



Centre for Addiction and Mental Health  
Centre de toxicomanie et de santé mentale



Institute for Social Research  
York University



University of Toronto

# 2011 STUDENT SURVEY

THIS IS NOT A TEST. These questions are to find out what students, like yourself, know about alcohol and other drugs (for example, tobacco, cannabis, cocaine, and medical drugs), and how you feel about alcohol and other drugs. **There is no assumption that students who answer the questionnaire have ever used alcohol or other drugs.** This survey also asks about your general health and how you are feeling.

Do NOT put your name on this survey. The information you give will be kept completely secret and confidential. Therefore, we ask you to be completely honest and accurate when you answer the questions. If you do not want to answer a question, leave it blank. Also, you may withdraw from the survey at any time.

THANK YOU VERY MUCH FOR YOUR HELP.



## **INSTRUCTIONS FOR COMPLETING THIS QUESTIONNAIRE**

Most questions are followed by a list of answers. Please choose the answer that is right for you and indicate your choice in one of the boxes to the left.

FOR EXAMPLE:

**Which of the following best describes the reason you have chosen your subjects while in school?**

- 1  I will need them to go further in school
- 2  They will help me get the sort of job I want later on
- 3  I like them and find them interesting
- 4  I am good at them
- 5  My friends will be taking them

**BEFORE STARTING TO ANSWER THIS SURVEY, PLEASE INDICATE THE CURRENT TIME.**

\_\_\_ \_\_\_ : \_\_\_ \_\_\_ (For example, 10:05)

**THE FIRST FEW QUESTIONS ARE ABOUT YOUR BACKGROUND AND SCHOOL LIFE.**

**1. How old are you?**

- 10  10 years of age or younger
- 11  11 years
- 12  12 years
- 13  13 years
- 14  14 years
- 15  15 years
- 16  16 years
- 17  17 years
- 18  18 years
- 19  19 years
- 20  20 years or older

**2. Are you male or female?**

- 1  Male
- 2  Female

**3. What grade are you in?**

- 06  Grade 6
- 07  Grade 7
- 08  Grade 8
- 09  Grade 9
- 10  Grade 10
- 11  Grade 11
- 12  Grade 12

**4. Not everyone lives with both parents in one home. Some people spend part of their time in one home, and the other part of their time in another home.**

**Please choose one of the following statements that best describes your living situation.**

- 1  I live in one home only
- 2  I split my time between 2 or more homes

**5. Who lives with you in your main home? (Please CHECK ALL THAT APPLY.)**

- a  Natural mother
- b  Stepmother
- c  Adoptive mother
- d  Natural father
- e  Stepfather
- f  Adoptive father
- g  Grandparent(s)
- h  Other adult relative(s)
- i  Foster parent(s)
- j  Brother(s)/Stepbrother(s)
- k  Sister(s)/Stepsister(s)
- l  Others
- m  I live alone

**6. How long have you lived in Canada?**

- 1  All of my life
- 2  Less than 1 year
- 3  1 to 2 years
- 4  3 to 5 years
- 5  6 or more years

**7. Which of the following best describes your background? (You may choose more than one category.) Are you....?**

- a  **White** (for example, British, French, Italian, Portuguese, Ukrainian, Russian, Israeli)
- b  **Chinese**
- c  **South Asian** (for example, East Indian, Pakistani, Sri Lankan)
- d  **Black** (for example, African, Caribbean)
- e  **Aboriginal/First Nations**
- f  **Filipino**
- g  **Latin American, Central American, South American** (for example, Mexican, Brazilian)
- h  **Southeast Asian** (for example, Vietnamese, Cambodian, Malaysian, Laotian)
- i  **West Asian or Arab** (for example, Egyptian, Saudi Arabian, Syrian, Iranian, Lebanese, Afghani)
- j  **Korean**
- k  **Japanese**
- l  Not sure

**8. What language do you usually speak at home?**

- 1  English
- 2  French
- 3  English and French
- 4  English and another language
- 5  French and another language
- 6  Another language

**FOR THE NEXT 3 QUESTIONS, PLEASE TELL US WHETHER YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENTS.**

**9. I feel safe in my school.**

- 1  Strongly agree
- 2  Somewhat agree
- 3  Somewhat disagree
- 4  Strongly disagree

**10. I feel close to people at this school.**

- 1  Strongly agree
- 2  Somewhat agree
- 3  Somewhat disagree
- 4  Strongly disagree

**11. I feel like I am part of this school.**

- 1  Strongly agree
- 2  Somewhat agree
- 3  Somewhat disagree
- 4  Strongly disagree

**12. At school, how worried are you that someone will harm you, threaten you, or take something from you?**

- 1  Very worried
- 2  Somewhat worried
- 3  Not very worried
- 4  Not at all worried

**13. Some people like school very much while others don't. How do you feel about going to school?**

- 1  I like school very much
- 2  I like school quite a lot
- 3  I like school to some degree
- 4  I don't like school very much
- 5  I don't like school at all

**14. On average, what marks do you usually get in school? (Please choose only one answer.)**

- 1  90% - 100%
- 2  80% - 89%
- 3  70% - 79%
- 4  60% - 69%
- 5  50% - 59%
- 6  below 50%

**15. How do you usually travel to school? (Please choose only one answer.)**

- 1  By car (as a passenger)
- 2  By car (as a driver)
- 3  By school bus
- 4  By public bus
- 5  By walking
- 6  By bicycling
- 7  By subway or streetcar
- 8  Other

**16. How do you usually travel home from school? (Please choose only one answer.)**

- 1  By car (as a passenger)
- 2  By car (as a driver)
- 3  By school bus
- 4  By public bus
- 5  By walking
- 6  By bicycling
- 7  By subway or streetcar
- 8  Other

**THE NEXT FEW QUESTIONS ARE ABOUT YOUR PARENTS. BY 'PARENTS', 'MOTHER', OR 'FATHER', WE MEAN WHOEVER YOU CONSIDER YOUR PARENTS TO BE. THEY COULD BE YOUR NATURAL PARENTS, ADOPTIVE PARENTS, STEPPARENTS, OR FOSTER PARENTS.**

**17. Were your parents born in Canada?**

- 1  Both parents were born in Canada
- 2  One parent was born in Canada
- 3  Neither parent was born in Canada

**18. What is the highest level of education your father completed?**

- 1  Graduated university
- 2  Attended university
- 3  Graduated college
- 4  Attended college
- 5  Graduated high school
- 6  Attended high school
- 7  Did not attend high school
- 8  Don't know
- 9  No father

**19. What is the highest level of education your mother completed?**

- 1  Graduated university
- 2  Attended university
- 3  Graduated college
- 4  Attended college
- 5  Graduated high school
- 6  Attended high school
- 7  Did not attend high school
- 8  Don't know
- 9  No mother

**20. How well would you say you are getting along with your mother?**

- 1  I am getting along very well with my mother
- 2  I am getting along OK with my mother
- 3  I am not getting along well with my mother
- 4  No mother

**21. How well would you say you are getting along with your father?**

- 1  I am getting along very well with my father
- 2  I am getting along OK with my father
- 3  I am not getting along well with my father
- 4  No father

**22.** In your free time away from home, how often does at least one of your parents know where you are?

- 1  Always
- 2  Usually
- 3  Sometimes
- 4  Rarely
- 5  Never

**22a.** Have you or your family ever been involved with any Children's Aid Society, as clients?

- 1  Yes
- 2  No
- 3  Don't know

**23.** Imagine this ladder below shows how Canadian society is set up. At the top of the ladder are people who are the "best off" – they have the most money, the most education, and the jobs that bring the most respect. At the bottom are the people who are "worst off" – they have the least money, little education, no job or jobs that no one wants.

