

YRDSB's Every Student Counts Survey 2018 (Grades 7-12)- Confidential

York Region District School Board (YRDSB) is inviting all students in Grades 7 to 12 to participate in a system-wide census entitled the *Every Student Counts Survey (ESCS)*

The purpose of the survey is to better understand your experiences in school and outside of school. The overall findings will be used to help improve our schools and to:

- Identify and eliminate systemic barriers to student success;
- Create more equitable and inclusive school environments; and,
- Improve student achievement and well-being.

To determine how to allocate resources to schools, the census data will be linked by YRDSB to student achievement data through the use of a unique code on each survey. To ensure that your survey responses are confidential, please **do not** put your name on your survey.

Before you start the survey, there are some important things you should know:

1. This survey should take about 30 minutes to complete.
2. Take your time to answer each question. There are no right or wrong answers.
3. If you do not understand a question, please ask your teacher to explain.
4. This survey is voluntary. If you do not feel comfortable answering a question, skip the question and move on to the next one.
5. This **confidential survey is being conducted by YRDSB through CCI Research**. Your completed survey will be sent to CCI Research for data entry. Individual responses will be grouped for reporting purposes. A summary report will be available at your school and on the Board's website in Spring 2019.
6. When you have completed your survey, please place it in the envelope or box provided by the teacher. Do **not** put your name on your survey or the envelope.

****Please tear this sheet off of your survey NOW. Your teacher will collect and shred this paper.***

THANK YOU for your participation!

The information you provide is collected under the authority of section 170(1)(6) of the Education Act, R.S.O. 1990, c. E. 2 and will be used for educational and research purposes only. The information will be used, disclosed, and retained in accordance with the Municipal Freedom of Information and Protection of Privacy Act. R.S.O. 1990, c. M. 56.

For Information Only

Part A: Life in School

How you feel about your school, classes and school work is important to your success as a student. Please think about your current school when answering the following questions.

1	How do you feel about this school?	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure
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This school is a welcoming place.	①	②	③	④	⑤
I feel like I belong at this school.	①	②	③	④	⑤
I enjoy being at this school.	①	②	③	④	⑤
I get along well with other students at this school.	①	②	③	④	⑤
I feel accepted by students at this school.	①	②	③	④	⑤
School rules are applied to me in a fair way.	①	②	③	④	⑤
I am treated with respect at this school.	①	②	③	④	⑤
At this school, differences among all people are respected.	①	②	③	④	⑤

2	At my school, I am encouraged to think or learn about human rights/social justice* issues related to:	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure
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Indigenous peoples	①	②	③	④	⑤
Gender identity <i>(A person's internal and deeply felt sense of being a man, a woman, both, neither, or having another identity on the gender spectrum. A person's gender identity may be different from the sex assigned at birth (for example, female, intersex, male).)</i>	①	②	③	④	⑤
Race, ethnicity and culture	①	②	③	④	⑤
Sexual orientation <i>(A person's emotional, romantic and/or sexual attraction to another person(s).)</i>	①	②	③	④	⑤
Poverty	①	②	③	④	⑤
People with disabilities	①	②	③	④	⑤

* Equal treatment and equal opportunities for all people without discrimination.

3	How many close friends do you have at school?
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- ① None
- ② One
- ③ Two
- ④ Three or more

7	Please rate your level of agreement with each of the following statements:	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure
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There is at least one caring adult at my school who supports me.	①	②	③	④	⑤
There is an adult at my school who expects me to do well.	①	②	③	④	⑤
In general, adults at my school treat me the same or better than other students.	①	②	③	④	⑤

8	Since the start of this school year, how often have you:	All the time	Often	Sometimes	Never	Not Sure
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Stayed away, or wanted to stay away, from school to avoid being bullied*?	①	②	③	④	⑤
Been bullied* by other students at school (for example, physical, verbal, social, and/or cyber bullying)?	①	②	③	④	⑤
Experienced discrimination** in your school/class?	①	②	③	④	⑤
Experienced harassment*** in your school/class?	①	②	③	④	⑤

* *Bullying is an ongoing misuse of power in relationships through repeated verbal, physical and/or social behaviour that causes physical and/or psychological harm. It can involve an individual or a group misusing their power over one or more persons. Bullying can happen in person or online, and it can be obvious (overt) or hidden (covert).*

** *Discrimination is being treated negatively because of your gender, racial background, ethnic origin, religion, socio-economic background, special education needs, sexual orientation, or other factors. Discrimination can be intentional or unintentional.*

