



This is NOT a test. All of your answers are **anonymous** and your identity will be kept **confidential**. No one, not even your parents or teachers, will ever know what you answered. So, please be honest when you answer the questions.

Choose the option that is the **closest** to what you think/feel is true for you. If you do not understand a question, or if you feel uncomfortable answering it, just leave it blank.

Information collected during this survey is stored on a secure server at the University of Waterloo. Please note that when information is transmitted over the internet there remains a possibility of a third party gaining access to that information. That said, **because the survey does not ask for any identifying information (e.g., name), any information you provide will be anonymous.**

COMPASS 2022-23 Student Questionnaire

Note: The first five questions are only used to link data from one year to the next. They cannot be used to identify participants. Only COMPASS researchers have access to the responses, and they never have access to student names or other information. All responses are strictly anonymous.

A. What is the first letter of your middle name (If you have more than one middle name, use your first middle name; if you do not have a middle name, select the letter "Z"):

- | | | | | | | |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| <input type="radio"/> A | <input type="radio"/> E | <input type="radio"/> I | <input type="radio"/> M | <input type="radio"/> Q | <input type="radio"/> U | <input type="radio"/> Y |
| <input type="radio"/> B | <input type="radio"/> F | <input type="radio"/> J | <input type="radio"/> N | <input type="radio"/> R | <input type="radio"/> V | <input type="radio"/> Z |
| <input type="radio"/> C | <input type="radio"/> G | <input type="radio"/> K | <input type="radio"/> O | <input type="radio"/> S | <input type="radio"/> W | |
| <input type="radio"/> D | <input type="radio"/> H | <input type="radio"/> L | <input type="radio"/> P | <input type="radio"/> T | <input type="radio"/> X | |

B. In which month were you born:

- | | | | |
|--------------------------------|-----------------------------|---------------------------------|--------------------------------|
| <input type="radio"/> January | <input type="radio"/> April | <input type="radio"/> July | <input type="radio"/> October |
| <input type="radio"/> February | <input type="radio"/> May | <input type="radio"/> August | <input type="radio"/> November |
| <input type="radio"/> March | <input type="radio"/> June | <input type="radio"/> September | <input type="radio"/> December |

C. What is the last letter of your full last name:

- | | | | | | | |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| <input type="radio"/> A | <input type="radio"/> E | <input type="radio"/> I | <input type="radio"/> M | <input type="radio"/> Q | <input type="radio"/> U | <input type="radio"/> Y |
| <input type="radio"/> B | <input type="radio"/> F | <input type="radio"/> J | <input type="radio"/> N | <input type="radio"/> R | <input type="radio"/> V | <input type="radio"/> Z |
| <input type="radio"/> C | <input type="radio"/> G | <input type="radio"/> K | <input type="radio"/> O | <input type="radio"/> S | <input type="radio"/> W | |
| <input type="radio"/> D | <input type="radio"/> H | <input type="radio"/> L | <input type="radio"/> P | <input type="radio"/> T | <input type="radio"/> X | |

D. What is the second letter of your full first name:

- | | | | | | | |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| <input type="radio"/> A | <input type="radio"/> E | <input type="radio"/> I | <input type="radio"/> M | <input type="radio"/> Q | <input type="radio"/> U | <input type="radio"/> Y |
| <input type="radio"/> B | <input type="radio"/> F | <input type="radio"/> J | <input type="radio"/> N | <input type="radio"/> R | <input type="radio"/> V | <input type="radio"/> Z |
| <input type="radio"/> C | <input type="radio"/> G | <input type="radio"/> K | <input type="radio"/> O | <input type="radio"/> S | <input type="radio"/> W | |
| <input type="radio"/> D | <input type="radio"/> H | <input type="radio"/> L | <input type="radio"/> P | <input type="radio"/> T | <input type="radio"/> X | |