Now think about your family. Please check off the numbered box that best shows where you think your family would be on this ladder.

10	<input type="checkbox"/>	Best off
09	<input type="checkbox"/>	
08	<input type="checkbox"/>	
07	<input type="checkbox"/>	
06	<input type="checkbox"/>	
05	<input type="checkbox"/>	
04	<input type="checkbox"/>	
03	<input type="checkbox"/>	
02	<input type="checkbox"/>	
01	<input type="checkbox"/>	Worst off

**THE NEXT SECTION IS ABOUT ALCOHOL AND OTHER DRUGS. PLEASE ANSWER ALL THE QUESTIONS EVEN IF YOU HAVE NEVER TRIED THESE DRUGS.**

**24.** In the LAST 12 MONTHS, how often did you smoke CIGARETTES?

- 01  Smoked a few puffs to a whole cigarette in the last 12 months
- 02  Smoked more than one cigarette, but not every day
- 03  1 or 2 cigarettes a day
- 04  3 to 5 cigarettes a day
- 05  6 to 10 cigarettes a day
- 06  11 to 15 cigarettes a day
- 07  16 to 20 cigarettes a day
- 08  21 to 29 cigarettes a day
- 09  30 or more cigarettes a day
- 10  Smoked, but not in the last 12 months
- 11  Never smoked cigarettes in lifetime

**25.** Which of the following statements best describes your use of cigarettes IN YOUR LIFETIME?

- 1  Never had a cigarette, not even one puff in my life
- 2  Smoked from a few puffs to a whole cigarette in my life
- 3  Only 2 to 3 cigarettes in my life
- 4  More than 3, but fewer than 100 cigarettes in my life
- 5  100 or more cigarettes in my life, but none in the last month
- 6  100 or more cigarettes in my life and some during the last month, but not every day
- 7  100 or more cigarettes in my life and at least 1 cigarette every day during the last month

**FOR THE FOLLOWING QUESTIONS, IF YOU DO NOT KNOW WHAT A DRUG IS OR HAVE NEVER HEARD OF IT, PLEASE CHOOSE ONLY THE "DON'T KNOW" BOX.**

**26.** In the LAST 12 MONTHS, how often did you use SMOKELESS TOBACCO (also known as chewing tobacco, snuff, plug, dipping tobacco)?

- 1  1 or 2 times
- 2  3 to 5 times
- 3  6 to 9 times
- 4  10 to 19 times
- 5  20 to 39 times
- 6  40 or more times
- 7  Used, but not in the last 12 months
- 8  Never used in lifetime
- 9  Don't know what smokeless tobacco is

**27.** In the LAST 12 MONTHS, how often did you drink ALCOHOL — liquor (rum, whiskey, etc.), wine, beer, coolers?

- 01  Drank only at special events (for example, holidays or at weddings)
- 02  Had a sip of alcohol to see what it's like
- 03  Once a month or less often
- 04  2 or 3 times a month
- 05  Once a week
- 06  2 or 3 times a week
- 07  4 or 5 times a week
- 08  Almost every day – 6 or 7 times a week
- 09  Drank, but not in the last 12 months
- 10  Never drank alcohol in lifetime

**28.** In the LAST 12 MONTHS, how often did you use CANNABIS (also known as marijuana, "weed", "pot", "grass", hashish, "hash", hash oil, etc.)?

- 1  1 or 2 times
- 2  3 to 5 times
- 3  6 to 9 times
- 4  10 to 19 times
- 5  20 to 39 times
- 6  40 or more times
- 7  Used, but not in the last 12 months
- 8  Never used in lifetime
- 9  Don't know what cannabis is

**29.** In the LAST 12 MONTHS, how often did you use LSD or "acid"?

- 1  1 or 2 times
- 2  3 to 5 times
- 3  6 to 9 times
- 4  10 to 19 times
- 5  20 to 39 times
- 6  40 or more times
- 7  Used, but not in the last 12 months
- 8  Never used in lifetime
- 9  Don't know what LSD is

**30.** In the LAST 12 MONTHS, how often did you use psilocybin or mescaline (also known as "MAGIC MUSHROOMS", "shrooms", "mesc", etc.)?

- 1  1 or 2 times
- 2  3 to 5 times
- 3  6 to 9 times
- 4  10 to 19 times
- 5  20 to 39 times
- 6  40 or more times
- 7  Used, but not in the last 12 months
- 8  Never used in lifetime
- 9  Don't know what these drugs are

**31.** In the LAST 12 MONTHS, how often did you use COCAINE (also known as "coke", "blow", "snow", "powder", "snort", etc.)?

- 1  1 or 2 times
- 2  3 to 5 times
- 3  6 to 9 times
- 4  10 to 19 times
- 5  20 to 39 times
- 6  40 or more times
- 7  Used, but not in the last 12 months
- 8  Never used in lifetime
- 9  Don't know what cocaine is

**32.** In the LAST 12 MONTHS, how often did you use cocaine in the form of "CRACK"?

- 1  1 or 2 times
- 2  3 to 5 times
- 3  6 to 9 times
- 4  10 to 19 times
- 5  20 to 39 times
- 6  40 or more times
- 7  Used, but not in the last 12 months
- 8  Never used in lifetime
- 9  Don't know what "crack" is

**33.** In the LAST 12 MONTHS, how often did you use MDMA or "ECSTASY" (also known as "E", "X")?

- 1  1 or 2 times
- 2  3 to 5 times
- 3  6 to 9 times
- 4  10 to 19 times
- 5  20 to 39 times
- 6  40 or more times
- 7  Used, but not in the last 12 months
- 8  Never used in lifetime
- 9  Don't know what "ecstasy" is

**34.** In the LAST 12 MONTHS, how often did you use OXYCONTIN (also known as "oxy", "OC") WITHOUT A PRESCRIPTION or without a doctor telling you to take it?

