.                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| m. You told your mother/father how you felt.                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| n. You did something to solve the problem.                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| o. You did some exercise.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| p. You reminded yourself that overall things are pretty good for you.     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| q. You watched TV.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| r. You avoided the people who made you feel bad.                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| s. You did something like video games or a hobby.                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| t. You wished that things were better.                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| u. You figured out what you could do by talking with one of your friends. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| v. You talked with your friends about your feelings.                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

66. When you have a *school-related problem* (e.g. too much homework, trouble learning a subject, a poor grade), how often do you seek assistance from the people below?

	Never	Sometimes	Often	Most of the time
a. Parent or guardian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Sister or brother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Teacher or resource teacher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Other school professionals (e.g. school/guidance counsellor, psychologist, social worker)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Another professional (e.g. doctor, mental health counsellor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Solve without the help of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

67. When you have a *problem with other youths* (e.g. an argument with a good friend or romantic partner, being bullied or excluded by other teens, feeling pressured to do something), how often do you seek assistance from the people below?

	Never	Sometimes	Often	Most of the time
a. Parent or guardian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Sister or brother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Teacher or resource teacher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Other school professionals (e.g. school/guidance counsellor, psychologist, social worker)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Another professional (e.g. doctor, mental health counsellor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Solve without the help of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

68. When you have a *family problem* (e.g. argument with your parent(s), fights with a brother/sister, arguments between your parents), how often do you seek assistance from the people below?

	Never	Sometimes	Often	Most of the time
a. Parent or guardian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Sister or brother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Teacher or resource teacher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Other school professionals (e.g. school/guidance counsellor, psychologist, social worker)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Another professional (e.g. doctor, mental health counsellor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Solve without the help of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

69. When you have a *personal problem* (e.g. feeling stressed a lot, juggling school and other activities, feeling sad/depressed, worried or angry, using alcohol and drugs), how often do you seek assistance from the people below?

	Never	Sometimes	Often	Most of the time
a. Parent or guardian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Sister or brother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Teacher or resource teacher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Other school professionals (e.g. school/guidance counsellor, psychologist, social worker)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Another professional (e.g. doctor, mental health counsellor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Solve without the help of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>