## Health Assessment Questionnaire

### To all participating students:

Students in your grade are completing this questionnaire of healthy habits to provide a clearer picture of how children your age try to keep healthy.

This is NOT a test. All of your answers will be kept confidential. No one, not even your parents or teachers, will ever know what you answered. It is important to give the true answer, so please be honest when answering the questions.

Please use the pencil provided to you to complete this questionnaire. Most questions will ask you to mark only one option per question. Some questions will ask you to do something else (e.g. 'mark all that apply').

Your help today is very important.

### **Thank You!**



0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 For Office Use Only

#### **About You** 1. What grade are you in? 5. How many years have you lived in Canada? O Born in Canada $\bigcirc$ 5 $\bigcirc$ 6 0 - 6 months O 7 6 months - 1 year 0 8 1 - 2 years 2 - 3 years 3 to 5 years 2. Are you a ... O Girl? 5 to 11 years O Boy? 11 or more years 3. How old are you today? **Sleep Habits** 0 10 6. What time do you <u>usually</u> go to bed on $\bigcirc$ 11 school days? P.M. O 12 O 13 7. What time do you usually wake up on 0 14 school days? A.M. FOR OFFICE USE ONLY 4. Please write the first 3 digits of your home SLEEP **WAKE** postal code. (1)(1)(0)(1)(1)(0)221 221 В If your postal code is A1B 2C3, fill in: 332 332 4 4 3 443 5 5 4 I do not know 5 5 4 6 (5 6 0 5 706 706 8 0 7 8 0 7 $9 \bigcirc 8$ 9 (8 (10) (9)(10) (9) $\bigcirc$ 000Go to the top of the page (12)12 () ()

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## **Healthy Eating Section**

YESTERDAY, from the time you woke up until the time		N	umber	of time	s	
<i>you went to bed,</i> <u>how many times</u> did you eat the ollowing foods	None	1	2	3	4-5	6+
) salty snacks?	O	O	O	O	O	O
(for example, chips, cheesies, nachos, buttered popcorn)						
) nuts or seeds?	0	0				
(for example, peanuts, peanut butter, sunflower seeds) ) lentils, chickpeas (for example, hummus), kidney beans, or	r O	0	0	0	0	0
other dried beans?						
) fish or shellfish?	$\circ$					
(for example, canned tuna, salmon, trout, shrimp) ) breaded/fried chicken or breaded/fried fish?	$\circ$	0	0	0	0	
(for example, chicken nuggets, fingers, fish sticks)						
one slice of pizza or a pizza snack?	0	0	0	0	0	0
(for example, a pizza pop®)						
one hot dog or sausage on a bun?	O	0	0	O		
) one hamburger or cheeseburger?	0	0	0	0	0	0
one sub or deli sandwich?	0	0	0	0	0	0
whole grains? (for example, whole grain bread or pasta, brown rice, whole grain cereal; like oatmeal, shredded wheat, or Mini-Wheats®)	0	0	0	0	0	0
) white bread, white rice, or white pasta?	0	0	0	0	0	0
) fruit, not including juice? (for example, fresh, dried, canned or frozen fruit)	0	0	0	0	0	0
m) dark green vegetables?  (for example, spinach, broccoli, green beans)	0	0	0	0	0	0
n) dark orange vegetables?	0	0	0	0	0	0
(for example, carrots, squash, sweet potatoes/yams)						
) other vegetables?  (for example, other row or cooked vegetables, like corp)	0	0	0	0	0	0
(for example, other raw or cooked vegetables, like corn) ) French fries or other fried potatoes? (for example, wedges, hash browns, poutine)	0	0	0	0	0	0
n) one package of candy or one chocolate bar?	0	0	0	0	0	0
one slice of cake or pie, two cookies, one doughnut, one brownie, or other baked sweets?	0	0	0	0	0	0
) ice cream, an ice cream bar, frozen yogurt, a popsicle®?	0	0	0	0	0	0
eggs?	0	0	0	0	0	0
ı) cheese or yogurt?	0	0	0	0	0	0
) chicken or turkey?	0	0	0	0	0	0
v) beef, lamb, pork, or ham?	0	0	0	0	0	0

Saturday until you went to bed Sunday, how many times		N	umber	mber of time		
did you eat the following foods	None	1	2	3	4-5	T
a) salty snacks?	O	Ŏ	Ŏ	Ŏ	Ŏ	
(for example, chips, cheesies, nachos, buttered popcorn)						
o) nuts or seeds?	0	0	0	0	0	
(for example, peanuts, peanut butter, sunflower seeds)						
c) <b>lentils, chickpeas</b> (for example, hummus), <b>kidney beans, c</b>	or O	0				
other dried beans?						
d) fish or shellfish?	0	0				
(for example, canned tuna, salmon, trout, shrimp)						L
e) breaded/fried chicken or breaded/fried fish?	0	0	0	0		
(for example, chicken nuggets, fingers, fish sticks)	0				0	
f) one slice of pizza or a pizza snack?	O	0	0			
(for example, a pizza pop®)	$\cap$			0	0	ł
g) one hot dog or sausage on a bun?						
n) one hamburger or cheeseburger?	$\bigcirc$	$\circ$		0	0	ı
, one name and or of one observed in						
) one sub or deli sandwich?	0	0	0	0	0	ı
,						
) whole grains?	0	0	0	0	0	Τ
(for example, whole grain bread or pasta, brown rice, whole						
grain cereal; like oatmeal, shredded wheat, or Mini-Wheats®	)					
k) white bread, white rice, or white pasta?	$\circ$	0				
) fruit, not including juice?	$\circ$	$\circ$				
(for example, fresh, dried, canned or frozen fruit)						
m) dark green vegetables?	O			0		
(for example, spinach, broccoli, green beans)	$\cap$			0	0	
n) dark orange vegetables? (for example, carrots, squash, sweet potatoes/yams)						
o) other vegetables?	$\bigcirc$			0	0	
(for example, other raw or cooked vegetables, like corn)						
o) French fries or other fried potatoes?	0	0	0	0	0	T
(for example, wedges, hash browns, poutine)						
q) one package of candy or one chocolate bar?	0		0	0	0	
r) one slice of cake or pie, two cookies, one doughnut, one	• 0	0			0	
brownie, or other baked sweets?	_					
s) ice cream, an ice cream bar, frozen yogurt, a	O	O				
popsicle®?						
t) eggs?	O	O			0	
u) cheese or yogurt?	at, or Mini-Wheats®)  i?  cen fruit)  cans)  atoes/yams)  ables, like corn)  tine) te bar?  one doughnut, one  ogurt, a	0	0			
d) cheese of yogurt:						
v) chicken or turkey?	0	0	0	0	0	T
,,,, .	rown rice, whole or Mini-Wheats®)  fruit)  s) es/yams) es, like corn) e) oar? e doughnut, one  irt, a					
	0		0	0		
w)beef, lamb, pork, or ham?						

YESTERDAY, from the time you woke up until the time		Nu	mber of	of servings			
you went to bed, how many servings of the following did you drink?	None	1	2	3	4-5	6+	
a) white or chocolate milk, or soy beverage (for example, one cup or small carton of milk)	0	0	0	0	0		
o) 100% fruit juice or vegetable juice (for example, one cup or drinking box-size serving of 100% orange, apple, or tomato juice)	0	0	0	0	0	0	
c) fruit-flavoured drinks (for example, one cup or drinking	0	0	0	0	0	0	
box-size serving of Kool-aid <sup>®</sup> , Sunny D <sup>®</sup> , or lemonade) d) regular (non-diet) pop or soft drinks (for example, one cup or can of pop)	0	0	0	0	0	0	
e) diet pop or soft drinks  (for example, one cup or can of diet pop)	0	0	0	0	0	С	
) sports drinks	0	0	0	0	0	C	
(for example, one cup or a small bottle of Gatorade®) b) high energy drinks  (for example, one cup or associate Bod Bod®)	0	0	0	0	0	C	
(for example, one cup or can of Red Bull®)  n) hot chocolate, cappuccino, or frappaccino  (for example, one mug of hot chocolate)	0	0	0	0	0	C	
) tea, iced tea, or coffee  (for example, one mug or medium coffee)	0	0	0	0	0	C	
) slurpees, slushies, or snow cones (for example, one small slurpee)	0	0	0	0	0	C	
s) shakes	0	0	0	0	0	C	
(for example, one small milkshake)							
(for example, one small milkshake) ) water (for example, one cup or small bottle of water)	0	0	0				
) water (for example, one cup or small bottle of water)	0						
) water (for example, one cup or small bottle of water)  AST WEEKEND, counting from the time you woke up	O	Nu	mber o	f servir	ngs		
water (for example, one cup or small bottle of water)  AST WEEKEND, counting from the time you woke up  Saturday until you went to bed Sunday, how many	None						
water (for example, one cup or small bottle of water)  AST WEEKEND, counting from the time you woke up  Saturday until you went to bed Sunday, how many servings of the following did you drink?  a) white or chocolate milk, or soy beverage	None	Nu	mber o	f servir	ngs		
water (for example, one cup or small bottle of water)  AST WEEKEND, counting from the time you woke up Saturday until you went to bed Sunday, how many servings of the following did you drink?  a) white or chocolate milk, or soy beverage (for example, one cup or small carton of milk) b) 100% fruit juice or vegetable juice (for example, one cup or drinking box-size serving of		Nui 1	mber of	f servir	ngs 4-5		
water (for example, one cup or small bottle of water)  AST WEEKEND, counting from the time you woke up Saturday until you went to bed Sunday, how many servings of the following did you drink?  a) white or chocolate milk, or soy beverage (for example, one cup or small carton of milk) b) 100% fruit juice or vegetable juice (for example, one cup or drinking box-size serving of 100% orange, apple, or tomato juice) c) fruit-flavoured drinks (for example, one cup or drinking		Nui	mber of	f servir	198 4-5		
water (for example, one cup or small bottle of water)  AST WEEKEND, counting from the time you woke up Saturday until you went to bed Sunday, how many servings of the following did you drink?  a) white or chocolate milk, or soy beverage (for example, one cup or small carton of milk) b) 100% fruit juice or vegetable juice (for example, one cup or drinking box-size serving of 100% orange, apple, or tomato juice) c) fruit-flavoured drinks (for example, one cup or drinking box-size serving of Kool-aid®, Sunny D®, or lemonade) d) regular (non-diet) pop or soft drinks	0	Nui	mber or	f servir	4-5	6+	
water (for example, one cup or small bottle of water)  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?  (a) white or chocolate milk, or soy beverage (for example, one cup or small carton of milk) (b) 100% fruit juice or vegetable juice (for example, one cup or drinking box-size serving of 100% orange, apple, or tomato juice) (c) fruit-flavoured drinks (for example, one cup or drinking box-size serving of Kool-aid®, Sunny D®, or lemonade) (d) regular (non-diet) pop or soft drinks (for example, one cup or can of pop) (e) diet pop or soft drinks	0	Nui	mber of	f servir	198 4-5 O	6+	
water (for example, one cup or small bottle of water)  AST WEEKEND, counting from the time you woke up Saturday until you went to bed Sunday, how many servings of the following did you drink?  a) white or chocolate milk, or soy beverage (for example, one cup or small carton of milk)  b) 100% fruit juice or vegetable juice (for example, one cup or drinking box-size serving of 100% orange, apple, or tomato juice)  c) fruit-flavoured drinks (for example, one cup or drinking box-size serving of Kool-aid®, Sunny D®, or lemonade)  d) regular (non-diet) pop or soft drinks (for example, one cup or can of pop)  e) diet pop or soft drinks (for example, one cup or can of diet pop)  sports drinks	0 0	Nui 1 0 0	mber of	f servir	19s 4-5	6+1	
water (for example, one cup or small bottle of water)  AST WEEKEND, counting from the time you woke up Saturday until you went to bed Sunday, how many servings of the following did you drink?  a) white or chocolate milk, or soy beverage (for example, one cup or small carton of milk)  b) 100% fruit juice or vegetable juice (for example, one cup or drinking box-size serving of 100% orange, apple, or tomato juice)  c) fruit-flavoured drinks (for example, one cup or drinking box-size serving of Kool-aid®, Sunny D®, or lemonade)  d) regular (non-diet) pop or soft drinks (for example, one cup or can of pop)  e) diet pop or soft drinks (for example, one cup or can of diet pop)  sports drinks (for example, one cup or a small bottle of Gatorade®)  g) high energy drinks	0 0 0	Nui 1 0 0 0	mber or	f servir	19s 4-5	6+	
AST WEEKEND, counting from the time you woke up Saturday until you went to bed Sunday, how many servings of the following did you drink?  A) white or chocolate milk, or soy beverage (for example, one cup or small carton of milk)  100% fruit juice or vegetable juice (for example, one cup or drinking box-size serving of 100% orange, apple, or tomato juice)  2) fruit-flavoured drinks (for example, one cup or drinking box-size serving of Kool-aid®, Sunny D®, or lemonade)  3) regular (non-diet) pop or soft drinks (for example, one cup or can of pop)  4) diet pop or soft drinks (for example, one cup or can of diet pop)  5) sports drinks (for example, one cup or a small bottle of Gatorade®)  6) high energy drinks (for example, one cup or can of Red Bull®)  6) hot chocolate, cappuccino, or frappaccino	0 0 0 0 0	Nui 1 0 0 0 0	mber of	f servir	198 4-5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6+	
(for example, one cup or small bottle of water)  AST WEEKEND, counting from the time you woke up Saturday until you went to bed Sunday, how many servings of the following did you drink?  (a) white or chocolate milk, or soy beverage (for example, one cup or small carton of milk)  (b) 100% fruit juice or vegetable juice (for example, one cup or drinking box-size serving of 100% orange, apple, or tomato juice)  (c) fruit-flavoured drinks (for example, one cup or drinking box-size serving of Kool-aid®, Sunny D®, or lemonade)  (d) regular (non-diet) pop or soft drinks (for example, one cup or can of pop)  (e) diet pop or soft drinks (for example, one cup or diet pop)  (for example, one cup or can of diet pop)  (for example, one cup or a small bottle of Gatorade®)  (g) high energy drinks (for example, one cup or can of Red Bull®)  (h) hot chocolate, cappuccino, or frappaccino (for example, one mug of hot chocolate)  (tea, iced tea, or coffee		Nui 1 0 0 0 0 0	mber of	f servir	1gs 4-5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6+	
AST WEEKEND, counting from the time you woke up Saturday until you went to bed Sunday, how many servings of the following did you drink?  a) white or chocolate milk, or soy beverage (for example, one cup or small carton of milk)  b) 100% fruit juice or vegetable juice (for example, one cup or drinking box-size serving of 100% orange, apple, or tomato juice)  c) fruit-flavoured drinks (for example, one cup or drinking box-size serving of Kool-aid®, Sunny D®, or lemonade)  d) regular (non-diet) pop or soft drinks (for example, one cup or can of pop)  e) diet pop or soft drinks (for example, one cup or can of diet pop)  sports drinks (for example, one cup or a small bottle of Gatorade®)  g) high energy drinks (for example, one cup or can of Red Bull®)  h) hot chocolate, cappuccino, or frappaccino		Nui 1 0 0 0 0 0 0	mber of	f servir	9 4-5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6+1	
(for example, one cup or small bottle of water)  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?  (a) white or chocolate milk, or soy beverage (for example, one cup or small carton of milk)  (b) 100% fruit juice or vegetable juice (for example, one cup or drinking box-size serving of 100% orange, apple, or tomato juice)  (c) fruit-flavoured drinks (for example, one cup or drinking box-size serving of Kool-aid®, Sunny D®, or lemonade)  (d) regular (non-diet) pop or soft drinks (for example, one cup or can of pop)  (e) diet pop or soft drinks (for example, one cup or diet pop)  (for example, one cup or can of diet pop)  (for example, one cup or can of Red Bull®)  (h) hot chocolate, cappuccino, or frappaccino (for example, one mug of hot chocolate)  (for example, one mug or medium coffee)  (for example, one mug or medium coffee)		Nui 1 0 0 0 0 0 0 0	mber or	f servir 3	19s 4-5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6+	

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?	0	0	0	0	0	0	0
b) eat lunch?	0	0	0	0	0	0	0
c) eat dinner?	0	0	0	0	0	0	0
d) eat as part of a breakfast and/or snack program at school, where food is supplied to you?	0	0	0	0	0	0	0
<ul> <li>e) eat as part of a lunch program at school, where food supplied to you?</li> </ul>	is O	0	0	0	0	0	0
f) eat foods purchased at a fast food place or restaurar	t? O	0	0	0	0	0	0
g) eat snacks purchased from a vending machine, corne store, snack bar, or canteen?	er O	0	0	0	0	0	0
h) eat meals while watching television?	0	0	0	0	0	0	0
i) eat meals with at least one adult family member?	0	0	0	0	0	0	0
j) eat meals by yourself?	0		0	0	0	0	0
13. On a usual weekend (Saturday and Sunday), how m	any tim	es do yo	ou:	None	1 time	2 times	3+ times
a) eat breakfast?				0	0	0	0
b) eat lunch?				0	0	0	0
c) eat dinner?				0	0	0	0
d) eat foods purchased at a fast food place or restaurar	t?			0	0	0	0
<ul> <li>e) eat snacks purchased from a vending machine, corner or canteen?</li> </ul>	er store,	snack b	ar,	0	0	0	0
f) eat meals while watching television?				0	0	0	0
g) eat meals with at least one adult family member?				0	0	0	0
h) eat meals by yourself?				0	0	0	0
14. If you do not eat breakfast every day, why do you sk	kip brea	kfast? (	Mark al	l that ap	oply)	I	
I eat breakfast every day							
<ul> <li>I don't have time for breakfast</li> <li>The bus comes too early</li> <li>I sleep in</li> <li>I'm not hungry in the morning</li> <li>I feel sick when I eat breakfast</li> <li>I'm trying to lose weight</li> <li>There is nothing to eat at home</li> <li>Other:</li> </ul>							

15. <b>D</b>	o you feel your sch	nool offers a saf	e place	e for ye	ou to e	at?					
C	Yes	○ No									
16. <u>0</u>	n most school day	<u>s</u> do you feel yo	u have	e enou	gh tim	e to ea	t luncl	n at sc	hool?		
C	Yes	○ No									
17. <u>0</u>	n most school day	<u>s</u> where do you	eat yo	ur lune	ch?						
C	Classroom	○ Cafeteria									
C	Hallway	○ Home									
C	Gymnasium										
	ave you received for not include celebrate		r prize	at sch	ool thi	s year'	?				
C	Yes	○ No									
ti	ver the past month mes <u>per week or da</u> at		Never	1-2 times per	3-4 times <b>per</b>	5-6 times per	1 time <b>per</b>	2 times <b>per</b>	3 times <b>per</b>	4 times <b>per</b>	5+ times <b>per</b>
				-week	week	-week	dav	k dav 🗸	k dav 🗸	l dav /	k dav 🗸
F	ood categories			week	week	week	day	day	day	day	day
	Fruit, not including ju	uice	0	0	0	0	0	0	0	0	0
a) b)	Fruit, not including ju Vegetables	uice	0	0	0	0	0	0	0	0	0
a) b) c)	Fruit, not including ju Vegetables French fries		0	0 0	0	0 0	0	0	0	0	0
a) b) c)	Fruit, not including ju Vegetables French fries Whole grains (e.g. w	/hole wheat bread	0	0	0	0	0	0	0	0	0
a) b) c) d)	Fruit, not including ju Vegetables French fries Whole grains (e.g. wor pasta, brown rice,	/hole wheat bread	) () (al)	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0	0 0 0	0 0 0
a) b) c) d)	Fruit, not including ju Vegetables French fries Whole grains (e.g. w or pasta, brown rice, Cheese or yogurt	hole wheat bread whole grain cerea	)   ()   ()	0 0 0 0	0 0 0 0	0000	0 0 0 0	0 0 0 0	0000	0 0 0 0	0 0 0 0
a) b) c) d)	Fruit, not including juvegetables French fries Whole grains (e.g. wor pasta, brown rice, Cheese or yogurt Fish or shellfish as n	whole wheat bread whole grain cerea nain dish	() () () () () () () () () () () () () (	0 0 0 0 0	0 0 0 0 0	00000	0000	0 0 0 0 0 0	0	0 0 0 0 0 0	0000
a) b) c) d) e) f)	Fruit, not including juvegetables French fries Whole grains (e.g. wor pasta, brown rice, Cheese or yogurt Fish or shellfish as not chicken or turkey as	hole wheat bread whole grain cerea nain dish main dish	() () () () () () () () () () () () () (	0000	0000	0000 000	0000	0000	0000 000	0000	0000
a) b) c) d) e) f)	Fruit, not including juvegetables French fries Whole grains (e.g. wor pasta, brown rice, Cheese or yogurt Fish or shellfish as not Chicken or turkey as Lentils, chickpeas, k	whole wheat bread whole grain cerea nain dish smain dish idney beans, or	() () () () () () () () () () () () () (	0 0 0 0 0	0 0 0 0 0	00000	0000	0 0 0 0 0 0	0000	0 0 0 0 0 0	0000
a) b) c) d) e) f) h)	Fruit, not including juvegetables French fries Whole grains (e.g. wor pasta, brown rice, Cheese or yogurt Fish or shellfish as nothicken or turkey as Lentils, chickpeas, kother dried beans as	whole wheat bread whole grain cereal main dish idney beans, or main dish	(al)	000000000000000000000000000000000000000	000000000000000000000000000000000000000	0000 0000	000000000000000000000000000000000000000	000000000000000000000000000000000000000	0000	000000000000000000000000000000000000000	000000000000000000000000000000000000000
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a) b) c) d) e) f) h) i)	Fruit, not including ju Vegetables French fries Whole grains (e.g. w or pasta, brown rice, Cheese or yogurt Fish or shellfish as n Chicken or turkey as Lentils, chickpeas, k other dried beans as Beef, lamb, pork or h Desserts	whole wheat bread whole grain cereal main dish idney beans, or main dish	(al)	000000000000000000000000000000000000000	000000000000000000000000000000000000000	0000 0000	000000000000000000000000000000000000000	000000000000000000000000000000000000000	0000	000000000000000000000000000000000000000	000000000000000000000000000000000000000
a) b) c) d) e) f) h)	Fruit, not including ju Vegetables French fries Whole grains (e.g. w or pasta, brown rice, Cheese or yogurt Fish or shellfish as n Chicken or turkey as Lentils, chickpeas, k other dried beans as Beef, lamb, pork or h Desserts	whole wheat bread whole grain cereal main dish idney beans, or main dish	(al)	000000000000000000000000000000000000000	000000000000000000000000000000000000000	0000 0000 00	000000000000000000000000000000000000000		0000 0000 00		000000000000000000000000000000000000000
a) b) c) d) e) f) g) h) i) k)	Fruit, not including ju Vegetables French fries Whole grains (e.g. w or pasta, brown rice, Cheese or yogurt Fish or shellfish as n Chicken or turkey as Lentils, chickpeas, k other dried beans as Beef, lamb, pork or h Desserts	whole wheat bread whole grain cereal main dish idney beans, or main dish	(al)	000000000000000000000000000000000000000	000000000000000000000000000000000000000	0000 0000 00	000000000000000000000000000000000000000		0000 0000 00		000000000000000000000000000000000000000
a) b) c) d) e) f) g) h) i) k) <b>B</b>	Fruit, not including junch Vegetables French fries Whole grains (e.g. wor pasta, brown rice, Cheese or yogurt Fish or shellfish as nother dried beans as Beef, lamb, pork or hoesserts Salty snacks  Everage categories Water	whole wheat bread whole grain cereal main dish idney beans, or main dish	(al)	000000000000000000000000000000000000000	000000000000000000000000000000000000000	0000 0000 000	000000000000000000000000000000000000000	000000000000000000000000000000000000000	0000 0000 000		
a) b) c) d) e) f) g) h) i) k) <b>B</b>	Fruit, not including junch Vegetables French fries Whole grains (e.g. wor pasta, brown rice, Cheese or yogurt Fish or shellfish as nother dried beans as Beef, lamb, pork or hoesserts Salty snacks  everage categories Water White milk	whole wheat bread whole grain cereal main dish idney beans, or main dish	(al)	0000 000 000	000000000000000000000000000000000000000	0000 0000 000			0000 0000 000		
a) b) c) d) e) f) g) h) i) k) <b>B</b>	Fruit, not including junch Vegetables French fries Whole grains (e.g. wor pasta, brown rice, Cheese or yogurt Fish or shellfish as nother dried beans as Beef, lamb, pork or hoesserts Salty snacks  everage categories Water White milk Flavoured milk	whole wheat bread whole grain cerea main dish s main dish idney beans, or main dish nam as main dish	(al)	000000000000000000000000000000000000000	0000 0000 000	0000 0000 000			0000 0000 000		
a) b) c) d) e) f) g) h) i) j) k) <b>B</b> l) m n) o)	Fruit, not including junch Vegetables French fries Whole grains (e.g. wor pasta, brown rice, Cheese or yogurt Fish or shellfish as not Chicken or turkey as Lentils, chickpeas, kother dried beans as Beef, lamb, pork or hoesserts Salty snacks  everage categories Water White milk Flavoured milk 100% juice (vegetab	whole wheat bread whole grain cereal main dish smain dish idney beans, or main dish mam as main dish	(al)	000000000000000000000000000000000000000	000000000000000000000000000000000000000	0000 0000 0000			0000 0000 000		
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ear caon day ioi	good health?	egetables do you t	inink a person of y	our age should
3 0 4 0 5 0 6 0 7				
21.I am sure I can e	eat fruit or vegetab	les for lunch in fro	nt of my friends.	
O Disagree a lot	O Disagree a littl	e O Not sure	O Agree a little	O Agree a lot
22.I think I can eat	2 or more servings	of fruit every day		
O Disagree a lot	O Disagree a littl	e O Not sure	O Agree a little	O Agree a lot
23.I think I can eat	3 or more servings	of vegetables eve	ery day.	
O Disagree a lot	O Disagree a littl	e O Not sure	O Agree a little	O Agree a lot
24. I will eat a fruit o	or vegetable that I I	have never tried be	efore.	
O Disagree a lot	O Disagree a littl	e O Not sure	O Agree a little	O Agree a lot
25. At a friend's hou	use, I will try a new	fruit or vegetable.		
<ul><li>Disagree a lot</li></ul>	O Disagree a littl	e O Not sure	O Agree a little	O Agree a lot
	<u>Phy</u>	sical Activity Se	ection	
26. In the last 7 days				physical activity <u>at</u>
school?  0 0 days 0 1 day				physical activity <u>at</u>
school?  0 0 days 1 day 2 days 27. How physically	s, how many days  3 days 4 days 5 days	did you participate	e in 30 minutes of	· · · · · · · · · · · · · · · · · · ·
school?  0 days 1 day 2 days  27. How physically a Think about the	s, how many days  3 days 4 days 5 days	did you participate sider your <u>father</u> (o	e in 30 minutes of	ter father) to be?
school?  0 days 1 day 2 days  27. How physically Think about the Active  28. How physically	s, how many days 3 days 4 days 5 days active do you cons father you see mo	sider your <u>father</u> (ost.  Inactive  Sider your <u>mother</u> (	e in 30 minutes of por stepfather or fos	ter father) to be?

29.	<b>Но</b> (е.	ow much do yo g., your parent	our parent(s) or guardian(s) encourage you to be physically active? s talk to you about the importance of physical activity)
	0	Strongly encou	rage
	0	Encourage	
	0	Do not encoura	ige or discourage
	0	Discourage	
	0	Strongly discou	ırage
30.	<b>Но</b> (е.	w much do yo g., driving you	our parent(s) or guardian(s) support you in being physically active? to team games, taking you to the pool, etc.)
	0	Very supportive	
	0	Supportive	
	0	Unsupportive	
	0	Very unsupport	ive
31.			ends are the friends you like to spend the most time with. How many riends are physically active?
	0	None	○ 3 friends
	0	1 friend	○ 4 friends
	0	2 friends	○ 5 friends or more
32.	<u>In</u> (e.	the last 7 days g. illness, away	s, did anything prevent you from doing your normal physical activities? y from home)
	0	Yes	○ No
33.	<u>In</u>	the last 7 days	<u>s,</u> how did you <i>usually</i> get to and from school?
	0	Actively (e.g., w	valk, bike, skateboard)
	0	Inactively (e.g.,	car, bus, public transit)
	0	Mixed (actively	and inactively)
34.	Do	you consider	yourself:
	0	Very overweig	lht .
	0	Slightly overw	eight
	0	About the righ	t weight
	0	Slightly under	weight
	$\bigcirc$	Verv underwe	iaht