- 1  1 or 2 times
- 2  3 to 5 times
- 3  6 to 9 times
- 4  10 to 19 times
- 5  20 to 39 times
- 6  40 or more times
- 7  Used without a prescription, but not in the last 12 months
- 8  Never used without a prescription in lifetime
- 9  Don't know what OxyContin is

**35.** In the LAST 12 MONTHS, how often did you use METHAMPHETAMINE or CRYSTAL METHAMPHETAMINE (also known as "speed", "crystal meth", "crank", "Ice", etc.)?

- 1  1 or 2 times
- 2  3 to 5 times
- 3  6 to 9 times
- 4  10 to 19 times
- 5  20 to 39 times
- 6  40 or more times
- 7  Used, but not in the last 12 months
- 8  Never used in lifetime
- 9  Don't know what these drugs are

**36.** In the LAST 12 MONTHS, how often did you use HEROIN (also known as "H", "junk", "smack", etc.)?

- 1  1 or 2 times
- 2  3 to 5 times
- 3  6 to 9 times
- 4  10 to 19 times
- 5  20 to 39 times
- 6  40 or more times
- 7  Used, but not in the last 12 months
- 8  Never used in lifetime
- 9  Don't know what heroin is

**37.** In the LAST 12 MONTHS, how often did you use ADRENOCROMES (also known as "wagon wheels")?

- 1  1 or 2 times
- 2  3 to 5 times
- 3  6 to 9 times
- 4  10 to 19 times
- 5  20 to 39 times
- 6  40 or more times
- 7  Used, but not in the last 12 months
- 8  Never used in lifetime
- 9  Don't know what adrenochromes are

**38.** In the LAST 12 MONTHS, how often did you use STIMULANTS such as diet pills and stay awake pills (also known as "uppers", "bennies", "dexies", "pep pills", etc.) WITHOUT A PRESCRIPTION?

- 1  1 or 2 times
- 2  3 to 5 times
- 3  6 to 9 times
- 4  10 to 19 times
- 5  20 to 39 times
- 6  40 or more times
- 7  Used without a prescription, but not in the last 12 months
- 8  Never used without a prescription in lifetime
- 9  Don't know what stimulants are

**39.** Sedatives or tranquillizers are sometimes prescribed by doctors to help people sleep, calm them down, or to relax their muscles.

In the LAST 12 MONTHS, how often did you use SEDATIVES or TRANQUILLIZERS (such as Valium, Ativan, Xanax) WITH A PRESCRIPTION or because a doctor told you to take them?

- 1  1 or 2 times
- 2  3 to 5 times
- 3  6 to 9 times
- 4  10 to 19 times
- 5  20 to 39 times
- 6  40 or more times
- 7  Used with a prescription, but not in the last 12 months
- 8  Never used with a prescription in lifetime
- 9  Don't know what sedatives are

**40.** In the LAST 12 MONTHS, how often did you use SEDATIVES or TRANQUILLIZERS (such as Valium, Ativan, Xanax, also known as "tranqs", "downers", etc.) WITHOUT A PRESCRIPTION or without a doctor telling you to take them?

- 1  1 or 2 times
- 2  3 to 5 times
- 3  6 to 9 times
- 4  10 to 19 times
- 5  20 to 39 times
- 6  40 or more times
- 7  Used without a prescription, but not in the last 12 months
- 8  Never used without a prescription in lifetime
- 9  Don't know what sedatives are

**41.** Sometimes doctors give medicine to students who are hyperactive or have problems concentrating in school. This is called Attention Deficit Hyperactivity Disorder (ADHD).

In the LAST 12 MONTHS, how often did you use medicine to treat ADHD (such as Ritalin, Concerta, Adderall, Dexedrine) WITH A PRESCRIPTION or because a doctor told you to take it?

- 1  Once a day
- 2  Twice a day
- 3  3 times a day
- 4  4 times a day
- 5  Used with a prescription, but not in the last 12 months
- 6  Never used with a prescription in lifetime
- 7  Don't know what this medicine is

**42.** In the LAST 12 MONTHS, how often did you use medicine that is usually used to treat ADHD (such as Ritalin, Concerta, Adderall, Dexedrine) WITHOUT A PRESCRIPTION or without a doctor telling you to take it?

- 1  1 or 2 times
- 2  3 to 5 times
- 3  6 to 9 times
- 4  10 to 19 times
- 5  20 to 39 times
- 6  40 or more times
- 7  Used without a prescription, but not in the last 12 months
- 8  Never used without a prescription in lifetime
- 9  Don't know what this medicine is

**43.** In the **LAST 12 MONTHS**, how often did you use **PAIN RELIEF PILLS** (such as Percocet, Percodan, Tylenol #3, Demerol, OxyContin, codeine) **WITH A PRESCRIPTION** or because a doctor told you to take them? (We do not mean regular Tylenol or Aspirin that anyone can buy in a drugstore.)

- 1  1 or 2 times
- 2  3 to 5 times
- 3  6 to 9 times
- 4  10 to 19 times
- 5  20 to 39 times
- 6  40 or more times
- 7  Used with a prescription, but not in the last 12 months
- 8  Never used with a prescription in lifetime
- 9  Don't know what pain relief pills are

**44.** In the **LAST 12 MONTHS**, how often did you use **PAIN RELIEF PILLS** (such as Percocet, Percodan, Tylenol #3, Demerol, OxyContin, codeine) **WITHOUT A PRESCRIPTION** or without a doctor telling you to take them? (We do not mean regular Tylenol or Aspirin that anyone can buy in a drugstore.)

- 1  1 or 2 times
- 2  3 to 5 times
- 3  6 to 9 times
- 4  10 to 19 times
- 5  20 to 39 times
- 6  40 or more times
- 7  Used without a prescription, but not in the last 12 months
- 8  Never used without a prescription in lifetime
- 9  Don't know what pain relief pills are

**THE NEXT FEW QUESTIONS ARE ABOUT ALCOHOL.**

**A "DRINK" OF ALCOHOL IS A GLASS OF WINE, A BOTTLE OF BEER, A COOLER, A SHOT GLASS OF LIQUOR, OR A MIXED DRINK.**

**45.** When (if ever) did you first drink more than just a few sips of alcohol?

- 01  Grade 4 or before
- 02  Grade 5
- 03  Grade 6
- 04  Grade 7
- 05  Grade 8
- 06  Grade 9
- 07  Grade 10
- 08  Grade 11
- 09  Grade 12
- 10  Never drank more than a few sips of alcohol in lifetime

**46.** During the **LAST 4 WEEKS** how often did you drink alcohol (liquor, wine, beer, or coolers)?

- 1  Once or twice
- 2  Once or twice each week
- 3  3 or 4 times each week
- 4  5 or 6 times each week
- 5  Once each day
- 6  More than once each day
- 7  Did not drink alcohol in the last 4 weeks
- 8  Never drank alcohol in lifetime

**47.** How many times in the **LAST 4 WEEKS** have you had **5 OR MORE DRINKS** of alcohol on the **SAME OCCASION**?

- 1  Once
- 2  2 times
- 3  3 times
- 4  4 times
- 5  5 or more times
- 6  Did not drink alcohol in the last 4 weeks
- 7  Did not have five or more drinks of alcohol on the same occasion in the last 4 weeks
- 8  Never drank alcohol in lifetime

**48.** How many times in the **LAST 4 WEEKS** has drinking alcohol **MADE YOU DRUNK** (that is, you had so much to drink that you could not do what you wanted to do, or you threw up)?