E. What is the first initial of your mother's first name (Think about the mother you see the most.):

- | | | | | | | |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| <input type="radio"/> A | <input type="radio"/> E | <input type="radio"/> I | <input type="radio"/> M | <input type="radio"/> Q | <input type="radio"/> U | <input type="radio"/> Y |
| <input type="radio"/> B | <input type="radio"/> F | <input type="radio"/> J | <input type="radio"/> N | <input type="radio"/> R | <input type="radio"/> V | <input type="radio"/> Z |
| <input type="radio"/> C | <input type="radio"/> G | <input type="radio"/> K | <input type="radio"/> O | <input type="radio"/> S | <input type="radio"/> W | |
| <input type="radio"/> D | <input type="radio"/> H | <input type="radio"/> L | <input type="radio"/> P | <input type="radio"/> T | <input type="radio"/> X | |

About You

Please remember that your answers will remain anonymous.

1. What grade are you in?

- Grade 7
- Grade 8
- Grade 9
- Grade 10
- Grade 11
- Grade 12

2. What form of curriculum delivery are you currently participating in?

- 100% in-person (I physically go in to school every day)
- 100% online (I attend school remotely over the internet every day)
- Alternating in-person and online (Some days I go in to school, some days I attend online)

3. How old are you today?

- 11 years or younger
- 12 years
- 13 years
- 14 years
- 15 years
- 16 years
- 17 years
- 18 years
- 19 years or older

4. What sex were you assigned at birth?

- Female
- Male
- I prefer not to say

5. Which gender do you most identify with?

- Girl/Woman
- Non-binary person
- Two-Spirit
- Boy/Man
- I describe my gender differently
- I prefer not to say

6. Which race category best describes you? (Mark all that apply)

- Black
- East Asian
- Indigenous (First Nations (status or non-status), Métis, Inuk/Inuit)
- Latino
- Middle Eastern
- South Asian
- Southeast Asian
- White
- Another category
- I do not know
- I prefer not to answer

7. About how much money do you usually get each week to spend on yourself or to save? (Remember to include all money from allowances and jobs like babysitting, delivering papers, etc.)

- Zero
- \$1 to \$5
- \$6 to \$10
- \$11 to \$20
- \$21 to \$40
- \$41 to \$100
- More than \$100
- I do not know how much money I get each week

8. Where do you get money to spend on yourself or to save? (Mark all that apply)

- I do not usually get any money to spend on myself or to save
- My parents/guardians give me money (e.g., an allowance)
- I get a pay cheque from a job (working evenings or weekends at a restaurant, store, etc.)
- I get paid cash for occasional work (babysitting, mowing lawns, shovelling snow, etc.)

9. Including you, how many people are currently living at your home?

- One person
- Two people
- Three people
- Four people
- Five people
- Six or more people

10. In your house, do you have your own bedroom?

- Yes
- No

11. Do you sometimes go to bed hungry because there is not enough money to buy food?

- Yes
- No

12. Would you say that you and your family are more or less financially comfortable than the average student in your class?

- More comfortable
- As comfortable
- Less comfortable

13. In your day-to-day life, how often do any of the following things happen to you?

	Never	Less than once a year	A few times a year	A few times a month	At least once a week	Almost everyday
a) You are treated with <u>less</u> respect than other people are	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) You receive poorer service than other people at restaurants or stores	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) People act as if they think you are not smart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) People act as if they are afraid of you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) People act as if they think you are dishonest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) People act as if they're better than you are	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) You are called names or insulted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) You are threatened or harassed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) You are treated with <u>less</u> courtesy than other people are	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Note: only students who select “A few times a year” or more often to at least one option above will answer the following question]

14. What do you think are the main reasons for these experiences? (Mark all that apply)

- Your ancestry or national origins
- Your gender
- Your racial identity
- Your age
- Your religion
- Your height
- Your weight
- Some other aspect of your physical appearance
- Your sexual orientation
- Your family isn't as wealthy/rich as others around you
- Other

Your Height and Weight

Please remember that your answers will remain anonymous.