35. <u>For question 35,</u> 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 <u>each of the last 7 days</u>. 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				1		Minu	ıtes	
	•	1	2	3	4	5		0	15	30	•
			Hours						Minu	utes	
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

36	. Were t	he last	t 7 days	a typical	week in	terms	of the	amount	of phys	sical
	activity	that y	ou usu	ally do?						

1	7	V	00
١.	,	Y	-

O 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:

			Hou	ırs			1		Minu	ites	
Monday	0	1	2	•	4	5		0	•	39	45
			Ho	urs					Minu	ıtes	
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	<b>4</b> 5
Friday	0	1	2	3	4	5		0	15	30	<b>4</b> 5
Saturday	0	1	2	3	4	5		0	15	30	<b>4</b> 5
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:

			Ηοι	ırs		Minute					
Monday	0	1	2	•	4	5		•	15	30	45
			Ho	urs					Minu	ıtes	
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	<b>4</b> 5
Friday	0	1	2	3	4	5		0	15	30	<b>4</b> 5
Saturday	0	1	2	3	4	(5)		0	15)	30	<b>4</b> 5
Sunday	0	1	2	3	4	5		0	15	30	45

you spend reading, not counting at school, or for homework? (Include reading books, magazines, and newspapers)	outside of school?  O Yes			
O None O From 6 to 13 hours	O No			
<ul><li>Less than 1 hour</li><li>13 or more hours</li><li>From 1 to 6 hours</li></ul>	45. Do you participate in individual physical activities outside of school (e.g., dancing, swimming, biking)?			
40. In the last 7 days, how much total time did you spend doing homework?	○ Yes ○ No			
■ ○ None ○ From 6 to 13 hours				
Less than 1 hour	46. What do you think of the number of sports offered at your school?			
From 1 to 6 hours	O Does not matter to me O Just right			
41. Do you participate in intramurals/house league sports at your school?	○ Too few ○ Too many			
○ Yes	47. In a <i>typical</i> Physical Education class (PE,			
○ No	gym class), how much time are you actually active?			
Not available	○ I am not taking a ○ 31 to 45 minutes physical education class			
<ul><li>42. Do you participate in team sports between</li></ul>	<ul><li>46 to 60 minutes</li><li>Less than 15 minutes</li></ul>			
schools?	○ More than 1 ○ 15 to 30 minutes hour			
○ Yes	40 H			
No No	48. How many Physical Education classes did you have in the last 'full' school week?			
<ul><li>Not available</li></ul>	○ 0 classes ○ 3 classes			
43. Do you participate in other physical	○ 1 class ○ 4 classes			
activities at school (e.g., tether ball)?	○ 2 classes ○ 5 classes			
○ Yes ○ No	49. Do you have a chance to be physically active in other classes besides physical education?			
Go to the top of the page	○ No			
	O Yes, some other classes			
•	O Yes, all other classes			
- ■				

## **Smoking Behaviour Section**

	u <u>ever</u> tried cigarette smoking, t a few puffs?	56. Do you think in the future you might try smoking cigarettes?		
○ Yes		○ I already smoke ○ Probably not		
○ No		O Definitely yes O Definitely not		
51. Have you	u ever smoked a whole cigarette	? O Probably yes		
○ Yes		57 If any of your boot friends was to offer you		
○ No		57. If one of your best friends was to offer you a cigarette, would you smoke it?		
○ I have	never smoked	O Definitely yes O Probably not		
	u smoked 100 or more whole es in your life?	O Probably yes O Definitely not		
○ Yes		58. At any time during the next year do you think that you will smoke a cigarette?		
○ No		Definitely yes     Probably not		
○ I have	never smoked	<ul> <li>Probably yes</li> <li>Definitely not</li> </ul>		
	out the last 30 days. Did you cigarette, even just a few puffs?			
O Every	day	59. Do any of your parents, step-parents, or guardians smoke cigarettes?		
O Almos	t every day	○ Yes		
O Some	days	○ No		
O 1 or 2	days	○ I don't know		
O Not at	all	60 Do any of your brothers or sisters smake		
54. Are you	a smoker?	60. Do any of your brothers or sisters smoke cigarettes?		
○ Yes		○ Yes		
○ No		○ No		
55. Your closest friends are the friends you like to spend the most time with. How many of		O I don't know		
	sest friends <u>smoke cigarettes</u> ?	I have no brothers or sisters		
O None	O 3 friends	61. Have your parents, step-parents, or		
○ 1 frien	d O 4 friends	guardians <u>ever</u> talked to you about not smoking?		
O 2 frien	ds	○ Yes		
		○ No		
	Go to the ten of the name			

	Your Feelings				
	2. 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.	0	0	0	0
	b. My teachers like me and care about me.	0	0	0	0
	c. I feel free to express myself at home.	0	0	0	0
	d. I feel my teachers think I am good at things.	0	0	0	0
=	e. I like to spend time with my parents.	0	0	0	0
	f. I feel free to express myself with my friends.	0	0	0	0
	g. I feel I do things well at home.	0	0	0	0
=	h. My parents like me and care about me.	0	0	0	0
	<ol> <li>I feel I have a choice about when and how to do my schoolwork.</li> </ol>	0	0	0	0
=	j. I feel my parents think that I am good at things.	0	0	0	0
_	k. I like to be with my teachers.	0	0	0	0
_ _	I. I feel I have a choice about which activities to do with m friends.	o O	0	0	0
Ξ	m. I feel I do things well when I am with my friends.	0	0	0	0
	n. My friends like me and care about me.	0	0	0	0
=	o. I feel free to express myself at school.	0	0	0	0
=	p. I feel my friends think I am good at things.	0	0	0	0
_	q. I like to spend time with my friends.	0	0	0	0
<b>=</b>	<ul> <li>I feel like I have a choice about when and how to do my household chores.</li> </ul>	0	0	0	0
<b>—</b> (	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.	0	0	0	0
_	b. I feel I am part of my school.	0	0	0	0
=	c. I am happy to be at my school.	0	0	0	0
<u>-</u>	d. I feel the teachers at my school treat me fairly.	0	0	0	0
	e. I feel safe in my school.	0	0	0	0
	000000000000000000000000000000000000000	00			

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  $\bigcirc \bigcirc \bigcirc$ 0 1111 1 222 2 3 33 44 4 **5** 66 6 7 7 88 8 99 9

Height 1:

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

Height 2:

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

Example: 45.5 kg

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

Weight 1:

Weight 1		
kg		
<ul><li>© ¬ @ @ @ @ © @ @</li><li>© ¬ @ @ @ @ © @ @</li><li>© ¬ @</li></ul>	0 ( 0 ( 3 ( 4 ( 6 ( 7 ( 8 ( 9 )	

Weight 2:\_

Weight 2		
kg		
<ul><li>(a)</li><li>(b)</li><li>(c)</li><li>(c)</li><li>(c)</li><li>(d)</li><li>(d)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><l< td=""><td>0 ( 0 ( 3 ( 4 ( 5 ( 6 ( 7 ( 8 ( 9 ( 7 ( 7 ( 7 ( 7 ( 7 ( 7 ( 7 ( 7 ( 7</td></l<></ul>	0 ( 0 ( 3 ( 4 ( 5 ( 6 ( 7 ( 8 ( 9 ( 7 ( 7 ( 7 ( 7 ( 7 ( 7 ( 7 ( 7 ( 7	

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