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Institute for Social Research
York University

2027 ONTARIO STUDENT DRUG USE & HEALTH SURVEY

Grades 9–12
Online Questionnaire

Form A-SS

OSDUHS
Ontario Student Drug Use and Health Survey
50 Years

INSTRUCTIONS FOR COMPLETING THIS SURVEY

- This health survey will take about 30 minutes to complete. It includes questions about alcohol and other drugs, mental health, and general well-being. There is no assumption that students who complete the survey have ever used alcohol or other drugs. Some of the questions are about sensitive topics such as self-harm and bullying.

- **We will <u>not</u> ask you for your name in this survey**. Because your name is not in the survey, we can never identify you or track you. 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.

- Please complete this survey on your own. If you do not understand a question, just move on to the next one. If you do not want to answer a question, just move on to the next one. Also, you may stop the survey at any time.

- For each question, please choose the single best answer that is right for you by selecting the circle beside it. If two answers seem right, choose the one that feels more right than the other. Some questions will say "Select all that apply" and for these you can choose more than one answer.

AFTER THE SURVEY

When you are done, you will see a link to a PDF document you can download that shows some youth resources in case you need mental health support or information.

Please keep in mind that there are caring adults and support services available through your school that you can turn to if you need to talk to someone.

Thank you very much for your help!

CLICK HERE TO START THE SURVEY

The first few questions are about your background.

A1. What grade are you in?

09◯ Grade 9
10◯ Grade 10
11◯ Grade 11
12◯ Grade 12

A2. How old are you?

12◯ 12 years old or younger
13◯ 13 years old
14◯ 14 years old
15◯ 15 years old
16◯ 16 years old
17◯ 17 years old
18◯ 18 years old
19◯ 19 years old
20◯ 20 years old or older

A3. Were you born male or female?

1◯ Male
2◯ Female

A4. Gender identity refers to a person's internal sense or feeling of being a woman, a man, both, neither or anywhere on the gender spectrum, which may or may not be the same as the person's sex assigned at birth (e.g., male, female). It is different from and does not determine a person's sexual orientation.

What is your gender identity?

01◯ Boy or man
02◯ Gender fluid
03◯ Gender queer
04◯ Girl or woman
05◯ Non-Binary
06◯ Questioning/Not sure
07◯ Trans boy or man
08◯ Trans girl or woman
09◯ Two-Spirit

10◯ My gender identity is not listed above
11◯ I do not understand this question
12◯ I prefer not to answer

A4a-s. Sexual orientation refers to a person's sense of sexual, romantic, and emotional attraction to the people of the same or different gender, or to both.

What is your sexual orientation?

01◯ Asexual
02◯ Bisexual
03◯ Gay
04◯ Lesbian
05◯ Pansexual
06◯ Queer
07◯ Questioning/Not sure
08◯ Straight/Heterosexual
09◯ Two-Spirit

10◯ My sexual orientation is not listed above
11◯ I do not understand this question
12◯ I prefer not to answer

A5. How long have you lived in Canada?

1◯ All of my life

2◯ 2 years or less
3◯ 3 to 5 years
4◯ 6 to 10 years
5◯ 11 years or longer

A6. What language do you usually speak at home?

1◯ English
2◯ French
3◯ English and French
4◯ English, French, and another language
5◯ English and another language
6◯ French and another language
7◯ Another language not listed

A7. Do you identify as First Nations, Métis, and/or Inuit? If yes, select all that apply.

a◯ No

b◯ Yes, First Nations
c◯ Yes, Métis
d◯ Yes, Inuit

A8. In our society, people are often described by their race or racial background. For example, some people are considered "Black, "East Asian," "White," etc. Which race category best describes you? Select all that apply.

