camh

Institute for Social Research
York University

2027 ONTARIO STUDENT DRUG USE & HEALTH SURVEY

Grades 7 & 8
Online Questionnaire

Form B-ES

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?

7◯ Grade 7
8◯ Grade 8

A2. How old are you?

11◯ 11 years old or younger
12◯ 12 years old
13◯ 13 years old
14◯ 14 years old
15◯ 15 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

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 SCHOOL.

A10. On average, what marks do you usually get in school? (Please select only one 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?

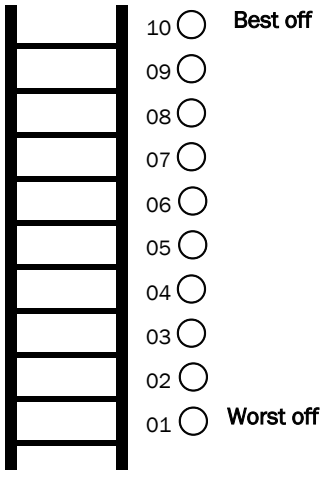
1◯ Two (or more) parents born in Canada
2◯ One parent born in Canada
3◯ No parent born in Canada

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

10◯ Never drank more than a few sips of alcohol in lifetime
11◯ Never drank any alcohol in lifetime → **GO TO QUESTION B5a**

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 B5a**

B2j. In the LAST 12 MONTHS, how did you usually get the alcohol you drank? (Please select only one answer.)

01◯ Given to me by a friend
02◯ Given to me by one of my parents
03◯ Given to me by a brother or sister
04◯ Took it from home without my parents' permission
05◯ Took it from somewhere else
06◯ Bought it at a LCBO store
07◯ Bought it at a beer store
08◯ Bought it at a grocery store or supermarket
09◯ Bought it at a convenience store or gas station
10◯ Bought it at a restaurant, bar, or club
11◯ Bought it at a public event such as a concert or sporting event
12◯ I gave someone else money to buy it for me
13◯ I got it some other way
14◯ Don't remember

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 B5a**

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

B5a. **How much do you think people risk harming themselves physically or in other ways if they drink alcohol regularly?**

1◯ No risk
2◯ Slight risk
3◯ Medium risk
4◯ Great risk
5◯ Don't know

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

10◯ Never vaped in lifetime → **GO TO QUESTION C5a**

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 C5a**

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

C3a. In the LAST 12 MONTHS, how did you usually get the vaping device you used? (Please select only one answer.)

01◯ Given to me by a friend
02◯ Given to me by a brother or sister
03◯ It was shared around a group of friends
04◯ Bought it at a convenience store or gas station
05◯ Bought it at a vape shop/lounge
06◯ Bought it online/over the Internet
07◯ Bought it from a friend or someone else
08◯ I gave someone else money to buy it for me
09◯ Given to me by one of my parents
10◯ Took it from home without my parents' permission
11◯ Got it from another source not listed
12◯ Don't remember

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

C5a. How much do you think people risk harming themselves physically or in other ways if they vape regularly?

1◯ No risk
2◯ Slight risk
3◯ Medium risk
4◯ Great risk
5◯ Don't know

The next section is about TOBACCO cigarettes and smoking.

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 D2a**

D1a. When did you first smoke a whole tobacco cigarette?

1◯ Grade 4 or before
2◯ Grade 5
3◯ Grade 6
4◯ Grade 7
5◯ Grade 8

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 2 questions are about second-hand smoke. If you are close to someone who is smoking (such as a tobacco cigarette or a cannabis joint), say within 10 feet (3 metres), you will be exposed to that person's smoke. This can be anywhere such as inside a home, on the street, in a car, at a bus shelter, at school, at a playground/sports field, or at a mall.

D2a. Thinking about the LAST 7 DAYS, on how many days were you exposed to other people's tobacco smoke anywhere, either indoors or outdoors?

01◯ I was not exposed to other people's tobacco smoke in the last 7 days
02◯ Not sure if I was exposed

03◯ 1 day
04◯ 2 days
05◯ 3 days
06◯ 4 days
07◯ 5 days
08◯ 6 days
09◯ 7 days
10◯ Not sure how many days

D2b. Thinking about the LAST 7 DAYS, on how many days were you exposed to other people's cannabis (marijuana or hash) smoke anywhere, either indoors or outdoors?