*** *Harassment is engaging in a course of vexatious [annoying or provoking] comment or conduct which is known or ought reasonably to be known to be unwelcome.*

9	Please rate your level of agreement with each of the following statements:	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure
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I feel safe at this school.	①	②	③	④	⑤
I feel safe on the way to and from school.	①	②	③	④	⑤
There is an adult at this school I would feel comfortable speaking to if I am bullied*.	①	②	③	④	⑤
There is an adult at this school I would feel comfortable speaking to if I knew of someone else being bullied*.	①	②	③	④	⑤

10 Since the start of this school year, have you been involved in an incident that resulted in a specific consequence or action by the principal or vice principal?

- | | | |
|---|----------|---------------------|
| ① | Yes | GO TO QUESTION 11 |
| ② | No | SKIP TO QUESTION 12 |
| ③ | Not sure | SKIP TO QUESTION 12 |

11 If yes, what did this consequence or action involve? Please select all that apply.

- ① Conversation with the principal/vice principal
- ② Asked to serve a detention or be kept in for recess (for example, being kept after school or asked to come in before school)
- ③ Writing an apology note
- ④ Restorative conversation/circle
- ⑤ A discussion/meeting with the school resource officer (York Regional Police)
- ⑥ Conversation with a Child and Youth Worker (CYW) or Educational Assistant (EA)
- ⑦ Being removed from a class (and kept elsewhere, either in the office or a different classroom)
- ⑧ Missing a portion or being removed from an extracurricular activity (for example, sports team, club)
- ⑨ In-school suspension
- ⑩ Out-of-school suspension
- ⑪ ACCESS program (Alternative Classroom and Counselling for Expelled and Suspended Students)
- ⑫ A discipline/consequence not listed above (please specify): _____
- ⑬ Not sure

Part B: Questions about Me

We want to know more about you so that we can support your learning. The answers you provide will help us serve you and other students better. Please answer the following questions but feel free to skip a question if you don't know the answer or if it makes you feel uncomfortable.

12 What grade are you currently attending?

- | | | | |
|-------------------------|---------|-------------------------|----------|
| <input type="radio"/> 1 | Grade 7 | <input type="radio"/> 4 | Grade 10 |
| <input type="radio"/> 2 | Grade 8 | <input type="radio"/> 5 | Grade 11 |
| <input type="radio"/> 3 | Grade 9 | <input type="radio"/> 6 | Grade 12 |

13 What is the first language(s) you learned to speak as a child? Please select all that apply.

- | | | | | | |
|--------------------------|-----------|--------------------------|------------------------|--------------------------|---|
| <input type="radio"/> 1 | Albanian | <input type="radio"/> 14 | Hebrew | <input type="radio"/> 27 | Somali |
| <input type="radio"/> 2 | Arabic | <input type="radio"/> 15 | Hindi | <input type="radio"/> 28 | Spanish |
| <input type="radio"/> 3 | Bengali | <input type="radio"/> 16 | Hungarian | <input type="radio"/> 29 | Tagalog |
| <input type="radio"/> 4 | Cantonese | <input type="radio"/> 17 | Indigenous language(s) | <input type="radio"/> 30 | Tamil |
| <input type="radio"/> 5 | Croatian | <input type="radio"/> 18 | Italian | <input type="radio"/> 31 | Ukrainian |
| <input type="radio"/> 6 | Dari | <input type="radio"/> 19 | Korean | <input type="radio"/> 32 | Urdu |
| <input type="radio"/> 7 | Dutch | <input type="radio"/> 20 | Malayalam | <input type="radio"/> 33 | Vietnamese |
| <input type="radio"/> 8 | English | <input type="radio"/> 21 | Mandarin | <input type="radio"/> 34 | A language not listed above (please specify): |
| <input type="radio"/> 9 | Farsi | <input type="radio"/> 22 | Polish | | _____ |
| <input type="radio"/> 10 | French | <input type="radio"/> 23 | Portuguese | <input type="radio"/> 35 | Not sure |
| <input type="radio"/> 11 | German | <input type="radio"/> 24 | Russian | <input type="radio"/> 36 | I do not understand this question |
| <input type="radio"/> 12 | Greek | <input type="radio"/> 25 | Russian | | |
| <input type="radio"/> 13 | Gujarati | <input type="radio"/> 26 | Serbian | | |