- a◯ **Black** (African, Afro-Caribbean, African-Canadian descent)
- b◯ **East Asian** (Chinese, Korean, Japanese, Taiwanese descent)
- c◯ **Indigenous** (First Nations, Métis, Inuit descent)
- d◯ **Latino/Latina/Latinx** (Latin American, Hispanic descent)
- e◯ **Middle Eastern** (Arab, Persian, West Asian descent, e.g. Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish)
- f◯ **South Asian** (East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean)
- g◯ **Southeast Asian** (Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent)
- h◯ **White** (English, German, Irish, Italian, Portuguese, European descent)

- i◯ Another race category not listed above
- j◯ I prefer not to answer

A9. Do you have any of the following? Select all that apply.

- a◯ Attention Deficit Hyperactivity Disorder (ADHD)
- b◯ Autism/Asperger Syndrome
- c◯ Drug or alcohol use problem
- d◯ Fetal Alcohol Syndrome Disorder (FASD)
- e◯ Hearing problem/Deafness
- f◯ Learning disability (such as dyslexia)
- g◯ Mental health problem (such as depression, anxiety)
- h◯ Other developmental disability (such as down syndrome, mild intellectual disability)
- i◯ Pain (chronic)
- j◯ Physical disability (such as cerebral palsy) or mobility/Movement problems
- k◯ Seeing problem/Low vision
- l◯ Speech or language problem

- m◯ I have none of these listed above
- n◯ Not sure
- o◯ I prefer not to answer

The next few questions are about <u>SCHOOL</u>.

A10. On average, what marks do you usually get in school? (Please select only <u>one</u> answer.)

- 1◯ 90% - 100% (Mostly A+)
- 2◯ 80% - 89% (Mostly As or A-)
- 3◯ 70% - 79% (Mostly Bs)
- 4◯ 60% - 69% (Mostly Cs)
- 5◯ 50% - 59% (Mostly Ds)
- 6◯ below 50% (Mostly Fs)

A11. 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 a little bit
- 4◯ I don't like school very much
- 5◯ I don't like school at all

A12. 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

A13, A14, A15.

For the next 3 questions, please tell us whether you agree or disagree with the following statements.

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
I feel safe in my school.	◯	◯	◯	◯
I feel close to people at this school.	◯	◯	◯	◯
I feel like I am part of this school.	◯	◯	◯	◯

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 birth parents, adoptive parents, stepparents, or foster parents.

A16. Were your parents born in Canada?

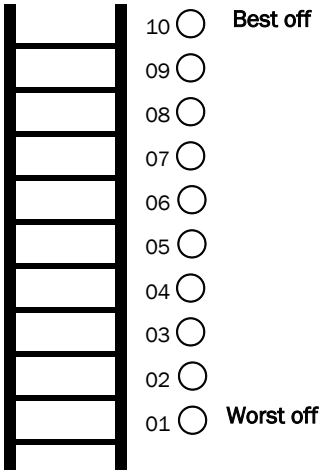
1◯ Two (or more) parents born in Canada
2◯ One parent born in Canada
3◯ No parent born in Canada

A17. How often do you talk about your problems or feelings with at least one of your parents or guardians?

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

A18. 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 less money, less education, no jobs or jobs that most people don't want to do.

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



The next section is 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.

B1. 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
- 11◯ Never drank any alcohol in lifetime → **GO TO QUESTION C1**

B2. In the LAST 12 MONTHS, how often did you drink alcohol — liquor (rum, whiskey, etc.), wine, beer, coolers?

- 1◯ Had a sip of alcohol to see what it's like
- 2◯ Drank only at special events (for example, holidays or at weddings)
- 3◯ Once a month or less often
- 4◯ 2 or 3 times a month
- 5◯ Once a week
- 6◯ 2 or 3 times a week
- 7◯ 4 or 5 times a week
- 8◯ Almost every day – 6 or 7 times a week
- 9◯ Did not drink alcohol in the last 12 months → **GO TO QUESTION C1**

B2a-s. 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 → **GO TO QUESTION C1**

B2b-s. 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

B2c-s – B2g-s.

How often in the LAST 12 MONTHS, have you...