- 1  Once
- 2  2 times
- 3  3 times
- 4  4 times
- 5  5 or more times
- 6  Did not drink alcohol in the last 4 weeks
- 7  Not been drunk in the last 4 weeks
- 8  Never drank alcohol in lifetime

**49.** How many drinks containing alcohol do you have on a typical day when you are drinking?

- 1  1 drink
- 2  2 to 3 drinks
- 3  4 drinks
- 4  5 to 7 drinks
- 5  8 or more drinks
- 6  Don't drink alcohol
- 7  Never drank alcohol in lifetime

**49a.** How often do you have 5 or more drinks on one occasion?

- 1  Never
- 2  Less than once a month
- 3  About once a month
- 4  About once a week
- 5  Daily or almost daily
- 6  Don't drink alcohol
- 7  Never drank alcohol in lifetime

**49b.** How often during the **LAST 12 MONTHS** have you found that you were not able to stop drinking once you had started?

- 1  Never in the last 12 months
- 2  Less than once a month
- 3  About once a month
- 4  About once a week
- 5  Daily or almost daily
- 6  Don't drink alcohol
- 7  Never drank alcohol in lifetime

**49c.** How often during the **LAST 12 MONTHS** have you not done things you were supposed to because of drinking?

- 1  Never in the last 12 months
- 2  Less than once a month
- 3  About once a month
- 4  About once a week
- 5  Daily or almost daily
- 6  Don't drink alcohol
- 7  Never drank alcohol in lifetime

**49d.** How often during the **LAST 12 MONTHS** have you needed a first drink of alcohol in the morning to get yourself going after a heavy drinking session?

- 1  Never in the last 12 months
- 2  Less than once a month
- 3  About once a month
- 4  About once a week
- 5  Daily or almost daily
- 6  Don't drink alcohol
- 7  Never drank alcohol in lifetime

**49e.** How often during the **LAST 12 MONTHS** have you had a feeling of guilt or remorse after drinking?

- 1  Never in the last 12 months
- 2  Less than once a month
- 3  About once a month
- 4  About once a week
- 5  Daily or almost daily
- 6  Don't drink alcohol
- 7  Never drank alcohol in lifetime

**49f.** How often during the **LAST 12 MONTHS** have you been unable to remember what happened the night before because you had been drinking?

- 1  Never in the last 12 months
- 2  Less than once a month
- 3  About once a month
- 4  About once a week
- 5  Daily or almost daily
- 6  Don't drink alcohol
- 7  Never drank alcohol in lifetime

**49g.** Have you or someone else been injured as a result of your drinking?

- 1  No
- 2  Yes, but not in the last 12 months
- 3  Yes, during the last 12 months
- 4  Don't drink alcohol
- 5  Never drank alcohol in lifetime

**49h.** Has a relative or friend or a doctor or other health care worker been concerned about your drinking or suggested you cut down?

- 1  No
- 2  Yes, but not in the last 12 months
- 3  Yes, during the last 12 months
- 4  Don't drink alcohol
- 5  Never drank alcohol in lifetime

**50.** Have you been in a treatment program during the **LAST 12 MONTHS** because of your alcohol or drug use?

- 1  Yes, for alcohol only
- 2  Yes, for drugs only
- 3  Yes, for both alcohol and drugs
- 4  No

**NOW WE HAVE A FEW QUESTIONS ABOUT DRUGS OTHER THAN ALCOHOL (ILLEGAL OR PRESCRIPTION DRUGS).**

**50a.** In the **LAST 12 MONTHS**, did you use drugs to relax, feel better about yourself, or fit in?

- 1  Yes
- 2  No
- 3  Did not use drugs in last 12 months
- 4  Never used drugs in lifetime

**50b.** In the **LAST 12 MONTHS**, did you use drugs while you were by yourself?

- 1  Yes
- 2  No
- 3  Did not use drugs in last 12 months
- 4  Never used drugs in lifetime

**50c.** In the **LAST 12 MONTHS**, did you forget things you did while using drugs?

- 1  Yes
- 2  No
- 3  Did not use drugs in last 12 months
- 4  Never used drugs in lifetime

**50d.** In the **LAST 12 MONTHS**, did you get into trouble while you were using drugs?

- 1  Yes
- 2  No
- 3  Did not use drugs in last 12 months
- 4  Never used drugs in lifetime

**50e.** In the **LAST 12 MONTHS**, did your family or friends tell you that you should cut down on your drug use?

- 1  Yes
- 2  No
- 3  Did not use drugs in last 12 months
- 4  Never used drugs in lifetime

**THE NEXT FEW QUESTIONS ARE ABOUT THE DRUG CANNABIS (ALSO KNOWN AS MARIJUANA, HASHISH, "WEED", "POT", "GRASS").**

**PLEASE ANSWER THE QUESTIONS, EVEN IF YOU HAVE NEVER TRIED CANNABIS.**

**51.** When (if ever) did you first try cannabis (also known as marijuana, "weed", "pot", "grass", hashish, "hash", hash oil)?

- 01  Never tried cannabis in lifetime
- 02  Grade 4 or before
- 03  Grade 5
- 04  Grade 6
- 05  Grade 7
- 06  Grade 8
- 07  Grade 9
- 08  Grade 10
- 09  Grade 11
- 10  Grade 12

**51a.** In the **LAST 4 WEEKS**, how often (if ever) did you use cannabis (also known as marijuana, "weed", "pot", "grass", hashish, "hash", hash oil)?

- 1  Never used cannabis in lifetime
- 2  Did not use in the last 4 weeks
- 3  Used once or twice
- 4  Once or twice each week
- 5  3 or 4 times each week
- 6  5 or 6 times each week
- 7  Once each day
- 8  More than once each day

**51b.** In the **LAST 4 WEEKS**, if you smoked marijuana, about how many joints did you typically smoke? (If you shared joints with others, count only the amount that YOU smoked.)

- 1  Never smoked marijuana in lifetime
- 2  Did not smoke marijuana in the last 4 weeks
- 3  Less than 1 joint
- 4  About 1 joint
- 5  About 2 to 3 joints
- 6  About 4 or more joints

**NOW WE WOULD LIKE TO KNOW ABOUT CANNABIS USE DURING THE LAST 3 MONTHS.**

**PLEASE ANSWER THE QUESTIONS, EVEN IF YOU HAVE NEVER TRIED CANNABIS.**

**51c.** In the **LAST 3 MONTHS**, how often did the idea of missing a smoke of cannabis make you very anxious or worried?