14 Do you identify as First Nations, Métis, and/or Inuit? If yes, select all that apply.

- | | |
|-------------------------|--------------------|
| <input type="radio"/> 1 | No |
| <input type="radio"/> 2 | Yes, First Nations |
| <input type="radio"/> 3 | Yes, Métis |
| <input type="radio"/> 4 | Yes, Inuit |

15	What is your ethnic or cultural* origin(s)? Please provide all that apply. (For example, Canadian, Chinese, East Indian, English, Italian, Filipino, Scottish, Irish, Anishnaabe, Ojibway, Mi'kmaq, Cree, Haudenosaunee, Métis, Inuit, Portuguese, German, Polish, Dutch, French, Jamaican, Pakistani, Iranian, Sri Lankan, Korean, Ukrainian, Lebanese, Guyanese, Somali, Colombian, Jewish, etc.)
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** Ethnic groups have a common identity, heritage, ancestry, or historical past, often with identifiable cultural, linguistic and/or religious characteristics.*

16	Do you consider yourself a Canadian?
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- ① Yes
- ② No
- ③ Not sure

17	In our society, people are often described by their race or racial background. For example, some people are considered “White” or “Black” or “East/Southeast Asian”, etc. Which “race” category best describes you? Please select all that apply.
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- ① Black (African, Afro-Caribbean, African-Canadian descent)
- ② East Asian (Chinese, Korean, Japanese, Taiwanese descent)
- ③ Indigenous (First Nations, Métis, Inuit descent)
- ④ Latino/Latina/Latinx (Latin American, Hispanic descent)
- ⑤ Middle Eastern (Arab, Persian, West Asian descent, for example, Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish etc.)
- ⑥ South Asian (South Asian descent, for example, East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean, etc.)
- ⑦ Southeast Asian (Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent)
- ⑧ White (European descent)
- ⑨ A race or racial background not listed above (please specify): _____
- ⑩ Not sure
- ⑪ I do not understand this question

** Race is a social construct that groups people on the basis of perceived common ancestry and characteristics and affects how some people are perceived and treated. Race is often confused with ethnicity (a group of people who share a particular cultural heritage or background); there may be several ethnic groups within a racialized group.*

18 What is your religion and/or spiritual affiliation*? Please select all that apply.

- ① Agnostic (A person who thinks it's impossible to know if any God or Gods exist.)
- ② Atheist (A person who does not believe in any God or Gods.)
- ③ Buddhist
- ④ Catholic
- ⑤ Christian (non-Catholic)
- ⑥ Hindu
- ⑦ Indigenous Spirituality
- ⑧ Jewish
- ⑨ Muslim
- ⑩ Sikh
- ⑪ Spiritual but not religious
- ⑫ No religious or spiritual affiliation
- ⑬ A religion or spiritual affiliation not listed above (please specify): _____
- ⑭ Not sure
- ⑮ I do not understand this question

* People can be treated differently based on their religion, or perceived religion, which can lead to negative impacts and unequal outcomes. Islamophobia and antisemitism are examples of the way religion can be racialized. People can experience racism not only based on skin colour but also other perceived characteristics that are associated with

19 What is your gender identity*?

- ① Woman / girl
- ② Man / boy
- ③ Gender Fluid (Of, relating to, or being a person whose gender identity or expression changes or shifts along the gender spectrum.)
- ④ Gender Nonconforming (Not being in line with the cultural associations made in a given society about a person's sex assigned at birth.)
- ⑤ Non-Binary (Refers to a person whose gender identity does not align with the binary concept of gender such as man or woman.)
- ⑥ Questioning (Refers to a person who is unsure about their own gender identity.)
- ⑦ Transgender (Refers to a person whose gender identity differs from the one associated with their birth-assigned sex.)
- ⑧ Two-Spirit (An Indigenous person whose gender identity, spiritual identity or sexual orientation includes masculine, feminine or non-binary spirits.)
- ⑨ A gender identity not listed above (please specify): _____
- ⑩ Not sure
- ⑪ I do not understand this question
- ⑫ I prefer not to answer

* A person's internal and deeply felt sense of being a man, a woman, both, neither, or having another identity on the gender spectrum. A person's gender identity may be different from the sex assigned at birth (for example, female, intersex, male).