	Never in the last 12 months	Less than once a month	About once a month	About once a week	Daily or almost daily
...found that you were not able to stop drinking once you had started?	◯	◯	◯	◯	◯
...not done things you were supposed to because of drinking?	◯	◯	◯	◯	◯
...needed a first drink of alcohol in the morning to get yourself going after a heavy drinking session?	◯	◯	◯	◯	◯
...had a feeling of guilt or remorse after drinking?	◯	◯	◯	◯	◯
...been unable to remember what happened the night before because you had been drinking?	◯	◯	◯	◯	◯

B2h-s. 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, in the last 12 months

B2i-s. 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, in the last 12 months

B3. In 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 in the last 4 weeks → **GO TO QUESTION C1**

B4. In the LAST 4 WEEKS, how often did you have 5 OR MORE DRINKS of alcohol on the SAME OCCASION?

0◯ Never in the last 4 weeks
1◯ Once
2◯ 2 times
3◯ 3 times
4◯ 4 times
5◯ 5 or more times

B5. In the LAST 4 WEEKS, what is the largest number of drinks of alcohol you had in a row or on the same occasion?

1◯ 1 drink
2◯ 2 drinks
3◯ 3 drinks
4◯ 4 drinks
5◯ 5 drinks
6◯ 6 or 7 drinks
7◯ 8 or more drinks

The next section is about VAPING. To "vape" is to use a vaping device such as an electronic cigarette, vape pen, mod, tank, e-hookah, or vaporizer to inhale a mist into the lungs.

C1. When, if ever, did you first try any type of vaping device?

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 vaped in lifetime → **GO TO QUESTION D1**

C2. In the LAST 12 MONTHS, how often did you vape?

01◯ Vaped only once in the last 12 months (only a few puffs)
02◯ A few times in the last 12 months
03◯ At least once a month
04◯ At least once a week
05◯ A few times a week, but not every day
06◯ 1 or 2 times a day
07◯ 3 to 5 times a day
08◯ 6 to 10 times a day
09◯ 11 or more times a day

10◯ Did not vape in the last 12 months → **GO TO QUESTION D1**

C3. In the LAST 12 MONTHS, how often did you vape NICOTINE?

1◯ Did not vape nicotine when I vaped in the last 12 months

2◯ Rarely vaped nicotine
3◯ Sometimes vaped nicotine
4◯ Very often vaped nicotine
5◯ Always vaped nicotine
6◯ Not sure if I vaped nicotine

C4. In the LAST 12 MONTHS, how often did you stop vaping for one day or longer because you were trying to quit?

1◯ Did not try to quit vaping in the last 12 months

2◯ Once
3◯ 2 times
4◯ 3 to 5 times
5◯ 6 to 9 times
6◯ 10 or more times

C5. In the LAST 4 WEEKS, how often did you vape?

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 vape in the last 4 weeks

The next 2 questions are about TOBACCO cigarettes.

D1. Which of the following statements best describes your use of tobacco cigarettes IN YOUR LIFETIME?

1◯ Smoked from a few puffs to a whole cigarette in my life
2◯ Only 2 to 3 cigarettes in my life
3◯ More than 3, but fewer than 100 cigarettes in my life
4◯ 100 or more cigarettes in my life, but none in the last month
5◯ 100 or more cigarettes in my life and some during the last month, but not every day
6◯ 100 or more cigarettes in my life and at least 1 cigarette every day during the last month

7◯ Never tried a tobacco cigarette, not even one puff, in my life → **GO TO QUESTION E1**

D2. In the LAST 12 MONTHS, how often did you smoke tobacco 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◯ Did not smoke in the last 12 months

The next section is about CANNABIS (also known as marijuana, "weed", "pot", "grass", hashish, "hash", hash oil, etc.).

E1. When, if ever, did you first try cannabis in any way?

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 tried cannabis in lifetime → **GO TO QUESTION F1**

E2. In the LAST 12 MONTHS, how often did you use cannabis in any way?

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◯ Did not use cannabis in the last 12 months → **GO TO QUESTION F1**

E6-s. In the LAST 12 MONTHS, did you use cannabis (in any way) to cope with a mental health problem, such as to relieve anxiety or depression?

1◯ Yes
2◯ No

E8. In the LAST 4 WEEKS, how often did you use cannabis?

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 use cannabis in the last 4 weeks

The next section is about OTHER DRUGS. Please answer all the questions even if you have never tried these drugs. If you do not know what a drug is or have never heard of it, please check only the "Don't know" box.

F1. In the LAST 12 MONTHS, how often did you use a COUGH OR COLD MEDICINE such as Robitussin DM, Benylin DM (also known as "robos", "sizzurp", "syrup", "purple drank", "lean", "dex", "DXM") in order to get high?

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 to "get high", but not in the last 12 months
8◯ Never used cough/cold medicine to "get high"

F2. In the LAST 12 MONTHS, how often did you use REMOXADRINE (also known as "dreen", "rem", "mox")?

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 remoxadrine is

Nicotine pouches are small, flavored pouches containing nicotine. Users place them in their mouth. Nicotine pouches are different from smokeless tobacco products such as snus, dip, or chewing tobacco because they do not contain any tobacco leaf.

F3. In the LAST 12 MONTHS, how often did you use any type of NICOTINE POUCH, such as Zonnic or another brand?

1◯ Used only once in the last 12 months
2◯ A few times in the last 12 months
3◯ At least once a month
4◯ At least once a week
5◯ A few times a week, but not every day
6◯ Every day

7◯ Used nicotine pouches, but not in the last 12 months
8◯ Never used in lifetime
9◯ Don't know what nicotine pouches are

F4-s. 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

F5-s. 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

F6-s. 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

F7-s. In the LAST 12 MONTHS, how often did you use MDMA or "ECSTASY" (also known as "Molly", "E", "X", 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 "ecstasy" is

F8-s. 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

F9-s. 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

The next question is about pain relief pills that people usually get by prescription, such as Percocet, Percodan, "T3s", Demerol, Dilaudid, codeine, hydromorphone, oxycodone, tramadol, morphine. (We do not mean regular Tylenol, Advil, or Aspirin that anyone can buy in a drugstore.)

G1a. In the LAST 12 MONTHS, how often did you use these types of pain relief pills WITHOUT A PRESCRIPTION or without a doctor recommending 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 pain relief pills are

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

G2. In the LAST 12 MONTHS, how often did you use medicine that is usually used to treat ADHD (such as Adderall, Ritalin, Concerta, Dexedrine, also known as "Addys", "Dexies") WITHOUT A PRESCRIPTION or without a doctor recommending 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

Sedatives or tranquillizers are sometimes prescribed by doctors to help people sleep, calm them down, or to relax their muscles. Some examples are Xanax, Valium, Ativan.

G3-s. In the LAST 12 MONTHS, how often did you use sedatives or tranquillizers (also known as "tranqs", "benzos", "xans", "bars", "downers") WITHOUT A PRESCRIPTION or without a doctor recommending 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

H1-s. Were you in a treatment program at any time in 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

The next few questions are about driving VEHICLES, meaning cars, vans, trucks, SUVs, or motorcycles.

I1-s. What type of driver's licence do you have now?

1◯ No driver's licence of any type → **GO TO QUESTION J1**

2◯ Level One graduated licence (G1)
3◯ Level Two graduated licence (G2)
4◯ Full graduated licence (G)

I2-s. In the LAST 12 MONTHS, how many times did you drive a vehicle within an hour of drinking 2 or more drinks of alcohol?

1◯ Never
2◯ Once
3◯ 2 or 3 times
4◯ 4 or 5 times
5◯ 6 or 7 times
6◯ 8 to 11 times
7◯ 12 or more times

I3-s. In the LAST 12 MONTHS, how many times did you drive a vehicle within an hour of using cannabis (marijuana or hashish) in any form?

1◯ Never
2◯ Once
3◯ 2 or 3 times
4◯ 4 or 5 times
5◯ 6 or 7 times
6◯ 8 to 11 times
7◯ 12 or more times

The next section is about your PHYSICAL HEALTH.

J1. How would you rate your physical health?

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

J2. 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.

0◯ 0 days
1◯ 1 day
2◯ 2 days
3◯ 3 days
4◯ 4 days
5◯ 5 days
6◯ 6 days
7◯ 7 days

The next few questions are about participation in organized sports clubs or teams outside of school.

J3. In the LAST 12 MONTHS, which of the following organized sports clubs or teams did you participate in outside of school? Select all that apply.

a◯ Baseball/Softball
b◯ Basketball
c◯ Dance/Cheer
d◯ Football/Rugby/Lacrosse
e◯ Gymnastics/Figure Skating
f◯ Hockey
g◯ Martial Arts/Combat Sports
h◯ Soccer
i◯ Swimming/Diving
j◯ Tennis/Racquet Sports
k◯ Track and Field/Cross Country
l◯ Other team sport(s) (for example, Volleyball, Cricket)
m◯ Other individual sport(s) (for example, Skiing, Snowboarding)

n◯ I did not participate in organized sports clubs or teams in the last 12 months → **GO TO QUESTION J6**

J4. In the LAST 12 MONTHS, for sports clubs or teams outside of school, what was the highest level at which you participated or competed?

1◯ Recreational/House League
2◯ Rep/Competitive (for example, a competitive team with a tryout)

J5. In the LAST 12 MONTHS, how many days a week, *on average*, did you participate in sports clubs or teams outside of school, including practicing and competing?

1◯ 1 day a week
2◯ 2 days a week
3◯ 3 days a week
4◯ 4 days a week
5◯ 5 days a week
6◯ 6 days a week
7◯ 7 days a week

The next question is about head injuries that you may have had in the last 12 months. We are interested in any head injury that resulted in a headache, dizziness, blurred vision, vomiting, feeling confused or "dazed," problems remembering, or being unconscious (knocked out).

J6. Did you have this type of head injury in the LAST 12 MONTHS?

1◯ Never had a head injury like this in my life

2◯ I've had a head injury like this in my life, but not in the last 12 months

3◯ Yes, I've had a head injury like this in the last 12 months

J7. On an average school night, how many hours of sleep do you get?

1◯ 4 hours or less
2◯ 5 hours
3◯ 6 hours
4◯ 7 hours
5◯ 8 hours
6◯ 9 hours
7◯ 10 hours
8◯ 11 or more hours

J8. In the LAST 7 DAYS, about how many hours a day, on average, did you spend: watching TV/movies/videos, playing video games, texting, messaging, posting, or surfing the Internet in your free time? (Include time on any screen, such as a smartphone, tablet, TV, gaming device, computer, or wearable technology.)

0◯ None
1◯ Less than 1 hour a day
2◯ 1 to 2 hours a day
3◯ 3 to 4 hours a day
4◯ 5 to 6 hours a day
5◯ 7 or more hours a day

6◯ Not sure

J9. In the LAST 7 DAYS, how often did you drink a can or bottle of a high-energy caffeine drink, such as Red Bull, Monster, Rockstar, Amp, Full Throttle, etc.?

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 a high-energy drink in the last 7 days, but did drink at least one in the last 12 months

7◯ Did not drink a high-energy drink in the last 7 days or in the last 12 months

J10. On an average day, how many times do you eat fruits and vegetables? (Do not include juices.)

0◯ 0 times a day
1◯ 1 time a day
2◯ 2 times a day
3◯ 3 times a day
4◯ 4 times a day
5◯ 5 times a day
6◯ 6 or more times a day

J11. Some young people go to school or to bed hungry because there is not enough food at home. How often does this happen to you?

1◯ Always
2◯ Often
3◯ Sometimes
4◯ Never

The next few questions are about your eating habits and your body.

J12. In the LAST 4 WEEKS, how often did you worry so much about your weight, shape, or muscles that you couldn't get it out of your head?

1◯ Never in the last 4 weeks
2◯ Rarely
3◯ Sometimes
4◯ Often
5◯ Always

J13, J14, J15. In the LAST 4 WEEKS, how often did you....