01◯ I was not exposed to other people's cannabis smoke in the last 7 days
02◯ Not sure if I was exposed

03◯ 1 day
04◯ 2 days
05◯ 3 days
06◯ 4 days
07◯ 5 days
08◯ 6 days
09◯ 7 days
10◯ Not sure how many days

D2c. How much do you think people risk harming themselves physically or in other ways if they smoke cigarettes regularly?

1◯ No risk
2◯ Slight risk
3◯ Medium risk
4◯ Great risk
5◯ Don't know

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

10◯ Never tried cannabis in lifetime → **GO TO QUESTION E8a**

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 E8a**

E2a. In the LAST 12 MONTHS, did you try cannabis for the very first time?

1◯ Yes
2◯ No

E5a. In the LAST 12 MONTHS, did you smoke cannabis mixed with tobacco at the same time?

1◯ Yes
2◯ No

E5b. In the LAST 12 MONTHS, how did you usually get the cannabis you used? (Please select only one answer.)

01◯ Given to me by a brother or sister
02◯ Given to me by a friend
03◯ It was shared around a group of friends
04◯ Bought it from a friend
05◯ Bought it from someone I did not know personally
06◯ Bought it online from the Ontario Cannabis Store website
07◯ Bought it online from another website
08◯ Bought it at a cannabis store
09◯ Bought it at a medical dispensary
10◯ Given to me by one of my parents
11◯ Took it from home without my parents' permission
12◯ I grow my own
13◯ I got it some other way
14◯ Don't remember

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

E8a. How much do you think people risk harming themselves physically or in other ways if they smoke cannabis regularly?

1◯ No risk
2◯ Slight risk
3◯ Medium risk
4◯ Great risk
5◯ Don't know

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

The next question is about pain relief pills that people usually get by prescription, such as Percocet, Percodan, Tylenol #3, Demerol, Dilaudid, codeine, hydromorphone, oxycodone, tramadol, morphine. (We do not mean regular Tylenol, Advil, or Aspirin that anyone can buy in a drugstore.)

G1b. 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 ➡ **GO TO QUESTION G2**
8◯ Never used without a prescription in lifetime ➡ **GO TO QUESTION G2**
9◯ Don't know what pain relief pills are ➡ **GO TO QUESTION G2**

G1c. If you used these types of pain relief pills in the last 12 months WITHOUT a prescription, how did you usually get them? (Please select only one answer.)

1◯ Given to me by a brother or sister
2◯ Given to me by a friend
3◯ Bought them from a friend
4◯ Bought them from someone I did not know personally
5◯ Bought them online/over the Internet
6◯ Given to me by one of my parents
7◯ Took them from home without my parents' permission
8◯ I got them some other way
9◯ Don't remember

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

Now we have a few questions about how easy or difficult you think it would be to get certain drugs, if you wanted some.

I4a – I4e. How easy or difficult would it be for you to get the following drugs if you wanted some…

	Probably impossible	Very difficult	Fairly difficult	Fairly easy	Very easy	Don't know
Tobacco cigarettes?	◯	◯	◯	◯	◯	◯
A vaping device (e-cigarette, vape pen, mod, tank, etc.)?	◯	◯	◯	◯	◯	◯
Alcohol?	◯	◯	◯	◯	◯	◯
Cannabis ("weed", "pot", "hash")?	◯	◯	◯	◯	◯	◯
Prescription pain relief pills (such as Percocet, Percodan, Tylenol #3, Demerol, Dilaudid, codeine, hydromorphone, oxycodone, tramadol) – WITHOUT going to a doctor?	◯	◯	◯	◯	◯	◯

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.

J11a. How do you describe your weight?

1◯ Very underweight
2◯ Slightly underweight
3◯ About the right weight
4◯ Slightly overweight
5◯ Very overweight

J11b. Which of the following are you doing about your weight, if anything?

1◯ Not doing anything
2◯ Trying to lose weight
3◯ Trying to keep from gaining weight
4◯ Trying to gain weight

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 - 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?	◯	◯	◯	◯	◯

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

The next question 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

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

The next section is about playing VIDEO GAMES either on a console, computer/laptop, mobile device, or a TV, both online and/or offline.