15. How tall are you without your shoes on? (Please enter your height either in feet and inches OR in centimetres)

- I do not know how tall I am
- I prefer not to say
- My height in feet and inches is... Feet: _____ Inches: _____
- My height in centimetres is... Centimetres: _____

16. How much do you weigh without your shoes on? (Please enter your weight either in pounds OR in kilograms)

- I do not know how much I weigh
- I prefer not to say
- My weight in pounds is... Pounds: _____
- My weight in kilograms is... Kilograms: _____

17. How do you describe your weight?

- Very underweight
- Slightly underweight
- About the right weight
- Slightly overweight
- Very overweight

18. Which of the following are you trying to do about your weight?

- Lose weight
- Gain weight
- Stay the same weight
- I am **not trying to do anything** about my weight

19. In the **last 12 months**, how often have you done the following things?

	Never	A few times	Monthly	Weekly	Daily
a) Been preoccupied with a desire to be thinner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Made yourself throw up (vomit) on purpose after eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Used laxatives, diet pills, diuretics (water pills), or steroids to control your weight or shape?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Changed your eating habits in order to manage your weight or shape	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Ate much more than most people would under the same circumstances and felt that you could not stop	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Had a definite fear of gaining weight or being overweight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Screen Time and Sleep

Please remember that your answers will remain anonymous.

20. How much time **per day** do you usually spend doing the following activities?

For example: If you spend about 3 and a half hours watching TV each day, you will need to enter '3' in the hour box and '30' in the minute box.

	Hours												Minutes				
	0	1	2	3	4	5	6	7	8	9	10	11	12	0	15	30	45
a) Watching/ streaming TV shows or movies																	
b) Playing video/computer games																	
c) Doing homework																	
d) Surfing the internet																	
e) Browsing/ scrolling social media (e.g., Instagram, Tik Tok)																	
f) Texting, messaging, emailing (note: 50 texts = 30 minutes)																	
g) Video calling (e.g., FaceTime, Skype, Zoom)																	

21. During the past week, **what time** have you usually turned out the light and gone to sleep...

(Select the time using the drop-down lists for hour, minutes and AM/PM)

	Hours												Minutes				AM/PM		
	0	1	2	3	4	5	6	7	8	9	10	11	12	0	15	30	45	AM	PM
a) on <u>weekdays</u> ?																			
b) on <u>weekends</u> ?																			

22. During the past week, **what time** have you usually woken up in the morning...

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(Select the time using the drop-down lists for hour, minutes and AM/PM)

	Hours												Minutes			AM/PM			
c) on <u>weekdays</u> ?	0	1	2	3	4	5	6	7	8	9	10	11	12	0	15	30	45	AM	PM
d) on <u>weekends</u> ?	0	1	2	3	4	5	6	7	8	9	10	11	12	0	15	30	45	AM	PM

23. During the past week, how would you rate your sleep quality overall (how well you sleep)?

- Very good
- Fairly good
- Fairly bad
- Very bad

Physical Activity

Please remember that your answers will remain anonymous.

HARD physical activities include jogging, team sports, fast dancing, jump-rope, and any other physical activities that increase your heart rate and make you breathe hard and sweat.

MODERATE physical activities include lower intensity activities such as walking, biking to school, and recreational swimming.

24. Mark how many minutes of **HARD** physical activity you did on each of the last 7 days. This includes physical activity during physical education class, lunch, after school, evenings, and spare time.

For example: If you did 45 minutes of hard physical activity on Monday, you will need to select the 0 hour option and the 45 minute option in the drop-down boxes next to Monday.

	Hours					Minutes			
Monday	0	1	2	3	4	0	15	30	45
Tuesday	0	1	2	3	4	0	15	30	45
Wednesday	0	1	2	3	4	0	15	30	45
Thursday	0	1	2	3	4	0	15	30	45
Friday	0	1	2	3	4	0	15	30	45
Saturday	0	1	2	3	4	0	15	30	45
Sunday	0	1	2	3	4	0	15	30	45

25. Mark how many minutes of **MODERATE** physical activity you did on each of the last 7 days. This includes physical activity during physical education class, lunch, after school, evenings, and spare time. **Do not** include time spent doing hard physical activities.

For example: If you did 1 hour and 30 minutes of moderate physical activity on Monday, you will need to select the 1 hour option and the 30 minute option in the drop-down boxes next to Monday.

	Hours					Minutes			
Monday	0	1	2	3	4	0	15	30	45
Tuesday	0	1	2	3	4	0	15	30	45
Wednesday	0	1	2	3	4	0	15	30	45
Thursday	0	1	2	3	4	0	15	30	45
Friday	0	1	2	3	4	0	15	30	45

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Saturday	0	1	2	3	4	0	15	30	45
Sunday	0	1	2	3	4	0	15	30	45

26. On how many days in the last 7 days did you do exercises to strengthen or tone your muscles? (e.g., push-ups, sit-ups, or weight-training)

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

27. Do you participate in before-school, noon hour, or after-school physical activities organized by your school? (e.g., intramurals, non-competitive clubs)

- Yes
- No
- None offered at my school

28. Do you participate in competitive sports teams that compete against other schools? (e.g., junior varsity or varsity sports)

- Yes
- No
- None offered at my school

29. Do you participate in league or team sports outside of school?

- Yes
- No
- There are none available where I live

Healthy Eating

Please remember that your answers will remain anonymous.

30. If you do not eat breakfast every day, why do you skip breakfast? (Mark all that apply)

- I eat breakfast every day
- I don't have time for breakfast
- The bus comes too early
- I sleep in
- I'm not hungry in the morning
- I feel sick when I eat breakfast
- I'm trying to lose weight
- There is nothing to eat at home
- Other

31. During the past week, on which days did you do the following? (Mark all that apply)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
a) Eat food purchased at a fast food place or restaurant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Eat snacks purchased from a vending machine, corner store, snack bar, or canteen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Restrict/alter your food intake with the intention of changing your weight/shape	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Eat breakfast provided to you as part of a school program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Eat lunch at school – lunch packed and brought from home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Eat lunch at school – lunch from a cafeteria	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Eat lunch at school – lunch from a school food program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Drink water (plain)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Eat fruit (fresh, canned, dried, or frozen)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Eat vegetables (raw or cooked, fresh, canned, or frozen)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Experience with Smoking and Vaping

Please remember that your answers will remain anonymous.

32. Have you ever tried cigarette smoking, even just a few puffs?

- Yes
- No

[Note: students who select “Yes” skip to question “In the last 12 months, how often did you smoke one or more cigarettes?”]

33. If one of your best friends was to offer you a cigarette, would you smoke it?

- Definitely yes
- Probably yes
- Probably not
- Definitely not

34. At any time during the next year do you think you will smoke a cigarette?

- Definitely yes
- Probably yes

- Probably not
- Definitely not

35. Do you think in the future you might try smoking cigarettes?

- Definitely yes
- Probably yes
- Probably not
- Definitely not

[Note: students who selected “No” to “Have you ever tried cigarette smoking...” now skip to question “Have you ever tried a vape...”]

36. In the last 12 months, how often did you smoke one or more cigarettes?

- I have never smoked a cigarette
- I did not smoke a cigarette in the last 12 months
- I have only had a few puffs of a cigarette
- Less than once a month
- Once a month
- 2 or 3 times a month
- Once a week
- 2 or 3 times a week
- 4 to 6 times a week
- Every day

37. On how many of the last 30 days did you smoke one or more cigarettes?

- None
- 1 day
- 2 to 3 days
- 4 to 5 days
- 6 to 10 days
- 11 to 20 days
- 21 to 29 days
- 30 days (every day)

38. Have you ever tried to quit smoking cigarettes?

- I have never smoked
- I have only smoked a few times
- I have never tried to quit
- I have tried to quit once
- I have tried to quit 2 or more times

39. Where do you *usually* get your cigarettes? (Choose only one)

- I buy them from a tobacco shop myself
- I buy them from a convenience store myself
- I buy them from another type of store myself
- I buy them on the Internet (including apps)
- I ask someone to buy them for me
- A family member shares them with me or gives them to me
- A friend shares them with me or gives them to me
- Someone else shares them with me or gives them to me
- I use someone's cigarettes without their permission
- Other

Vapes (or vaporizers) are devices that produce vapour instead of smoke. They are sometimes called “**e-cigarettes**”, “**e-cigs**”, or “**vape pens**”. Vapes can have pods or tanks and can look like USB drives or pens. Some examples of vapes are **JUUL**, **Vype**, **Suorin**, and **Smok**.

40. Have you ever tried a vape, also known as an e-cigarette? (e.g., JUUL, Vype, Suorin, Smok)

- Yes
- No

[Note: students who select “No” skip to question “In the last 30 days, did you use any of the following?”]

41. Have you used a vape for any of the following reasons? (Mark all that apply)

- I have not used a vape
- Curiosity / to try something new
- It's cool / a lot of people I know use them
- I can vape in places where smoking is not allowed
- To help me quit smoking cigarettes
- To relax or relieve stress and anxiety
- To get nicotine
- To get THC (tetrahydrocannabinol)
- I really like the flavours
- I have vaped for some other reason

42. In the last 12 months, how often did you use a vape?

- I have never used a vape
- I did not use a vape in the last 12 months
- Less than once a month
- Once a month
- 2 or 3 times a month
- Once a week
- 2 or 3 times a week
- 4 to 6 times a week
- Every day

43. On how many of the last 30 days did you use a vape?

- None
- 1 day
- 2 to 3 days
- 4 to 5 days
- 6 to 10 days
- 11 to 20 days
- 21 to 29 days
- 30 days (*every day*)

[Note: students who select "None" skip to question "In the last 30 days, did you use any of the following?"]

44. **Where do you *usually* get vapes (including pods, e-juice, or e-liquid)?** (Choose only one)

- I buy them from a vape shop myself
- I buy them from a convenience store myself
- I buy them from another type of store myself
- I buy them on the Internet (including apps)
- I ask someone to buy them for me
- A family member shares them with me or gives them to me
- A friend shares them with me or gives them to me
- Someone else shares them with me or gives them to me
- I use someone's vape without their permission
- Other

45. **When you vape, how often do you share the device with someone else or use someone else's vape?**

- Never
- Rarely
- Sometimes
- Most of the time
- Always

46. **In the last 30 days, did you use any of the following?** (Mark all that apply)

- Cigarillos or little cigars (*plain or flavoured*)
- Cigars (not including cigarillos or little cigars, *plain or flavoured*)
- Loose tobacco mixed with marijuana
- Heated tobacco product (a device that heats tobacco instead of burning it, such as IQOS or Heatstick)
- Smokeless tobacco (chewing tobacco, pinch, snuff, or snus)
- Nicotine patches, nicotine gum, nicotine lozenges, or nicotine inhalers
- I have not used any of these things in the last 30 days

Alcohol and Drug Use

Please remember that your answers will remain anonymous.

A DRINK means: 1 regular sized bottle, can, or draft of beer; 1 glass of wine; 1 bottle of cooler; 1 shot of liquor (rum, whisky, etc); or 1 mixed drink (1 shot of liquor with pop, juice, energy drink).

47. In the last 12 months, how often did you have a drink of alcohol that was more than just a sip?

- I have never drunk alcohol
- I did not drink alcohol in the last 12 months
- I have only had a sip of alcohol
- Less than once a month
- Once a month
- 2 or 3 times a month
- