

Grade 7 survey questions

1. Are you a boy or a girl? (Boy, Girl)
2. Are you of Aboriginal ancestry (First Nations, Inuit, Métis)? (Yes, No)
3. Do you like school? (At no time ... All of the time, Don't know)
4. Do you like what you are learning at school? (At no time ... All of the time, Don't know)
5. Do you try to do your best at school? (At no time ... All of the time, Don't know)
6. Are you getting better at reading? (At no time ... All of the time, Don't know)
7. Are you getting better at writing? (At no time ... All of the time, Don't know)
8. Are you getting better at math? (At no time ... All of the time, Don't know)
9. At school, are you learning about art? (At no time ... All of the time, Don't know)
10. At school, are you learning about music? (At no time ... All of the time, Don't know)
11. Do your teachers help you with your schoolwork when you need it? (At no time ... All of the time, Don't know)
12. Do your parents help you with your learning? (At no time ... All of the time, Don't know)
13. At school, do you have opportunities to work together on projects with your classmates? (At no time ... All of the time, Don't know)
14. Are you aware of the school goals for improving student learning? (At no time ... All of the time, Don't know)
15. At school, are you learning how to do things to care for the environment (for example: recycling, waste reduction, energy, land and water conservation)? (At no time ... All of the time, Don't know)
16. At school, are you being taught about Aboriginal peoples in Canada? (At no time ... All of the time, Don't know)
17. At school, do you respect people who are different from you (for example, think, act, or look different)? (At no time ... All of the time, Don't know)
18. Do you feel safe at school? (At no time ... All of the time, Don't know)
19. At school, are you bullied, teased, or picked on? (At no time ... All of the time, Don't know)
20. Do you know how your school expects students to behave? (At no time ... All of the time, Don't know)
21. Do adults in the school treat all students fairly? (At no time ... All of the time, Don't know)
22. How many adults at your school care about you? (None, 1 adult, 2 adults, 3 adults, 4 or more adults)
23. Do you feel welcome at your school? (At no time ... All of the time, Don't know)
24. I would like to go to a different school. (At no time ... All of the time, Don't know)
25. At school, do you have opportunities to work on things you are interested in as part of your coursework? (At no time ... All of the time, Don't know)
26. At school, do you learn about saving and spending money? (At no time ... All of the time, Don't know)
27. At school, are you learning about how to stay healthy? (At no time ... All of the time, Don't know)
28. Do the teachers and staff at your school support healthy behaviour? (At no time ... All of the time, Don't know)
29. At school, do you eat or drink less healthy food choices (for example, pop, candy, deep-fried foods)? (At no time ... All of the time, Don't know)
30. Where did these foods/beverages come from: (check all that apply) (From home, Bought at school, Bought at nearby store, At a class celebration or school event)
31. In the past 24 hours, how many servings of fruits and vegetables have you eaten (for example, one serving is equal to ½ cup fresh, frozen or canned fruit or vegetables, ½ cup fruit or vegetable juice, or one medium piece of fruit or vegetable)? (0 servings, 1 serving ... 8 servings, 9 servings, 10 or more servings)
32. At school, do you get exercise (for example, physical activity or sports)? (At no time ... All of the time, Don't know)
33. At school, do you participate in activities outside of class hours (for example, clubs, dance, sports teams, music)? (At no time ... All of the time, Don't know)
34. In the last five school days, how many days did you exercise or participate in physical activities for at least 30 minutes during school hours that made you sweat and breathe hard, such as soccer, running, dancing, swimming, bicycling or similar aerobic activities? (0 days ... 5 days)
35. Where did you usually do your physical activity? (please check all that apply)
At school: In my regular classroom, In my PE classes, In school teams or clubs, In other activities at school (e.g. at recess and/or lunch), At class trips to recreation centres
Outside of school: With clubs or sports teams in the community, At recreation centres (for example, classes, fitness facilities, pools), With other groups or organizations (for example, private lessons, church groups, Big Brothers,

Big Sisters, scouts, cadets, etc.), On my own (for example, individual - running, brisk walking, mountainbiking, skateboarding, etc.)

36. At the present time, do you smoke cigarettes every day, occasionally, or not at all? (Every day, Occasionally, Not at all)