

About You

1. What grade are you in?

- 5
- 6
- 7
- 8

2. Are you a ...

- Girl?
- Boy?

3. How old are you today?

- 10
- 11
- 12
- 13
- 14

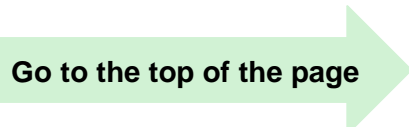
4. Please write the first 3 digits of your home postal code.

If your postal code is A1B 2C3, fill in:

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

--	--	--

I do not know



5. How many years have you lived in Canada?

- Born in Canada
- 0 - 6 months
- 6 months - 1 year
- 1 - 2 years
- 2 - 3 years
- 3 to 5 years
- 5 to 11 years
- 11 or more years

Sleep Habits

6. What time do you usually go to bed on school days?

_____ P.M.

7. What time do you usually wake up on school days?

_____ A.M.

FOR OFFICE USE ONLY					
SLEEP			WAKE		
1	1	0	1	1	0
2	2	1	2	2	1
3	3	2	3	3	2
4	4	3	4	4	3
5	5	4	5	5	4
6	0	5	6	0	5
7	0	6	7	0	6
8	0	7	8	0	7
9	0	8	9	0	8
10	0	9	10	0	9
11	0	0	11	0	0
12	0	0	12	0	0

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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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

Healthy Eating Section

8. **YESTERDAY**, from the time you woke up until the time you went to bed, how many times did you eat the following foods...

	Number of times					
	None	1	2	3	4-5	6+
a) salty snacks? (for example, chips, cheesies, nachos, buttered popcorn)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) nuts or seeds? (for example, peanuts, peanut butter, sunflower seeds)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) lentils, chickpeas (for example, hummus), kidney beans, or other dried beans?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) fish or shellfish? (for example, canned tuna, salmon, trout, shrimp)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) breaded/fried chicken or breaded/fried fish? (for example, chicken nuggets, fingers, fish sticks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) one slice of pizza or a pizza snack? (for example, a pizza pop®)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) one hot dog or sausage on a bun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) one hamburger or cheeseburger?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) one sub or deli sandwich?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) whole grains? (for example, whole grain bread or pasta, brown rice, whole grain cereal; like oatmeal, shredded wheat, or Mini-Wheats®)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) white bread, white rice, or white pasta?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) fruit, not including juice? (for example, fresh, dried, canned or frozen fruit)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m) dark green vegetables? (for example, spinach, broccoli, green beans)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n) dark orange vegetables? (for example, carrots, squash, sweet potatoes/yams)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o) other vegetables? (for example, other raw or cooked vegetables, like corn)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p) French fries or other fried potatoes? (for example, wedges, hash browns, poutine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q) one package of candy or one chocolate bar?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r) one slice of cake or pie, two cookies, one doughnut, one brownie, or other baked sweets?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s) ice cream, an ice cream bar, frozen yogurt, a popsicle®...?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t) eggs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
u) cheese or yogurt?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
v) chicken or turkey?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
w) beef, lamb, pork, or ham?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



10. **YESTERDAY, from the time you woke up until the time you went to bed, how many servings of the following did you drink?**

	Number of servings					
	None	1	2	3	4-5	6+
a) white or chocolate milk, or soy beverage (for example, one cup or small carton of milk)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) 100% fruit juice or vegetable juice (for example, one cup or drinking box-size serving of 100% orange, apple, or tomato juice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) fruit-flavoured drinks (for example, one cup or drinking box-size serving of Kool-aid®, Sunny D®, or lemonade)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) regular (non-diet) pop or soft drinks (for example, one cup or can of pop)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) diet pop or soft drinks (for example, one cup or can of diet pop)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) sports drinks (for example, one cup or a small bottle of Gatorade®)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) high energy drinks (for example, one cup or can of Red Bull®)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) hot chocolate, cappuccino, or frappuccino (for example, one mug of hot chocolate)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) tea, iced tea, or coffee (for example, one mug or medium coffee)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) slurpees, slushies, or snow cones (for example, one small slurpee)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) shakes (for example, one small milkshake)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) water (for example, one cup or small bottle of water)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. **LAST WEEKEND, counting from the time you woke up Saturday until you went to bed Sunday, how many servings of the following did you drink?**