20 What is your sexual orientation*?

- ① Asexual (A person who does not experience sexual attraction.)
- ② Bisexual (A person who experiences attraction to both male-identified and female-identified people.)
- ③ Gay (A person who experiences attraction to people of the same sex and/or gender. Gay can include both male-identified individuals and female-identified individuals, or refer to male-identified individuals only.)
- ④ Lesbian (A female-identified person who is emotionally and sexually attracted to female-identified people.)
- ⑤ Pansexual (A person who experiences attraction to people of diverse sexes and/or genders. The term pansexual reflects a desire to recognize the potential for attraction to sexes and/or genders that exist across a spectrum and to challenge the sex/gender binary.)
Queer (A term used by some in LGBTQ communities, particularly youth, as a symbol of pride and affirmation of diversity. This term makes space for the expression of a variety of identities outside of rigid categories associated with sex, gender or attraction. It can be used by a community to encompass a broad spectrum of identities related to sex, gender or attraction, or by an individual to reflect the interrelatedness of these aspects of their identity.)
- ⑥ Questioning (Refers to a person who is unsure about their own sexual orientation.)
- ⑧ Straight/Heterosexual (A person who is attracted to someone of the opposite sex.)
- ⑨ Two-Spirit (An Indigenous person whose gender identity, spiritual identity or sexual orientation includes masculine, feminine or non-binary spirits.)
- ⑩ A sexual orientation not listed above (please specify): _____
- ⑪ Not sure
- ⑫ I do not understand this question
- ⑬ I prefer not to answer

* Sexual orientation is a personal characteristic that forms part of who you are. It covers the range of human sexuality and is different from gender identity.

21 Do you consider yourself to be a person with a disability*? Please select one answer only.

- | | | |
|---|-----------------------------------|---------------------|
| ① | Yes | GO TO QUESTION 22 |
| ② | No | SKIP TO QUESTION 23 |
| ③ | Not sure | SKIP TO QUESTION 23 |
| ④ | I do not understand this question | SKIP TO QUESTION 23 |
| ⑤ | I prefer not to answer | SKIP TO QUESTION 23 |

* Disability is a term that covers a broad range and degree of conditions, some visible and others not (e.g., physical, mental, and learning disabilities; hearing or vision disabilities; epilepsy; environmental sensitivities). A disability may be present from birth, may be caused by an accident, or may develop over time. A disability may be temporary, sporadic or permanent.

22 How would you describe your disability*? Please select all that apply.

- | | |
|--|--|
| <input type="checkbox"/> ① Autism | <input type="checkbox"/> ⑥ Mental health disability |
| <input type="checkbox"/> ② Blind or low vision | <input type="checkbox"/> ⑦ Addiction(s) |
| <input type="checkbox"/> ③ Deaf or hard of hearing | <input type="checkbox"/> ⑧ Physical |
| <input type="checkbox"/> ④ Developmental | <input type="checkbox"/> ⑨ Speech impairment |
| <input type="checkbox"/> ⑤ Learning disability | <input type="checkbox"/> ⑩ A disability not listed above (please specify): |
- _____

23 Were you born in Canada?

- | | |
|--------------------------------|---------------------|
| <input type="checkbox"/> ① Yes | SKIP TO QUESTION 25 |
| <input type="checkbox"/> ② No | GO TO QUESTION 24 |

24 If no, are you currently:

- ① A Canadian citizen
- ② An international student (enrolled through a study permit)
- ③ A landed immigrant/permanent resident
- ④ A refugee claimant
- ⑤ Not sure
- ⑥ I do not understand this question

25 How long have you lived in Canada?

- | | |
|---|--|
| <input type="checkbox"/> ① Less than 1 year | <input type="checkbox"/> ⑥ 5 years |
| <input type="checkbox"/> ② 1 year | <input type="checkbox"/> ⑦ 6 years |
| <input type="checkbox"/> ③ 2 years | <input type="checkbox"/> ⑧ 7 years |
| <input type="checkbox"/> ④ 3 years | <input type="checkbox"/> ⑨ 8 years |
| <input type="checkbox"/> ⑤ 4 years | <input type="checkbox"/> ⑩ 9 years or more |

26 What is the language(s) most often spoken in your home? Please select all that apply.

- | | | |
|-------------|--------------------------|---|
| ① Albanian | ⑭ Hebrew | ⑳ Somali |
| ② Arabic | ⑮ Hindi | ㉑ Spanish |
| ③ Bengali | ⑯ Hungarian | ㉒ Tagalog |
| ④ Cantonese | ⑰ Indigenous language(s) | ㉓ Tamil |
| ⑤ Croatian | ⑱ Italian | ㉔ Ukrainian |
| ⑥ Dari | ⑲ Korean | ㉕ Urdu |
| ⑦ Dutch | ㉒ Malayalam | ㉖ Vietnamese |
| ⑧ English | ㉓ Mandarin | ㉗ A language not listed above
(please specify):
_____ |
| ⑨ Farsi | ㉔ Polish | ㉘ I'm not sure |
| ⑩ French | ㉕ Portuguese | ㉙ I don't understand this
question |
| ⑪ German | ㉖ Punjabi | |
| ⑫ Greek | ㉗ Russian | |
| ⑬ Gujarati | ㉘ Serbian | |

27 Have you ever received support at school for English as an additional language?

- | | |
|-------------------------------------|---------------------|
| ① Yes, currently receiving support | GO TO QUESTION 28 |
| ② Yes, previously received support | GO TO QUESTION 28 |
| ③ No, I have never received support | SKIP TO QUESTION 32 |
| ④ Don't know if I received support | SKIP TO QUESTION 32 |

28 If you've received support at school for English as an additional language (now or in the past), who provided this support?

- | | |
|-----------------------------------|------------------------------------|
| ① ESL teacher/ELL support teacher | ④ Not sure |
| ② Classroom/subject teacher | ⑤ I don't understand this question |
| ③ Other (please specify) _____ | |

29 If you receive or have received English Language support, did it help you in your classroom learning?

- ① Yes
- ② No
- ③ Not sure

30 As a learner of English as an additional language are you aware of your STEP level?

- ① Yes GO TO QUESTION 31
- ② No SKIP TO QUESTION 32
- ③ I'm not sure what this means SKIP TO QUESTION 32

31 Please indicate your STEP level for each of the following:

	STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	STEP 6	Not Sure
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Reading	①	②	③	④	⑤	⑥	⑦
Writing	①	③	③	④	⑤	⑥	⑦
Oral	①	④	③	④	⑤	⑥	⑦

32 Please answer the following questions about the parents or guardians who have responsibility for you.

Parent/Guardian 1 (Parent or guardian that you live with most of the time)		Parent/Guardian 2 (Skip this section if you are living with only one parent or guardian)	
i)	Please indicate your relationship with this person. (Select one answer only)	i)	Please indicate your relationship with this person. (Select one answer only)

- | | |
|------------------------------------|------------------------------------|
| ① Mother | ① Mother |
| ② Father | ② Father |
| ③ Stepmother | ③ Stepmother |
| ④ Stepfather | ④ Stepfather |
| ⑤ Grandparent | ⑤ Grandparent |
| ⑥ Relative | ⑥ Relative |
| ⑦ Guardian | ⑦ Guardian |
| ⑧ Foster parent | ⑧ Foster parent |
| ⑨ Friend | ⑨ Friend |
| ⑩ Another person (please specify): | ⑩ Another person (please specify): |
| _____ | _____ |
| ⑪ I'm living on my own | ⑪ I'm living on my own |

ii)	Please check the highest level of education this person has completed. (Select one answer only)
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- ① Did not complete any formal education
- ② Elementary school
- ③ High school
- ④ Apprenticeship
- ⑤ College
- ⑥ University
- ⑦ Not sure

iii)	Does this person work? (Select one answer only)
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- ① Works full-time
- ② Works part-time
- ③ Self-employed (for example, has own business)
- ④ Unemployed (not currently working but is looking for a job)
- ⑤ Does not work/stay-at-home parent/guardian
- ⑥ Retired
- ⑦ Not sure

iv)	What is this person's job or occupation? (Please provide a job title or brief description)
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-
- ② Not sure

ii)	Please check the highest level of education this person has completed. (Select one answer only)
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- ① Did not complete any formal education
- ② Elementary school
- ③ High school
- ④ Apprenticeship
- ⑤ College
- ⑥ University
- ⑦ Not sure

iii)	Does this person work? (Select one answer only)
------	---

- ① Works full-time
- ② Works part-time
- ③ Self-employed (for example, has own business)
- ④ Unemployed (not currently working but is looking for a job)
- ⑤ Does not work/stay-at-home parent/guardian
- ⑥ Retired
- ⑦ Not sure

iv)	What is this person's job or occupation? (Please provide a job title or brief description)
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-
- ② Not sure

Part C: Life Outside of School

Please think about your life outside of school when answering the following questions.

33	How often do you take part in these activities <u>outside of school</u> (not part of school)?	Weekly	Monthly	A few times a year	Never
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Arts (for example, visual arts, drama, dance).	①	②	③	④
Music (for example, choir, piano lessons).	①	②	③	④
Individual sports (for example, swimming lessons, tennis, gymnastics).	①	②	③	④
Team sports (for example, basketball, soccer, cricket, hockey).	①	②	③	④
Youth programs, clubs or organizations (for example, Cadets, leadership, recreation).	①	②	③	④
Cultural group, faith/religious activities.	①	②	③	④
Volunteer activities.	①	②	③	④
Spending time with friends.	①	②	③	④

34	How often do your parent(s)/guardian(s):	All The Time	Often	Sometimes	Never	Not Sure
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Expect you to succeed in school?	①	②	③	④	⑤
Talk to you about your schoolwork?	①	②	③	④	⑤

35	On average, how much time do you spend on homework <u>per night</u> ?
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- ① No time spent
- ② Less than 20 minutes
- ③ 20 to less than 40 minutes
- ④ 40 to less than 60 minutes
- ⑤ 60 minutes or more
- ⑥ Not applicable, I do not have homework
- ⑦ Not sure

SKIP TO QUESTION 39

36 If you need help with your homework, who usually helps you? Please select all that apply.

- | | |
|---|---|
| ① Parent/guardian | ⑤ Paid tutor |
| ② Other family members (for example, brother, sister, grandparent, aunt, uncle) | ⑥ Free tutor or support offered in my school, community or online |
| ③ Friend | ⑦ No one helps me with my homework |
| ④ Teacher | ⑧ I do not need help with my homework |

37 I plan to finish high school ... (Please select one response).

- ① With a high school diploma (Ontario Secondary School Diploma; OSSD)
- ② With a certificate of 14 credits (Ontario Secondary School Certificate; OSSC)
- ⑤ At age 21, after I complete a Special Education Program
- ⑥ Not sure

38 Please respond to the following statements: (Please select all that apply.)

a) What do you plan to do after you finish high school?

b) What do your parents/guardians expect you to do after you finish high school?

- | | |
|--|--|
| ① Begin an apprenticeship | ① Begin an apprenticeship |
| ② Attend college | ② Attend college |
| ⑤ Attend university | ⑤ Attend university |
| ⑥ Work | ⑥ Work |
| ⑤ Travel | ⑤ Travel |
| ⑥ Attend a community-based day program | ⑥ Attend a community-based day program |
| ⑦ Not sure | ⑦ Not sure |
| ⑧ Other plans | ⑧ Other plans |

39	Outside of school, about how many hours <u>per week</u> (including weekends) do you spend on:	None	Less than 1 hour	1-5 hours	6-10 hours	11-15 hours	More than 15 hours
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- | | | | | | | |
|-----------------|---|---|---|---|---|---|
| Part-time job? | ① | ② | ③ | ④ | ⑤ | ⑥ |
| Volunteer work? | ① | ② | ③ | ④ | ⑤ | ⑥ |

40	On an <u>average school day</u> , how many hours do you usually spend on each of the following activities?	None	Less than 1 hour	1-2 hours	More than 2 hours
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Doing household chores.	①	②	③	④
Looking after brothers, sisters, and/or family members.	①	②	③	④
Helping with a family business.	①	②	③	④
Watching TV or videos (including Netflix, YouTube).	①	②	③	④
Playing computer/video games.	①	②	③	④
Taking part in religious/spiritual/faith activities.	①	②	③	④
Spending time with friends.	①	②	③	④
Doing extra-curricular/recreational activities (for example, sports, music).	①	②	③	④
Reading for pleasure (not school work).	①	②	③	④
Participating in other leisure activities (for example, going to movies, going to the mall).	①	②	③	④
Going on social media (for example, Instagram, Snapchat, Twitter).	①	②	③	④

41	How often do you:	All the time	Often	Sometimes	Never	Not Sure
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Feel happy?	①	②	③	④	⑤
Feel nervous or anxious?	①	②	③	④	⑤
Feel positive about the future?	①	②	③	④	⑤
Feel lonely?	①	②	③	④	⑤
Feel good about yourself?	①	②	③	④	⑤
Feel sad?	①	②	③	④	⑤
Feel like you matter to people at school?	①	②	③	④	⑤

42	In the <u>last 12 months</u> , how many times have you talked to a professional (for example, doctor, counsellor, social worker, psychologist) about your mental health?
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- | | | | |
|---|-----------|---|---------------------|
| ① | Once | ③ | Three or more times |
| ② | Two times | ④ | Not at all |

43	In general, how would you describe your physical health?
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- | | | | |
|---|-----------|---|------|
| ① | Excellent | ③ | Fair |
| ② | Good | ④ | Poor |