	Never in the last 4 weeks	Once or twice	Once or twice each week	3 or 4 times each week	5 or 6 times each week	Daily or almost daily
...not eat, or eat in a way to change your weight, shape, or muscles?	◯	◯	◯	◯	◯	◯
...binge on food (eaten what other people would say is an unusually large amount of food, such as a whole litre of ice cream, in a few hours)?	◯	◯	◯	◯	◯	◯
...feel like you couldn't stop eating or couldn't control how much you ate?	◯	◯	◯	◯	◯	◯

J16. Now thinking about the LAST 12 MONTHS, how often did other people tease you or pick on you about your weight or shape?

1◯ Never in the last 12 months
2◯ Once or twice
3◯ Once a month or less often
4◯ 2 or 3 times a month
5◯ Once a week
6◯ 2 or 3 times each week
7◯ 5 or 6 times each week
8◯ Almost every day – 6 or 7 times a week

The next few questions are about health care.

J17. Have you heard of Youth Wellness Hubs Ontario (YWHO)?

1◯ Yes
2◯ No → **GO TO QUESTION J19**

J18. Have you ever participated in activities or services at Youth Wellness Hubs Ontario (YWHO)?

1◯ Yes
2◯ No

J19. Do you have a family doctor or other health professional (such as nurse or nurse practitioner) you can easily see or speak to if you are sick or have another health concern?

1◯ Yes
2◯ No → **GO TO QUESTION J22**

J20. If you had a mental health concern, do you think that you would talk to this doctor/health professional about it?

1◯ Definitely would talk to my doctor/health professional about it
2◯ Probably
3◯ Not sure
4◯ Would not talk to my doctor/health professional about it

J21. If you had a substance use/drug use concern, do you think that you would talk to this doctor/health professional about it?

1◯ Definitely would talk to my doctor/health professional about it
2◯ Probably
3◯ Not sure
4◯ Would not talk to my doctor/health professional about it

J22. If you do not have a family doctor/health professional you can easily see, where would you go if you needed to see someone about a health issue that was <u>not</u> an emergency? (You may select more than one answer.)

a◯ I would go nowhere
b◯ Walk-in Clinic
c◯ School Nurse
d◯ Emergency Department (Hospital) or an Urgent Care Clinic
e◯ Youth Wellness Hubs Ontario (YWHO)
f◯ Another place not listed
g◯ Not sure where I would go

The next section is about your <u>MENTAL HEALTH</u> (your feelings or emotional health).

Please note that some of these questions are sensitive in nature. You may skip any question that you do not want to answer.

Please remember that the survey is anonymous and so if you need support, please reach out to caring adults and support services available through your school. There is also a list of community support services that you can download at the end of the survey.

K1. How would you rate your mental or emotional health?

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

In the next few questions, we would like to know how you have been feeling.

K2 – K7. In the LAST 4 WEEKS, about how often did you feel…

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
…nervous?	◯	◯	◯	◯	◯
…hopeless?	◯	◯	◯	◯	◯
…restless or fidgety?	◯	◯	◯	◯	◯
…so depressed (sad) that nothing could cheer you up?	◯	◯	◯	◯	◯
…that everything was an effort?	◯	◯	◯	◯	◯
…worthless?	◯	◯	◯	◯	◯

K7a. In the LAST 4 WEEKS, did you feel that you were under any stress, strain, or pressure?

1◯ Yes, almost more than I could take
2◯ Yes, a lot
3◯ Yes, some
4◯ Yes, a little
5◯ Not at all

K7b. How often do you feel lonely?

1◯ Never
2◯ Hardly ever
3◯ Occasionally
4◯ Sometimes
5◯ Often or always

K7c. In the LAST 12 MONTHS, have you done something on purpose to hurt yourself without wanting to die, such as cutting or burning yourself on purpose?

1◯ Yes
2◯ No

K7d. In the LAST 12 MONTHS, did you ever seriously consider attempting suicide?

1◯ Yes
2◯ No

K7e. In the LAST 12 MONTHS, did you actually attempt suicide?

1◯ Yes
2◯ No

K7f. In general, how would you rate your ability to handle unexpected and difficult problems, such as a family or personal crisis? Would you say your ability is…?

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

K8 – K11. In the LAST 2 WEEKS, how often have you been bothered by any of the following problems...

	Not at all	Several days	More than half the days	Nearly every day
...little interest or pleasure in doing things?	◯	◯	◯	◯
...feeling down, depressed, or hopeless?	◯	◯	◯	◯
...feeling nervous, anxious or on edge?	◯	◯	◯	◯
...not being able to stop or control worrying?	◯	◯	◯	◯

K12. How much do you agree or disagree with the following statement: If a person has a mental health concern to the point that it negatively affects their family relationships, friendships, sleep, grades, or health, it is a sign of weakness.

1◯ Strongly agree
2◯ Somewhat agree
3◯ Neither agree nor disagree
4◯ Somewhat disagree
5◯ Strongly disagree

6◯ Not sure

K13a. How worried or anxious are you about climate change?

1◯ Not at all worried/anxious
2◯ A little worried/anxious
3◯ Fairly worried/anxious
4◯ Very worried/anxious
5◯ Extremely worried/anxious

K13b. How much do you agree or disagree with the following statement: The government and people in power are doing enough to protect my generation (youth in my age group) from the risks of climate change.

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

The next few questions are about mental health support.

K14a. Do you know how to access mental health support (such as counselling) through your school, if you needed it?

1◯ Yes
2◯ No

3◯ Not sure

K14b. Since the beginning of the school year, did you receive any individual or group counselling or any other help AT SCHOOL for concerns regarding your mental health? For example, did you see or speak to a social worker, child and youth worker/counsellor, psychologist, nurse, teacher or other staff person at school because of concerns with your mental health?

1◯ Yes
2◯ No

K15a. In the LAST 12 MONTHS, how many times did you see a doctor, nurse, or counsellor about your mental or emotional health outside of school?

1◯ Did not see a doctor/nurse/counsellor about my emotional health in the last 12 months outside of school

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

K15b. In the LAST 12 MONTHS, have you phoned/texted a crisis helpline (such as 9-8-8) 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/texted a helpline only
2◯ Yes, I've posted a question on a website only
3◯ Yes, I've phoned/texted a helpline and posted a question on a website
4◯ No

K15c-s. 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

K15d. In the LAST 12 MONTHS, was there ever a time when you felt you might need professional help (such as from a doctor, counsellor or other mental health worker) for mental health concerns (problems with emotions, behaviours), but you DID NOT SEEK HELP?

1◯ Yes
2◯ No

The next few questions are about digital tools or apps people may use to support their MENTAL HEALTH. This includes apps, websites, chatbots or other tools that provide emotional support, information, advice, or help with mood and stress (such as ChatGPT, Snapchat My AI, Calm, Headspace, Wysa, Woebot, etc.)

K16a. In the LAST 12 MONTHS, how often did you use digital tools or apps to help with your own feelings, stress, mood, or other mental health concerns?

1◯ Used only once in the last 12 months
2◯ A few times
3◯ About once a month
4◯ About once a week
5◯ Two or more times a week
6◯ Daily or almost daily
7◯ Did not use in the last 12 months → **GO TO QUESTION L1a**
8◯ Not sure

K17. What did you use the tools or apps for? (Select all that apply.)

a◯ To relax, calm down, or manage anxiety (for example, breathing or meditation)
b◯ To track my mood, thoughts, or habits over time
c◯ To help with sleep
d◯ To get advice or ways to cope
e◯ To talk about how I was feeling
f◯ To feel less lonely or as a companion
g◯ To get information about mental health (such as symptoms)
h◯ To help decide whether I should get professional help
i◯ To find local services close to me or crisis help lines
j◯ For another reason not listed

K18a. Overall, how helpful have these tools or apps been for your mental health?

1◯ Very helpful
2◯ Somewhat helpful
3◯ Not very helpful
4◯ Not at all helpful

The next few questions are about BULLYING at school during this school year.

Bullying is when one or more people tease, hurt or upset another person on purpose, again and again. It is also bullying when someone is left out of things on purpose. It is not bullying when two students of about the same strength or power argue or fight or tease each other in a friendly way.

L1a. Since the beginning of the school year, in what way were you bullied the most at school? (Please select only one answer.)

1◯ Was not bullied at school → **GO TO QUESTION L1c**

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

L1b. Since the beginning of the school year, how often have you been bullied at school?

1◯ Daily or almost daily

2◯ About once a week

3◯ About once a month

4◯ Less than once a month

L1c. Since the beginning of the school year, in what way did you bully other students the most at school? (Please select only one answer.)

1◯ Did not bully other students at school → **GO TO QUESTION L1e**

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

L1d. Since the beginning of the school year, how often have you taken part in bullying other students at school?

1◯ Daily or almost daily

2◯ About once a week

3◯ About once a month

4◯ Less than once a month

L1e. In the LAST 12 MONTHS, how often did other people bully or pick on you electronically or through the Internet? (Count being bullied through texting, Instagram, Facebook, or other social media.)

0◯ Never in the last 12 months

1◯ Once

2◯ 2 to 3 times

3◯ 4 or more times

L1f. In the LAST 12 MONTHS, how often did you bully or pick on other people electronically or through the Internet? (Count bullying others through texting, Instagram, Facebook, or other social media.)

0◯ Never in the last 12 months

1◯ Once

2◯ 2 to 3 times

3◯ 4 or more times

The next section is about SOCIAL MEDIA. The term "social media" refers to social network sites (such as Instagram, TikTok, X, Facebook, etc.), and instant messengers (such as SnapChat, WhatsApp, Discord, Facebook messenger).

L2. About how many hours a day do you usually spend on social media sites or apps, either posting or browsing?

1◯ Less than 1 hour a day

2◯ About 1 hour a day

3◯ 2 hours a day

4◯ 3 to 4 hours a day

5◯ 5 to 6 hours a day

6◯ 7 to 9 hours a day

7◯ 10 or more hours a day

8◯ Use social media, but not every day

9◯ Don't use social media at all → **GO TO QUESTION L3**

L2a – L2i. **In the LAST 12 MONTHS, have you....**

	Yes	No
...regularly found that you can't think of anything else but the moment that you will be able to use social media again?	◯	◯
...regularly felt dissatisfied because you wanted to spend more time on social media?	◯	◯
...often felt bad when you could not use social media?	◯	◯
...tried to spend less time on social media, but failed?	◯	◯
...regularly had no interest in hobbies or other activities because you would rather use social media?	◯	◯
...regularly had arguments with others because of your social media use?	◯	◯
...regularly lied to your parents or friends about the amount of time you spend on social media?	◯	◯
...often used social media so you didn't have to think about unpleasant things?	◯	◯
...had serious conflict with your parents, brother(s) or sister(s) because of your social media use?	◯	◯

L3. **In the LAST 12 MONTHS, how often have you talked to or messaged back and forth online with someone you did not know (never met in person) where you shared personal or private things about yourself? (Include private chats on social media, instant messengers, or gaming platforms).**

1◯ Never in the last 12 months
2◯ Once in the last 12 months
3◯ A few times
4◯ About once a month
5◯ About once a week
6◯ A few times a week, but not every day
7◯ Every day

Just a few final questions...

M1. **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

M2. **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

M3. **Do you think the questions in this survey make most students...**

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

This is the end of the survey.

Directed to a new webpage after the survey

Thank you very much for completing the OSDUHS! We really appreciate your help!

Getting Support:

Please keep in mind that there are caring adults and support services available through school that you can turn to if you need someone to talk to – these include Guidance Counsellors, Social Workers, Child Youth Workers, teachers, and your principal. You can also reach out to a parent, relative, coach, faith leader, Elder, or your family doctor.

For a list of where you can find support and information about mental health and/or addiction issues, and more information about this study please download the attached PDF called "**Debriefing Sheet + Youth Support Services**." [*Embed the PDF document of the debriefing sheet & youth services list here*]