



2014 Ontario Child Health Study

*Enquêtes sur
la santé mentale
des écoles*



*School
Mental Health
Surveys*

School Mental Health Surveys

STUDENT SURVEY

Researchers at McMaster University are conducting the School Mental Health Surveys, which are part of the 2014 Ontario Child Health Study. Your answers to this survey will help us understand what students in Ontario think and how they feel about their lives in school and outside of school. This information will be used to help improve the lives of children and youth in Ontario.

This is NOT a test. There are NO wrong answers.

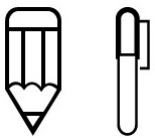
Your answers will be kept strictly confidential (private). No one at your school or home will know what you answered. Your survey will go directly to researchers at McMaster University and will be combined with those of other students to describe what students think and how they feel, **as a group.**

The survey is **voluntary**. You do NOT have to answer any question that you do not want to, but we hope you will answer as many questions as you can.

This is your chance to make a difference in the lives of children and youth in Ontario.

Thank you for participating!

Instructions:



- Use a black or blue pen, or pencil.



- Put an 'X' in the box next to your response. You do not need to fill in the box.

This is the correct way to fill in the boxes:

Answer A Answer B Answer C



- If you are not sure how to answer a question, please try your best.
- Leave the question blank if it makes you uncomfortable.



- Please do NOT put your name anywhere on the survey.

*If you are feeling sad, angry or worried,
the people at Kids Help Phone may be able to help:
Call them for free at 1-800-668-6868*





A. ABOUT YOU

A1. Are you...

Female? Male?

A2. How old are you?

9 16
 10 17
 11 18
 12 19
 13 20
 14 21
 15 22

A3. What grade level is the class you are in right now?

If this is a split grade class, please specify the grade level **you** are in.

5 8 11
 6 9 12
 7 10 Other

A4. Were you born in Canada?

No Yes → Go to A6

A5. How old were you when you first came to Canada to live?

4 years of age or younger
 5 - 9 years of age
 10 - 14 years of age
 15 years of age or older

A6. Which category **best** describes your race or cultural group? **Mark all that apply.**

White
 East Asian (e.g., Chinese, Japanese, Korean)
 Southeast Asian (e.g., Vietnamese, Filipino, Cambodian, Malaysian, Laotian)
 South Asian (e.g., East Indian, Pakistani, Sri Lankan, Afghan, Bangladeshi)
 West Asian or Arab (e.g., Iraqi, Syrian, Lebanese, Egyptian)
 Black African (e.g., Ghanaian, Kenyan), Black Caribbean (e.g., Jamaican, Haitian) or Black Canadian or American
 Latin American, Central American, South American (e.g., Mexican, Colombian, Brazilian, Chilean)
 Aboriginal/Native (e.g., First Nations, Métis, or Inuit)
 Other

B. ABOUT YOUR SCHOOL

B1. Please tell us how much you agree or disagree with each statement describing your school.
In this school...

	Disagree a LOT	Disagree	Agree	Agree a LOT
1. Teachers treat students with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Students are taught to feel responsible for how they act.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The school rules are fair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Students are taught to understand how others think and feel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Teachers care about their students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The consequences of breaking school rules are fair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Teachers expect all students to work hard.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Students know how they are expected to act.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Teachers require students to work hard to get good grades.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Students are friendly with each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Students are taught that they can control their own behaviour.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Teachers expect students to do their best all the time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Students know what the rules are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Students care about each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Teachers listen to students when they have problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Students are taught how to solve conflicts with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Adults in this school treat students fairly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Students are taught they should care about how others feel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Students treat each other with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Students get along with each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B2. Please think about how you feel at school. How much do you agree with the following statements?

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
1. I feel close to people at this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I feel like I belong at this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I am happy to be at this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B3. How safe do you feel...

	Not safe	Somewhat safe	Mostly safe	Very safe
1. ...in the hallways or stairwells of this school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ...in the bathrooms or change rooms of this school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ...outside or around this school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ...on your way to and from school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. ...in your classes at this school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B4. Based on your school work and your most recent report card, how are you doing in the following subjects:

	A (80-90)	B (70-79)	C (60-69)	D or lower (<60)	Do not take this subject
1. English/Language (reading, writing and oral communication)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Mathematics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How are you doing overall?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B5. During the past six months, how often have you participated in the following activities at your school but not during class?

	Almost never	About once a month	About once a week	A few times a week	Most days
1. Played sports on a team, and/or taken part in physical activities (e.g., dance, karate, gymnastics), with a coach or instructor, other than in gym class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Taken part in art, drama or music groups, outside of class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Taken part in a school club or group such as yearbook club, photography club or student council?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BULLYING: There are lots of ways to bully, but students who bully other students want to hurt or upset them. It's not accidental. Usually they hurt or upset other students over and over again and are seen to have an advantage over them, such as being bigger, stronger or more popular. Sometimes a group of students will bully another student.

B6. During the past six months, how often have you been bullied by other students...

	Never	Once or a few times	Once or twice a month	Once or twice a week	Almost every day
1. ...physically (e.g., hit, pushed, shoved, kicked, beaten up, had your things damaged or stolen)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ...verbally (e.g., called names, teased hurtfully, insulted, threatened)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ...socially (e.g., excluded from a group, gossiped or spread rumours)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ...electronically (e.g., used the internet, social media, or text messages to exclude, threaten, embarrass or hurt your feelings)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. ...racially/ethnically (e.g., treated differently or badly because of your race, skin colour or ethnic background)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. ...because of your appearance (e.g., treated differently or badly because of your weight or the way you look)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. ...because of your gender identity or sexual orientation (e.g., treated differently or badly because you are a boy or girl; or called 'gay' or 'lesbian' in a way meant to upset you)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B7. During the **past six months**, about how many times have you...

	Never	1 or 2 times	3 or 4 times	5 or more times
1. ...skipped school or cut classes without permission?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ...been suspended from school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ...been sent to the office because you were misbehaving or acting out in class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. ABOUT YOUR CLASS

C1. The next questions ask about your experiences with the teacher who teaches **the class you are in right now**. During the **past three months**, how often has **this teacher**...

	Never	Rarely	Sometimes	Often	Always
1. ...noticed that you were upset and asked you about what was going on?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ...talked with you about how to deal with stressful experiences?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ...gave you the opportunity to discuss something that was bothering you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ...asked you to work with other students to complete an assignment or learn something new?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. ...asked you to discuss class material with other students in your class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. ...provided time for you and other students in your class to work together on class-related material?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. ...reviewed the classroom rules for student behaviour?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. ...acknowledged good behaviour in the classroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C2. Please think about your experiences working in groups with other students **in the class you are in right now**. During the **past three months**, how often did the group members...

	Never	Rarely	Sometimes	Often	Always
1. ...pay attention to what every member had to say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ...make sure that every member had a chance to participate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ...work together to solve the group's problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C3. In this class, how often do **you**...

	Never	Once in a while	About half the time	Usually	Always
1. ...come to class prepared to participate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ...come to class with all of your materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ...pay attention in class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ...follow instructions well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. ABOUT YOUR EXPERIENCES, FEELINGS & BEHAVIOUR

D1. How much do you agree with the following statements?

	Strongly disagree	Disagree	Agree	Strongly agree
1. I can cheer someone up who is feeling sad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I listen carefully to what other people say to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I am good at working with other students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I know how to disagree without starting a fight or argument.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I'm good at helping other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I try to understand how other people feel and think.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. If I get angry with a friend, I can talk about it and make things better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D2. During the **past 6 months**, how often did you feel...

	Never	Rarely	Sometimes	Often	Always
1. ...happy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ...interested in life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ...satisfied with life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ...that you belonged to a community (like a social group, your school, or your neighbourhood)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. ...that you had warm and trusting relationships with others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D3. The following statements describe friendships. Please indicate how true each statement is for you and your friend(s). I have at least one friend I can...

	Never or not true	Sometimes or somewhat true	Often or very true
1. ...talk to when something is bothering me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ...trust and rely on.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ...count on for help and comfort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ...talk to if I have a problem at home or at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D4. Over the **past seven days**, on how many days did you...

	No days	1-2 days	3-4 days	5-6 days	Every day
1. ...eat breakfast?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ...get a good night's sleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ...engage in physical activity for at least 60 minutes , that increased your heart rate and made you get out of breath?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D5. Below is a list of statements that describe some of the feelings and behaviours of young people. For each statement, please select the response that best describes you **now or within the past six months.**

	Never or not true	Sometimes or somewhat true	Often or very true
1. I have trouble concentrating or paying attention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am easily distracted, have difficulty sticking to any activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have trouble sitting still.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I fail to finish things I start.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I lose my temper.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I argue a lot with adults.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I am defiant and talk back to people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am angry and resentful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I get back at people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I am unhappy, sad or depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I am moody or irritable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I get no pleasure from usual activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I feel overtired or lack energy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I feel worthless or inferior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I am too fearful or anxious.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I find it hard to stop worrying.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I am anxious or on edge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I am nervous or tense.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I threaten to hurt people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I physically attack people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I get in many fights.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I damage schools or other property.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I disobey at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I use weapons when fighting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I steal things from places other than home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. I have broken into someone else's house, building or car.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D6. **During the past six months**, do you think that you have had any emotional or behavioural problems?
 No → Go to D8 Yes

D7. Do you think that you need or needed any professional help (e.g., from a doctor, counsellor or other mental health worker) with these problems?
 No Yes

If you feel you need help you can call Kids Help Phone at 1-800-668-6868

The next 3 questions ask about your experiences with smoking, drugs and drinking. Please remember that this survey is **anonymous**. No one will know who answered these questions.

D8. Which of the following best describes your experience with smoking cigarettes?

- I have never tried smoking, not even a few puffs.
- I have tried smoking, but only once or twice.
- I used to smoke every day, but have not smoked a cigarette in the last month.
- I smoke sometimes, but not every day.
- I usually smoke at least one cigarette a day.

D9. Which of the following best describes your experience with using marijuana and cannabis products (also known as weed, blunt, cheeba, ganja, chronic or pot)?

- I have never tried marijuana.
- I have tried marijuana, but only once or twice.
- I used to smoke marijuana about once a week, but have not done so in the last month.
- I smoke sometimes, but not every week.
- I usually smoke marijuana at least once a week or more.

D10. How many times in the **past 4 weeks** have you had **5 or more** drinks of alcohol on the same occasion? A drink of alcohol is, for example: one bottle or beer, one glass of wine, or one shot of liquor.

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

E. SCHOOL MENTAL HEALTH & SERVICES

Mental health concerns refer to problems you might have with emotions, attention or behaviour.

E1. **During the past six months**, did you receive any individual or group counselling or any other help **at school** for concerns regarding your mental health? For example, did you see or speak to a social worker, child and youth worker/counsellor, psychologist, nurse, teacher or other staff person at school because of concerns with your mental health?

- No → Go to E3 Yes

E2. Overall, how would you rate the help you received?

- Extremely helpful
- Very helpful
- Somewhat helpful
- A little bit helpful
- Not helpful

E3. If you felt that you needed help for concerns regarding your mental health, would you see or speak to a school social worker, child and youth worker/counsellor, psychologist, nurse, teacher or other staff person at the school about these concerns?

No Yes → Go to E5

E4. Why would you not see or speak to someone from school if you needed help for concerns with your mental health?

	No	Yes
1. Worried about what others would think of me.	<input type="checkbox"/>	<input type="checkbox"/>
2. Lack of trust in these people - word would get out.	<input type="checkbox"/>	<input type="checkbox"/>
3. Prefer to handle the problem myself.	<input type="checkbox"/>	<input type="checkbox"/>
4. Don't think these people would be able to help.	<input type="checkbox"/>	<input type="checkbox"/>
5. Wouldn't know who to approach.	<input type="checkbox"/>	<input type="checkbox"/>

E5. **During the past six months**, did you see or talk to anyone **outside of school** for concerns regarding your mental health? Remember, mental health concerns refer to problems you might have with emotions, attention or behaviour. This might include speaking with a doctor, counsellor or other professional working at...

	No	Yes
1. A doctor's office	<input type="checkbox"/>	<input type="checkbox"/>
2. A counsellor's office, such as a psychiatrist, psychologist, social worker or other type of counsellor	<input type="checkbox"/>	<input type="checkbox"/>
3. A walk-in clinic	<input type="checkbox"/>	<input type="checkbox"/>
4. An urgent care clinic or emergency room	<input type="checkbox"/>	<input type="checkbox"/>
5. A hospital	<input type="checkbox"/>	<input type="checkbox"/>
6. An agency that provides mental health or addiction services for youth	<input type="checkbox"/>	<input type="checkbox"/>

E6. This question asks about sources of help and information you may turn to, other than receiving help from a doctor's or counsellor's office, clinic, hospital, school or an agency. **During the past six months**, did you receive help or advice from the following people or places because of mental health concerns?

	No	Yes
1. Parent or other family member	<input type="checkbox"/>	<input type="checkbox"/>
2. Friend	<input type="checkbox"/>	<input type="checkbox"/>
3. Phone helpline or crisis hotline	<input type="checkbox"/>	<input type="checkbox"/>
4. Internet	<input type="checkbox"/>	<input type="checkbox"/>
5. A minister, priest, rabbi, imam, or other spiritual leader	<input type="checkbox"/>	<input type="checkbox"/>

F. ABOUT YOUR FAMILY

F1. Who lives with you in the home that you spend most of your time in? **Please check all that apply.**

- | | |
|--|--|
| <input type="checkbox"/> Biological mother | <input type="checkbox"/> Grandparent(s) |
| <input type="checkbox"/> Biological father | <input type="checkbox"/> Other adult relative(s) |
| <input type="checkbox"/> Non-biological mother | <input type="checkbox"/> Brother(s) or sister(s) |
| <input type="checkbox"/> Non-biological father | <input type="checkbox"/> Other(s) |
| <input type="checkbox"/> Other adult parent | <input type="checkbox"/> I live alone |

The next questions are about your parents. By 'parents', 'mother', or 'father', we mean whoever you consider your parents to be. They could be your birth parents, adoptive parents, stepparents or foster parents.

F2. How often do your parent(s) do the following:

	Never	Some of the time	Most of the time	All of the time
1. Encourage you to work hard at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Listen to you when you need to talk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Show they are proud of you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Take time to help you make decisions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F3. Was your mother born in Canada?

- No Yes Don't know I have no mother

F4. Was your father born in Canada?

- No Yes Don't know I have no father

F5. Think about **ONE** of your parents. What is the **highest** level of education he/she completed?

- | | |
|--|--|
| <input type="checkbox"/> Graduated university | <input type="checkbox"/> Did not graduate from high school |
| <input type="checkbox"/> Graduated college | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Graduated high school | |

F6. Do you have your own bedroom?

- No Yes

F7. How many of the following things does your family own?

	None	1	2	3 or More
1. A car, van or truck.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. A desktop computer or laptop.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. A cell phone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. A tablet, e-reader or iPad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F8. How much difficulty did you have reading and understanding the questions on this survey?

- No difficulty at all Some difficulty Moderate difficulty A lot of difficulty

Thank you for completing this survey!