## Census at School – Canada Questionnaire – Grades 9 to 12

The province of your school:
. What is your home postal code? Write the first three characters
2. How many people usually live in your household?  Don't forget to count yourself in!
3. Are you male or female?
I. What is your date of birth? Use digits only, month and yearmmyyyy
5. What is your age in years?
6. What is your height in centimetres without shoes?
7. What is your hand span in centimetres?
B. What is your wrist circumference in millimetres?
). What is your foot length in centimetres, right foot without a shoe?
0. What colour are your eyes? blue, brown, green, other
1. What do you usually have for breakfast?
Circle all that apply: milk, fruit juice, hot beverage, hot cereal, cold cereal, eggs, toast, muffin, bagel, cereal bar, cheese, yogurt, no breakfast, other
2. How many cigarettes a week do you usually smoke?
Circle one: 0, 1-3, 4-9, 10-20, 21 or more.
3. In the last week, approximately how much time did you spend? categories: 0, 1-3 hours, 4-6 hours, 7-9 hours, 10 or more hours)
playing sport watching live sport watching sport on T.V. playing computer sport games reading about sport coaching sport
4. In the last week, approximately how much time did you spend? categories: 0, 1-3 hours, 4-6 hours, 7-9 hours, 10 or more hours)
being involved with sports playing video or computer games playing board or card games watching T.V. or films reading playing or listening to music doing school homework

doing jobs at home working for pay outside the home doing community volunteer work hanging out with friends	
15. How do you usually travel to school?	
Circle one: walk, skateboard, rollerblade, cycle, m	notorcycle, car, bus, train, subway or metro, other.
16. How long does it usually take you to tra	avel to school? minutes
17. What is your favourite subject at schoo	I?
Circle one: art, English, French, social studies, his physical education, other.	story, geography, math, science, computers, music,
18. In the last year, how many times have y	ou been bullied at school?
0, 1-3, 4-9, 10 or more.	
19. How many times in the last week did yo garbage containers?	ou drop litter (e.g. candy wrappers) elsewhere than in

## 20. Do you have any of the following?

0, 1-3, 4-9, 10 or more.

Circle all that apply:

your own calculator, your own cell phone, your own pager, access to a computer at home, access to the Internet at home

21. Think about someone you most look up to. This could be someone you know personally or have read about or seen on T.V. From the list below, choose the category that best describes this person.

relative
actor
sportsperson
coach or club leader
business person
religious figure
politician
teacher
doctor or nurse
musician or singer
friend
community leader or elder
other

## 22. What are your plans for the year after high school?

Circle one

university, community college, technical institute, CEGEP, CEGEP followed by university, learn a trade or get vocational training, get a job, travel, other.