

# camh

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



Institute for Social Research  
York University

# 2025 ONTARIO STUDENT DRUG USE & HEALTH SURVEY

**Grades 7 & 8  
Online Questionnaire**

**Form A-ES**

**OSDUHS**  
Ontario Student Drug  
Use and Health Survey

## 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.
- **We will not 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.

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 health conditions? 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 health conditions listed above
- n  Not sure
- o  I prefer not to answer

**A10. In your day-to-day life, how often do you feel you have been treated with less respect or courtesy than other people?**

- 1  Never
- 2  Rarely
- 3  Sometimes
- 4  Often

The next few questions are about **SCHOOL**.

**A11. 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)

**A12. 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

**A13. 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

**A14, A15, A16.**

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        |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>I feel safe in my school.</b>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>I feel close to people at this school.</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>I feel like I am part of this school.</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**A17, A18, A19, A20.**

**During this school year, how often have you felt that you were excluded (not accepted) or discriminated against (treated negatively) at school because of any of the following reasons?**

|                                       | Never                 | Rarely                | Sometimes             | Often                 |
|---------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>Your race or ethnic background</b> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>Your religion or faith</b>         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>A disability you may have</b>      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>Your gender identity</b>           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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.

**A21. Were your parents born in Canada?**

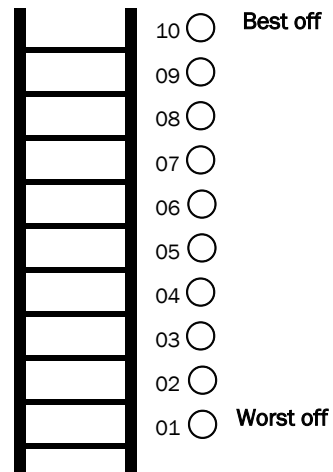
- 1  Two (or more) parents born in Canada
- 2  One parent born in Canada
- 3  No parent born in Canada

**A22. 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


**A23. 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 C1**

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

- 01  Had a sip of alcohol to see what it's like
- 02  Drank only at special events (for example, holidays or at weddings)
- 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  Did not drink alcohol in the last 12 months  **GO TO QUESTION C1**

**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
  
- 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

**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
- 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**

**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 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**

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.

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




**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

**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  **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).

The next section is about your PHYSICAL HEALTH.

The first few questions are about health care.

**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 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

**H2.** How much do you agree or disagree with the following statement: If a person uses alcohol or drugs 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

**J1.** 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 J4**

**J2.** 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

**J3.** 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

**J4.** 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 not 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 of Ontario (YWHO)
- f  Another place not listed
- g  Not sure where I would go

**J5. How would you rate your physical health?**

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

**J6. 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

**J7. 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

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).**

**J8. 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

**J9. 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

**J10. On how many of the LAST 5 SCHOOL DAYS did you eat breakfast (more than a glass of milk or fruit juice) either at home, on the way to school, or at school before classes?**

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

**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 |
|---|---------------------------|-----------------------|-------------------------|------------------------|------------------------|-----------------------|
| <b>...not eat, or eat in a way to change your weight, shape, or muscles?</b>  | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/> |
| <b>...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)?</b> | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/> |
| <b>...feel like you couldn't stop eating or couldn't control how much you ate?</b>  | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/> |

**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 section is about your **MENTAL HEALTH** (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.

**K1a. 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.

**K1 – K6. 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       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>...nervous?</b>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>...hopeless?</b>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>...restless or fidgety?</b>                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>...so depressed (sad) that nothing could cheer you up?</b> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>...that everything was an effort?</b>                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>...worthless?</b>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**K6a. 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

**K6c. How often do you feel lonely?**

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

**K6b. How much do you agree or disagree with the following statement: On the whole, I am satisfied with myself.**

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

**K6d. 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

**K6e.** In the **LAST 12 MONTHS**, did you ever **seriously consider attempting suicide?**

- 1  Yes
- 2  No

**K6f.** In the **LAST 12 MONTHS**, did you actually **attempt suicide?**

- 1  Yes
- 2  No

**K6g.** 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

**K7 – K10.** 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      |
|--|-----------------------|-----------------------|-------------------------|-----------------------|
| <b>...little interest or pleasure in doing things?</b> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |
| <b>...feeling down, depressed, or hopeless?</b>        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |
| <b>...feeling nervous, anxious or on edge?</b>         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |
| <b>...not being able to stop or control worrying?</b>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |

**K11.** 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

**K12b.** 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

**K12a.** 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

The next few questions are about mental health support.

**K13a.** 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

**K13b.** 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

**K14a.** 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

**K14b.** In the **LAST 12 MONTHS**, have you phoned a telephone 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 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

**K15a.** 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  **GO TO QUESTION L1a**


**K16.** What are the reasons you did not seek professional help? Select all that apply.

- a  I thought I could manage it myself
- b  I didn't know where to turn to for help
- c  I never got around to it (e.g., too busy)
- d  It would have been too hard to schedule
- e  I tried, but the wait was too long
- f  I didn't think professional help would do any good
- g  It was going to cost too much
- h  Getting there was a problem
- i  I was afraid of what others would think of me
- j  I was worried that my parent(s) would find out
- k  My parent(s) did not agree
- l  I was worried that my information wouldn't be kept private
- m  Other reason not listed above

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.


**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 in your experiences with **SOCIAL MEDIA**. The term “social media” refers to social network sites (such as Instagram, TikTok, X/Twitter, Facebook, etc.), and instant messengers (such as SnapChat, Whatsapp, 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 M1**

**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? | <input type="radio"/> | <input type="radio"/> |
| ...regularly felt dissatisfied because you wanted to spend more time on social media?                                    | <input type="radio"/> | <input type="radio"/> |
| ...often felt bad when you could not use social media?   | <input type="radio"/> | <input type="radio"/> |
| ...tried to spend less time on social media, but failed?   | <input type="radio"/> | <input type="radio"/> |
| ...regularly had no interest in hobbies or other activities because you would rather use social media?                   | <input type="radio"/> | <input type="radio"/> |
| ...regularly had arguments with others because of your social media use?   | <input type="radio"/> | <input type="radio"/> |
| ...regularly lied to your parents or friends about the amount of time you spend on social media?                         | <input type="radio"/> | <input type="radio"/> |
| ...often used social media so you didn't have to think about unpleasant things?  | <input type="radio"/> | <input type="radio"/> |
| ...had serious conflict with your parents, brother(s) or sister(s) because of your social media use?                     | <input type="radio"/> | <input type="radio"/> |

**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*]