L4a. **In the LAST 12 MONTHS, how often did you play video games?**

1◯ Did not play video games in the last 12 months ➡ **GO TO QUESTION L5a**
2◯ Every day or almost every day
3◯ 4 or 5 times a week
4◯ 2 or 3 times a week
5◯ Once a week
6◯ 2 or 3 times a month
7◯ Once a month or less often

L4b. **In the LAST 12 MONTHS, on days when you played video games, how many hours a day on average did you play?**

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

L4c – L4k. **In the LAST 12 MONTHS....**

	Yes	No
...when you were not playing video games, did you keep thinking about them (such as planning your next game, remembering past games)?	◯	◯
...did you spend an increasing amount of time playing video games?	◯	◯
...did you try to cut back or stop playing video games, OR did you play for longer than you had planned to?	◯	◯
...did you get restless or irritated when you could not play video games?	◯	◯
...did you play video games more often when you felt bad (sad, angry or nervous) or had problems?	◯	◯
...when you lost in a game or did not get the results you wanted, did you keep playing to achieve your target?	◯	◯
...did you skip school or work, or lie or steal, or argue with someone so that you could play video games?	◯	◯
...did you ignore homework, go to bed late, or spend less time with family and friends because of your video game playing?	◯	◯
...did you ever hide your video game playing from your family or friends?	◯	◯

The next section is about GAMBLING OR BETTING.

L5a - L5i.

In the LAST 12 MONTHS, how often did you spend real money or in-game currency bought with real money on any of the following:

	Never in the last 12 months	1 or 2 times	3 to 5 times	6 to 8 times	9 to 11 times	12 to 19 times	20 or more times
Online sports betting (such as online sports lotteries, online sports pools, online fantasy sports, e-sports)	◯	◯	◯	◯	◯	◯	◯
Free-to-play sports betting apps/websites (such as apps where you make sports picks using coins or credits, such as Stadium Live)	◯	◯	◯	◯	◯	◯	◯
Any other online game (such as online poker, black jack, or other online casino games)	◯	◯	◯	◯	◯	◯	◯
Betting on events online that were not sports-related (such as politics, award shows, weather, etc.)	◯	◯	◯	◯	◯	◯	◯
Mystery or surprise purchases (such as mystery/blind boxes, video game loot boxes, card packs where you hope to get a rare item, Lucky Scoops, etc.)	◯	◯	◯	◯	◯	◯	◯
In-game items to bet (such as using skins to bet on e-sport matches, games with friends)	◯	◯	◯	◯	◯	◯	◯
Claw machines	◯	◯	◯	◯	◯	◯	◯
Buying or investing in cryptocurrency (such as Bitcoin, Ethereum, Tether, Dogecoin, etc.)	◯	◯	◯	◯	◯	◯	◯
Any other way that was not online (such as dares, private bets, card games, dice, lotteries, scratch cards, etc.)	◯	◯	◯	◯	◯	◯	◯

The next three questions are about gambling or betting during the last 3 months.

L5j. In the LAST 3 MONTHS, how often have you skipped hanging out with friends who do not gamble/bet to hang out with friends who do?

1◯ Did not gamble/bet in the last 3 months → **GO TO QUESTION L5m**

2◯ Never
3◯ Sometimes
4◯ Most of the time
5◯ Almost always

L5k. In the LAST 3 MONTHS, how often have you felt that you might have a problem with gambling/betting?

1◯ Never
2◯ Sometimes
3◯ Most of the time
4◯ Almost always

L5l. In the LAST 3 MONTHS, how often have you hidden your gambling/betting from your parents, other family members, or teachers?

1◯ Never
2◯ Sometimes
3◯ Most of the time
4◯ Almost always

L5m. In the LAST 12 MONTHS, have gambling advertisements (such as sports betting ads on TV/streaming services, radio, or online) made you interested in betting?

1◯ I have not seen or heard gambling advertisements in the last 12 months
2◯ No, they did not make me interested in betting
3◯ Yes, a little interested
4◯ Yes, somewhat interested
5◯ Yes, very interested

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*]