- 1  Never used cannabis in lifetime
- 2  Did not use in the last 3 months
- 3  Never
- 4  Sometimes
- 5  Often
- 6  Always or nearly always

**51d.** In the **LAST 3 MONTHS**, how often was your use of cannabis out of control?

- 1  Never used cannabis in lifetime
- 2  Did not use in the last 3 months
- 3  Never
- 4  Sometimes
- 5  Often
- 6  Always or nearly always

**51e.** In the **LAST 3 MONTHS**, how much did you worry about your use of cannabis?

- 1  Never used cannabis in lifetime
- 2  Did not use in the last 3 months
- 3  Not at all
- 4  A little
- 5  Quite a lot
- 6  A great deal

**51f.** In the **LAST 3 MONTHS**, how often did you wish you could stop using cannabis?

- 1  Never used cannabis in lifetime
- 2  Did not use in the last 3 months
- 3  Never
- 4  Sometimes
- 5  Often
- 6  Always or nearly always

**51g.** How difficult would it be for you to stop or go without using cannabis?

- 1  Don't use cannabis
- 2  Not difficult
- 3  Quite difficult
- 4  Very difficult
- 5  Impossible

**THE NEXT SECTION IS ABOUT DRIVING A VEHICLE, MEANING A CAR, SUV, VAN, TRUCK, OR MOTORCYCLE.**

**52.** What type of driver's licence do you have now?

- 1  No driver's licence of any type
- 2  Level One graduated licence (G1)
- 3  Level Two graduated licence (G2)
- 4  Full graduated licence (G)
- 5  Not sure

**53.** Did you ever take, or are you currently taking, a driver education course that involved both in-class and on-road training?

- 1  Yes, I'm currently taking a course
- 2  Yes, I've already taken a course
- 3  No

**54.** In the **LAST 12 MONTHS**, how often were you in a car accident involving any kind of injury to you or to another person, or damage to the vehicle, while you were driving?

- 1  No driver's licence of any type
- 2  Never
- 3  Once
- 4  2 times
- 5  3 times
- 6  4 or more times

**55.** In the **LAST 12 MONTHS**, how often have you driven a vehicle within an hour of drinking **2 or more drinks** of alcohol?

- 01  No driver's licence of any type
- 02  Never
- 03  Once
- 04  2 times
- 05  3 times
- 06  4 times
- 07  5 times
- 08  6 times
- 09  7 times
- 10  8 or more times

**56.** In the **LAST 12 MONTHS**, have you driven a snowmobile, motor boat, sea-doo, or all-terrain vehicle (ATV) within an hour of drinking **2 or more drinks** of alcohol?

- 1  Did not drive a snowmobile, motor boat, sea-doo, or ATV in the last 12 months
- 2  Yes
- 3  No

**57.** In the **LAST 12 MONTHS**, how often have you driven a vehicle within an hour of using **marijuana or hashish**?

- 01  No driver's licence of any type
- 02  Never
- 03  Once
- 04  2 times
- 05  3 times
- 06  4 times
- 07  5 times
- 08  6 times
- 09  7 times
- 10  8 or more times

**58.** In the **LAST 12 MONTHS**, how often have you driven a vehicle within an hour of using a **prescription pain relief pill** such as Percocet, Percodan, Tylenol #3, Demerol, OxyContin, or codeine? (We do not mean regular Tylenol or Aspirin that anyone can buy in a drugstore.)

- 01  No driver's licence of any type
- 02  Never
- 03  Once
- 04  2 times
- 05  3 times
- 06  4 times
- 07  5 times
- 08  6 times
- 09  7 times
- 10  8 or more times

**59.** In the **LAST 12 MONTHS**, how often did you ride in a vehicle driven by someone who had been drinking alcohol?

- 01  Never
- 02  Once
- 03  2 times
- 04  3 times
- 05  4 times
- 06  5 times
- 07  6 times
- 08  7 times
- 09  8 or more times
- 10  Not sure

**60.** In the LAST 12 MONTHS, how often did you ride in a vehicle driven by someone who had been using drugs (other than alcohol)?

- 01  Never
- 02  Once
- 03  2 times
- 04  3 times
- 05  4 times
- 06  5 times
- 07  6 times
- 08  7 times
- 09  8 or more times
- 10  Not sure

THE NEXT SECTION IS ABOUT YOUR HEALTH.

**61.** On how many of the LAST 7 DAYS were you physically active for a total of AT LEAST 60 MINUTES each day? Please add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time. (Some examples are brisk walking, running, rollerblading, biking, dancing, skateboarding, swimming, soccer, basketball, football.) Please include both school and non-school activities.

- 1  0 days
- 2  1 day
- 3  2 days
- 4  3 days
- 5  4 days
- 6  5 days
- 7  6 days
- 8  7 days

**62.** On how many of the LAST 5 SCHOOL DAYS did you participate in physical activity for AT LEAST 20 MINUTES that increased your heart rate and made you breathe hard some of the time IN PHYSICAL EDUCATION CLASS in your school?

- 1  Not enrolled in a physical education class right now
- 2  0 days
- 3  1 day
- 4  2 days
- 5  3 days
- 6  4 days
- 7  5 days

**63.** In the LAST 7 DAYS, about how many hours a day, on average, did you spend: watching TV/movies, playing video/computer games, on a computer chatting, emailing, or surfing the Internet?

- 1  None
- 2  Less than 1 hour a day
- 3  1 to 2 hours a day
- 4  3 to 4 hours a day
- 5  5 to 6 hours a day
- 6  7 or more hours a day
- 7  Not sure

**64.** On how many of the LAST 5 SCHOOL DAYS did you eat breakfast, either at home, on the way to school, or at school before classes (more than a glass of milk or fruit juice)?

- 1  None
- 2  1 to 2 days
- 3  3 to 4 days
- 4  All 5 days

**65.** The next question asks about the beverages you drank during the last 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Think about the meals you ate at home, at school, at restaurants, or anywhere else.

In the LAST 7 DAYS, how often did you drink a can, bottle or glass of pop or sport drink such as Coke, Pepsi, Sprite or Gatorade? (Do not include fruit juice.)

- 1  1 time in the last 7 days
- 2  2 to 4 times in the last 7 days
- 3  5 to 6 times in the last 7 days
- 4  Once each day
- 5  More than once each day
- 6  Did not drink pop or a sport drink in the last 7 days

**66.** What is your current height without shoes? Below is a list of heights in feet and inches, and the matching number in centimetres ("cm"). Please choose the height that is closest to yours.