	Number of servings					
	None	1	2	3	4-5	6+
a) white or chocolate milk, or soy beverage (for example, one cup or small carton of milk)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) 100% fruit juice or vegetable juice (for example, one cup or drinking box-size serving of 100% orange, apple, or tomato juice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) fruit-flavoured drinks (for example, one cup or drinking box-size serving of Kool-aid®, Sunny D®, or lemonade)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) regular (non-diet) pop or soft drinks (for example, one cup or can of pop)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) diet pop or soft drinks (for example, one cup or can of diet pop)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) sports drinks (for example, one cup or a small bottle of Gatorade®)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) high energy drinks (for example, one cup or can of Red Bull®)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) hot chocolate, cappuccino, or frappuccino (for example, one mug of hot chocolate)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) tea, iced tea, or coffee (for example, one mug or medium coffee)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) slurpees, slushies or snow cones (for example, one small slurpee)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) shakes (for example, one small milkshake)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) water (for example, one cup or small bottle of water)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



12. In a usual school week (*Monday to Friday*), 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 dinner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) 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"/>
e) eat as part of a lunch 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"/>
f) 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"/>
g) 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"/>
h) 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"/>
i) 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"/>
j) eat meals by yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. On a usual weekend (*Saturday and Sunday*), 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 dinner?	<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"/>
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"/>
f) eat meals while watching television?	<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"/>
h) eat meals by yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. 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: _____

20. How many servings of fruits and vegetables do you think a person of your age should eat each day for good health?

- 3
- 4
- 5
- 6
- 7

21. I am sure I can eat fruit or vegetables for lunch in front of my friends.

- Disagree a lot
- Disagree a little
- Not sure
- Agree a little
- Agree a lot

22. I think I can eat 2 or more servings of fruit every day.

- Disagree a lot
- Disagree a little
- Not sure
- Agree a little
- Agree a lot

23. I think I can eat 3 or more servings of vegetables every day.

- Disagree a lot
- Disagree a little
- Not sure
- Agree a little
- Agree a lot

24. I will eat a fruit or vegetable that I have never tried before.

- Disagree a lot
- Disagree a little
- Not sure
- Agree a little
- Agree a lot

25. At a friend's house, I will try a new fruit or vegetable.

- Disagree a lot
- Disagree a little
- Not sure
- Agree a little
- Agree a lot

Physical Activity Section

26. In the last 7 days, how many days did you participate in 30 minutes of physical activity at school?

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

27. How physically active do you consider your father (or stepfather or foster father) to be? Think about the father you see most.

- Active
- Somewhat active
- Inactive
- I have no father
- I don't know

28. How physically active do you consider your mother (or stepmother or foster mother) to be? Think about the mother you see most.

- Active
- Somewhat active
- Inactive
- I have no mother
- I don't know

29. **How much do your parent(s) or guardian(s) encourage you to be physically active?**
(e.g., your parents talk to you about the importance of physical activity)

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

30. **How much do your parent(s) or guardian(s) support you in being physically active?**
(e.g., driving you to team games, taking you to the pool, etc.)

- Very supportive
- Supportive
- Unsupportive
- Very unsupportive

31. **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 friend
- 2 friends
- 3 friends
- 4 friends
- 5 friends or more

32. **In the last 7 days, did anything prevent you from doing your normal physical activities?**
(e.g. illness, away from home)

- Yes
- No

33. **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)

34. **Do you consider yourself:**

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

35. **For question 35,** include both physical activities that increase your heart rate (for example, jogging, team sports, dancing, jump-rope), **and** lower intensity activities (such as walking, biking, recreational swimming and skiing).

Mark how many minutes of 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:

Monday	Hours						Minutes				
	●	①	②	③	④	⑤	①	②	③	④	⑤
Monday	Hours						Minutes				
	①	②	③	④	⑤	①	②	③	④	⑤	⑥
Tuesday	①	②	③	④	⑤	①	②	③	④	⑤	⑥
Wednesday	①	②	③	④	⑤	①	②	③	④	⑤	⑥
Thursday	①	②	③	④	⑤	①	②	③	④	⑤	⑥
Friday	①	②	③	④	⑤	①	②	③	④	⑤	⑥
Saturday	①	②	③	④	⑤	①	②	③	④	⑤	⑥
Sunday	①	②	③	④	⑤	①	②	③	④	⑤	⑥

36. **Were the last 7 days a typical week in terms of the amount of 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



37. 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 and 15 minutes doing these activities on Monday, you would need to fill in the 3 hour circle and 15 minute circle as shown below:

	Hours						Minutes			
Monday	0	1	2	●	4	5	0	●	30	45
Monday	0	1	2	3	4	5	0	15	30	45
Tuesday	0	1	2	3	4	5	0	15	30	45
Wednesday	0	1	2	3	4	5	0	15	30	45
Thursday	0	1	2	3	4	5	0	15	30	45
Friday	0	1	2	3	4	5	0	15	30	45
Saturday	0	1	2	3	4	5	0	15	30	45
Sunday	0	1	2	3	4	5	0	15	30	45

38. 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 3 hours doing these activities on Monday, you would need to fill in the 3 hour circle and the 0 minute circle, as shown below:

	Hours						Minutes			
Monday	0	1	2	●	4	5	●	15	30	45
Monday	0	1	2	3	4	5	0	15	30	45
Tuesday	0	1	2	3	4	5	0	15	30	45
Wednesday	0	1	2	3	4	5	0	15	30	45
Thursday	0	1	2	3	4	5	0	15	30	45
Friday	0	1	2	3	4	5	0	15	30	45
Saturday	0	1	2	3	4	5	0	15	30	45
Sunday	0	1	2	3	4	5	0	15	30	45

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

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

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

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

41. Do you participate in intramurals/house league sports at your school?

- Yes
 No
 Not available

42. Do you participate in team sports between schools?

- Yes
 No
 Not available

43. Do you participate in **other** physical activities at school (e.g., tether ball)?

- Yes
 No

44. Do you participate in league or team sports outside of school?

- Yes
 No

45. Do you participate in individual physical activities outside of school (e.g., dancing, swimming, biking)?

- Yes
 No

46. What do you think of the number of sports offered at your school?

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

47. In a **typical** Physical Education class (PE, gym class), how much time are you actually active?

- I am not taking a physical education class 31 to 45 minutes
 Less than 15 minutes 46 to 60 minutes
 15 to 30 minutes More than 1 hour

48. How many Physical Education classes did you have in the last 'full' school week?

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

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

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



Smoking Behaviour Section

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

- Yes
- No

51. Have you ever smoked a whole cigarette?

- Yes
- No
- I have never smoked

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

- Yes
- No
- I have never smoked

53. Think about the last 30 days. Did you smoke a cigarette, even just a few puffs?

- Every day
- Almost every day
- Some days
- 1 or 2 days
- Not at all

54. Are you a smoker?

- Yes
- No

55. Your closest friends are the friends you like to spend the most time with. How many of your closest friends smoke cigarettes?

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

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

- I already smoke
- Definitely yes
- Probably yes
- Probably not
- Definitely not

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

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

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

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

59. Do any of your parents, step-parents, or guardians smoke cigarettes?

- Yes
- No
- I don't know

60. Do any of your brothers or sisters smoke cigarettes?

- Yes
- No
- I don't know
- I have no brothers or sisters

61. Have your parents, step-parents, or guardians ever talked to you about not smoking?

- Yes
- No

Go to the top of the page

Your Feelings

62. 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"/>

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

	Strongly Disagree	Disagree	Agree	Strongly Agree
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"/>



Your answers to these questions are very important. Thank you for taking the time to complete this questionnaire.

Students: **DO NOT** fill out this section

TO BE COMPLETED BY A HEALTH PROFESSIONAL

Height measurement is recorded in centimetres (cm) and taken twice. Height measurement is recorded to the nearest 0.1 cm with midpoint values rounded up to the next higher appropriate unit. Weight is recorded in kg to nearest 0.1 kg. Before you begin, please instruct the student to remove their shoes before they are measured and their outer coats before they are weighed.

Example: 75.5 cm
(75 cm and 5 mm)

Height		
cm	mm	
● 0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	●	●
6	6	6
●	7	7
8	8	8
9	9	9

Height 1: _____

Height 1		
cm	mm	
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

Height 2: _____

Height 2		
cm	mm	
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

Example: 45.5 kg

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

Weight 1: _____

Weight 1		
kg		
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

Weight 2: _____

Weight 2		
kg		
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

IF THE STUDENT DID NOT COMPLETE THE QUESTIONNAIRE, PLEASE TEAR OFF THIS PAGE AND RETURN THE REMAINING QUESTIONNAIRE TO THE STUDENT.