- |  |  |
|--|--|
| <input type="checkbox"/> 4 feet 4 inches/132 cm<br>or less | <input type="checkbox"/> 5 feet 5 inches/165 cm            |
| <input type="checkbox"/> 4 feet 5 inches/135 cm            | <input type="checkbox"/> 5 feet 6 inches/168 cm            |
| <input type="checkbox"/> 4 feet 6 inches/137 cm            | <input type="checkbox"/> 5 feet 7 inches/170 cm            |
| <input type="checkbox"/> 4 feet 7 inches/140 cm            | <input type="checkbox"/> 5 feet 8 inches/173 cm            |
| <input type="checkbox"/> 4 feet 8 inches/142 cm            | <input type="checkbox"/> 5 feet 9 inches/175 cm            |
| <input type="checkbox"/> 4 feet 9 inches/145 cm            | <input type="checkbox"/> 5 feet 10 inches/178 cm           |
| <input type="checkbox"/> 4 feet 10 inches/147 cm           | <input type="checkbox"/> 5 feet 11 inches/180 cm           |
| <input type="checkbox"/> 4 feet 11 inches/150 cm           | <input type="checkbox"/> 6 feet 0 inches/183 cm            |
| <input type="checkbox"/> 5 feet 0 inches/152 cm            | <input type="checkbox"/> 6 feet 1 inch/185 cm              |
| <input type="checkbox"/> 5 feet 1 inch/155 cm              | <input type="checkbox"/> 6 feet 2 inches/188 cm            |
| <input type="checkbox"/> 5 feet 2 inches/157 cm            | <input type="checkbox"/> 6 feet 3 inches/191 cm            |
| <input type="checkbox"/> 5 feet 3 inches/160 cm            | <input type="checkbox"/> 6 feet 4 inches/193 cm            |
| <input type="checkbox"/> 5 feet 4 inches/163 cm            | <input type="checkbox"/> 6 feet 5 inches/196 cm            |
|  | <input type="checkbox"/> 6 feet 6 inches/198 cm<br>or more |

**67. What is your current weight without shoes? Below is a list of weights in pounds, and the approximate number in kilograms ("kg"). Please choose the weight that is closest to yours.**

- |  |   |
|--|---|
| <input type="checkbox"/> 80 pounds/ 36 kg <b>or less</b> | <input type="checkbox"/> 181-185 pounds/ 82-84 kg         |
| <input type="checkbox"/> 81-85 pounds/ 37-39 kg          | <input type="checkbox"/> 186-190 pounds/ 84-86 kg         |
| <input type="checkbox"/> 86-90 pounds/ 39-41 kg          | <input type="checkbox"/> 191-195 pounds/ 87-88 kg         |
| <input type="checkbox"/> 91-95 pounds/ 41-43 kg          | <input type="checkbox"/> 196-200 pounds/ 89-91 kg         |
| <input type="checkbox"/> 96-100 pounds/ 43-45 kg         | <input type="checkbox"/> 201-205 pounds/ 91-93 kg         |
| <input type="checkbox"/> 101-105 pounds/ 46-48 kg        | <input type="checkbox"/> 206-210 pounds/ 93-95 kg         |
| <input type="checkbox"/> 106-110 pounds/ 48-50 kg        | <input type="checkbox"/> 211-215 pounds/ 96-98 kg         |
| <input type="checkbox"/> 111-115 pounds/ 50-52 kg        | <input type="checkbox"/> 216-220 pounds/ 98-100 kg        |
| <input type="checkbox"/> 116-120 pounds/ 53-54 kg        | <input type="checkbox"/> 221-225 pounds/100-102 kg        |
| <input type="checkbox"/> 121-125 pounds/ 55-57 kg        | <input type="checkbox"/> 226-230 pounds/102-104 kg        |
| <input type="checkbox"/> 126-130 pounds/ 57-59 kg        | <input type="checkbox"/> 231-235 pounds/105-107 kg        |
| <input type="checkbox"/> 131-135 pounds/ 59-61 kg        | <input type="checkbox"/> 236-240 pounds/107-109 kg        |
| <input type="checkbox"/> 136-140 pounds/ 62-64 kg        | <input type="checkbox"/> 241-245 pounds/109-111 kg        |
| <input type="checkbox"/> 141-145 pounds/ 64-66 kg        | <input type="checkbox"/> 246-250 pounds/112-114 kg        |
| <input type="checkbox"/> 146-150 pounds/ 66-68 kg        | <input type="checkbox"/> 251-255 pounds/114-116 kg        |
| <input type="checkbox"/> 151-155 pounds/ 68-70 kg        | <input type="checkbox"/> 256-260 pounds/116-118 kg        |
| <input type="checkbox"/> 156-160 pounds/ 71-73 kg        | <input type="checkbox"/> 261-265 pounds/118-120 kg        |
| <input type="checkbox"/> 161-165 pounds/ 73-75 kg        | <input type="checkbox"/> 266-270 pounds/121-122 kg        |
| <input type="checkbox"/> 166-170 pounds/ 75-77 kg        | <input type="checkbox"/> 271-275 pounds/123-125 kg        |
| <input type="checkbox"/> 171-175 pounds/ 77-79 kg        | <input type="checkbox"/> 276-280 pounds/125-127 kg        |
| <input type="checkbox"/> 176-180 pounds/ 80-82 kg        | <input type="checkbox"/> 281 pounds/127 kg <b>or more</b> |

**68. How would you rate your physical health?**

- 1  Excellent
- 2  Very good
- 3  Good
- 4  Fair
- 5  Poor

**THE NEXT 3 QUESTIONS ARE ABOUT HEAD INJURIES THAT YOU MAY HAVE HAD IN YOUR LIFE. WE ARE INTERESTED IN ANY HEAD INJURY THAT RESULTED IN YOU BEING UNCONSCIOUS (KNOCKED OUT) FOR AT LEAST 5 MINUTES, OR YOU HAD TO STAY IN THE HOSPITAL FOR AT LEAST 1 NIGHT BECAUSE OF IT.**

**69. How many times IN YOUR LIFE have you had a head injury like this?**

\_\_\_\_\_ times (Write '0' if you have never had a head injury like this in your life.)

**70. Did you have this type of head injury in the LAST 12 MONTHS?**

- 1  Yes, I've had a head injury like this in the last 12 months
- 2  Yes, I've had a head injury like this in my life, but not in the last 12 months
- 3  No, I've never had a head injury like this in my life.

**71. If you had this type of head injury in the last 12 months, what was the cause of it? (If this happened more than once, think about the last time it happened.)**

- 1  I've not had a head injury like this in the last 12 months
- 2  I've never had a head injury like this in my life
- 3  Motor vehicle accident
- 4  Other vehicle accident (such as a snowmobile, ATV, tractor)
- 5  Bicycle accident
- 6  Fight
- 7  Sports injury (such as team sports, skate boarding, skiing, snow boarding)
- 8  Fell down
- 9  Other cause not listed above

**THE NEXT SECTION IS ABOUT YOUR FEELINGS (YOUR MENTAL OR EMOTIONAL HEALTH).**

**71a. How would you rate your mental or emotional health?**

- 1  Excellent
- 2  Very good
- 3  Good
- 4  Fair
- 5  Poor

**71b. In the LAST 12 MONTHS, how many times did you see a doctor, nurse or counsellor about your mental or emotional health?**

\_\_\_\_\_ times (Write '0' if you have not seen any of the above for your mental/emotional health.)

**71c. In the LAST 12 MONTHS, have you phoned a telephone crisis helpline or gone on a website (such as "KidsHelpPhone.ca") because you needed to talk to a counsellor about a problem?**

- 1  Yes, I've phoned a helpline only
- 2  Yes, I've posted a question on a website only
- 3  Yes, I've phoned a helpline and posted a question on a website
- 4  No

**IN THE NEXT FEW QUESTIONS, WE WOULD LIKE TO KNOW HOW YOUR GENERAL HEALTH HAS BEEN OVER THE LAST FEW WEEKS. PLEASE THINK ABOUT CURRENT AND RECENT PROBLEMS, NOT THOSE THAT YOU MAY HAVE HAD IN THE PAST.**

**71.1a.** Over the last few weeks, have you been able to concentrate on whatever you're doing?

- 1  Better than usual
- 2  Same as usual
- 3  Less than usual
- 4  Much less than usual

**71.1b.** Over the last few weeks, have you felt that you are playing a useful part in things?

- 1  More so than usual
- 2  Same as usual
- 3  Less useful than usual
- 4  Much less useful than usual

**71.1c.** Over the last few weeks, have you felt capable of making decisions about things?

- 1  More so than usual
- 2  Same as usual
- 3  Less so than usual
- 4  Much less capable than usual

**71.1d.** Over the last few weeks, have you been able to enjoy your normal day-to-day activities?

- 1  More so than usual
- 2  Same as usual
- 3  Less so than usual
- 4  Much less than usual

**71.1e.** Over the last few weeks, have you been able to face up to your problems?

- 1  More so than usual
- 2  Same as usual
- 3  Less than usual
- 4  Much less than usual

**71.1f.** Over the last few weeks, have you been feeling reasonably happy, all things considered?

- 1  More so than usual
- 2  About same as usual
- 3  Less so than usual
- 4  Much less than usual

**71.1g.** Over the last few weeks, have you lost much sleep because you were worried about something?

- 1  Not at all
- 2  No more than usual
- 3  Somewhat more than usual
- 4  Much more than usual

**71.1h.** Over the last few weeks, have you felt constantly under stress?

- 1  Not at all
- 2  No more than usual
- 3  Somewhat more than usual
- 4  Much more than usual

**71.1i.** Over the last few weeks, have you felt you could not overcome difficulties?

- 1  Not at all
- 2  No more than usual
- 3  Somewhat more than usual
- 4  Much more than usual

**71.1j.** Over the last few weeks, have you been feeling unhappy and depressed?

- 1  Not at all
- 2  No more than usual
- 3  Somewhat more than usual
- 4  Much more than usual

**71.1k.** Over the last few weeks, have you been losing confidence in yourself?

- 1  Not at all
- 2  No more than usual
- 3  Somewhat more than usual
- 4  Much more than usual

**71.1l.** Over the last few weeks, have you been thinking of yourself as a worthless person?

- 1  Not at all
- 2  No more than usual
- 3  Somewhat more than usual
- 4  Much more than usual

**71.1m.** In the LAST 12 MONTHS, did you ever seriously consider attempting suicide?

- 1  Yes
- 2  No

**71.1n.** In the LAST 12 MONTHS, did you actually attempt suicide?

- 1  Yes
- 2  No

**71.1o.** In the LAST 12 MONTHS, have you been prescribed medicine to treat anxiety or depression?

- 1  Yes, for anxiety only
- 2  Yes, for depression only
- 3  Yes, for both anxiety and depression
- 4  No

**THE NEXT 5 QUESTIONS ARE ABOUT BULLYING.**

**BULLYING IS WHEN ONE OR MORE PEOPLE TEASE, HURT OR UPSET A WEAKER PERSON ON PURPOSE, AGAIN AND AGAIN. IT IS ALSO BULLYING WHEN SOMEONE IS LEFT OUT OF THINGS ON PURPOSE.**

**71.2a.** Since September, in what way were you bullied the most at school? (Please choose only one answer.)

- 1  Was not bullied at school since September
- 2  Physical attacks (for example, beat you up, pushed or kicked you)
- 3  Verbal attacks (for example, teased, threatened, spread rumours about you)
- 4  Stole from you or damaged your things

**71.2b.** Since September, how often have you been bullied at school?

- 1  Was not bullied at school since September
- 2  Daily or almost daily
- 3  About once a week
- 4  About once a month
- 5  Less than once a month

**71.2c.** Since September, in what way did you bully other students the most at school? (Please choose only one answer.)

- 1  Did not bully other students since September
- 2  Physical attacks (for example, beat up, pushed, or kicked them)
- 3  Verbal attacks (for example, teased, threatened, or spread rumours about them)
- 4  Stole from them or damaged their things

**71.2d.** Since September, how often have you taken part in bullying other students at school?

- 1  Did not bully other students since September
- 2  Daily or almost daily
- 3  About once a week
- 4  About once a month
- 5  Less than once a month

**71.2e.** In the LAST 12 MONTHS, how many times did other people bully or pick on you through the Internet?

- 1  Don't use the Internet
- 2  Never
- 3  Once
- 4  2 to 3 times
- 5  4 or more times

**THE NEXT SECTION IS ABOUT GAMBLING OR BETTING MONEY. PLEASE ANSWER THE QUESTIONS EVEN IF YOU HAVE NEVER GAMBLLED.**

**71.3.** How often (if ever) in the LAST 12 MONTHS, have you done each of the following? (Write '0' if you have not done it.)

- a) Played CARDS for money? \_\_\_\_\_ times
- b) Played BINGO for money? \_\_\_\_\_ times
- c) Bet money in SPORTS POOLS? \_\_\_\_\_ times
- d) Bought SPORTS LOTTERY tickets (such as Sports Select or Proline)? \_\_\_\_\_ times
- e) Bought any other LOTTERY tickets, including instant lottery (such as 6-49, scratch cards, pull-tabs)? \_\_\_\_\_ times
- f) Bet money on VIDEO GAMBLING MACHINES, SLOT machines, or any other gambling machines? \_\_\_\_\_ times
- g) Bet money at a CASINO in Ontario? \_\_\_\_\_ times
- h) Bet money over the INTERNET (on any game)? \_\_\_\_\_ times
- i) Played DICE for money? \_\_\_\_\_ times
- j) Bet money in OTHER ways not listed above? \_\_\_\_\_ times

**71.3k.** What is the largest amount of money you have gambled at one time in the LAST 12 MONTHS?

- 1  \$1 or less
- 2  \$2 to \$9
- 3  \$10 to \$49
- 4  \$50 to \$99
- 5  \$100 to \$199
- 6  \$200 or more
- 7  Did not gamble in the last 12 months
- 8  Never gambled in lifetime

**71.3l.** Has your betting, in the LAST 12 MONTHS, ever caused any problems for you such as arguments with family and friends, or problems at school or work?

- 1  Yes
- 2  No
- 3  Did not gamble in the last 12 months
- 4  Never gambled in lifetime

**71.3m.** In the LAST 12 MONTHS, have you ever gambled more than you had planned to?

- 1  Yes
- 2  No
- 3  Did not gamble in the last 12 months
- 4  Never gambled in lifetime

**71.3n.** In the LAST 12 MONTHS, has anyone criticized your betting or told you that you had a gambling problem, regardless of whether you thought it was true or not?

- 1  Yes
- 2  No
- 3  Did not gamble in the last 12 months
- 4  Never gambled in lifetime

**71.3o.** In the LAST 12 MONTHS, have you had arguments with family or friends because of the money you spend on gambling?

- 1  Yes
- 2  No
- 3  Did not gamble in the last 12 months
- 4  Never gambled in lifetime

**71.3p.** In the LAST 12 MONTHS, have you ever skipped or been absent from school or work due to betting activities?

- 1  Yes
- 2  No
- 3  Did not gamble in the last 12 months
- 4  Never gambled in lifetime

**71.3q.** In the LAST 12 MONTHS, have you borrowed money or stolen something in order to bet or to cover gambling debts?

- 1  Yes
- 2  No
- 3  Did not gamble in the last 12 months
- 4  Never gambled in lifetime

**THE NEXT SECTION IS ABOUT PLAYING VIDEO GAMES EITHER ON A COMPUTER, A TV, ON A CELL PHONE, OR AT AN ARCADE.**

**PLEASE ANSWER THE QUESTIONS, EVEN IF YOU HAVE NEVER PLAYED VIDEO GAMES.**

**71.4a.** In the LAST 12 MONTHS, how often did you play video games?

- 1  Never played video games in lifetime
- 2  Did not play in the last 12 months
- 3  Every day or almost every day
- 4  4 or 5 times a week
- 5  2 or 3 times a week
- 6  Once a week
- 7  2 or 3 times a month
- 8  Once a month or less often

**71.4b.** In the LAST 12 MONTHS, when you were not playing video games, did you keep thinking about them (such as planning your next game, remembering past games)?

- 1  Yes
- 2  No
- 3  Don't play video games

**71.4c.** In the LAST 12 MONTHS, did you spend an increasing amount of time playing video games?

- 1  Yes
- 2  No
- 3  Don't play video games

**71.4d.** In the LAST 12 MONTHS, did you try to cut back or stop playing video games, or did you play for longer than you had planned to?

- 1  Yes
- 2  No
- 3  Don't play video games

**71.4e.** In the LAST 12 MONTHS, did you get restless or irritated when you could not play video games?

- 1  Yes
- 2  No
- 3  Don't play video games

**71.4f.** In the LAST 12 MONTHS, did you play video games more often when you felt bad (sad, angry or nervous) or had problems?

- 1  Yes
- 2  No
- 3  Don't play video games

**71.4g.** In the LAST 12 MONTHS, when you lost in a game or did not get the results you wanted, did you keep playing to achieve your target?

- 1  Yes
- 2  No
- 3  Don't play video games

**71.4h.** In the LAST 12 MONTHS, did you skip school or work, or lie or steal, or argue with someone so that you could play video games?

- 1  Yes
- 2  No
- 3  Don't play video games

**71.4i.** In the LAST 12 MONTHS, did you ignore homework, go to bed late, or spend less time with family and friends because of your video game playing?

- 1  Yes
- 2  No
- 3  Don't play video games

**71.4j.** In the LAST 12 MONTHS, did you ever hide your video game playing from your family or friends?

- 1  Yes
- 2  No
- 3  Don't play video games

**71.5.** How often (if ever) in the LAST 12 MONTHS have you done each of the following? (Write '0' if you have not done it.)

- a) Taken a car, truck, or SUV for a ride without the owner's permission? \_\_\_\_\_ times
- b) Banged up or damaged something (on purpose) that did not belong to you? \_\_\_\_\_ times
- c) Sold marijuana or hashish? \_\_\_\_\_ times
- d) Taken things worth \$50 or less that did not belong to you? \_\_\_\_\_ times
- e) Taken things worth more than \$50 that did not belong to you? \_\_\_\_\_ times
- f) Beat up or hurt anyone (on purpose), not counting fights you may have had with a brother or sister? \_\_\_\_\_ times
- g) Broken into a locked building other than your own home? \_\_\_\_\_ times
- h) Carried a weapon, such as a gun or knife (not for hunting)? \_\_\_\_\_ times
- i) Run away from your home (left home without the permission of one or both of your parents)? \_\_\_\_\_ times
- j) Set something on fire that you weren't supposed to? \_\_\_\_\_ times
- k) Driven a car, truck or SUV in a street race? \_\_\_\_\_ times

**71.5l.** In the LAST 12 MONTHS, how many times were you in a physical fight on school property?

- 1  Never
- 2  Once
- 3  2 or 3 times
- 4  4 or 5 times
- 5  6 or 7 times
- 6  8 or 9 times
- 7  10 or 11 times
- 8  12 or more times

**71.5m.** In the **LAST 12 MONTHS**, how many times has someone threatened or injured you with a weapon, such as a gun, knife, or club on school property?

- 1  Never
- 2  Once
- 3  2 or 3 times
- 4  4 or 5 times
- 5  6 or 7 times
- 6  8 or 9 times
- 7  10 or 11 times
- 8  12 or more times

**JUST A FEW FINAL QUESTIONS...**

**72.** Overall, how easy did you find the questionnaire to understand?

- 1  Not at all easy
- 2  Not very easy
- 3  Fairly easy
- 4  Very easy

**73.** What about the length of the questionnaire, did you find it . . .

- 1  Much too long
- 2  A bit too long
- 3  About right
- 4  A bit too short

**74.** Do you think the questions in this survey make most students...

- 1  Very uncomfortable
- 2  Somewhat uncomfortable
- 3  Not at all uncomfortable

**75.** What are the first 3 digits of your postal code?

\_\_\_\_\_

**Thank you for participating in this survey!**

**Please indicate the time you finished this survey.**

\_\_\_ \_\_\_ : \_\_\_ \_\_\_ (For example, 10:45)

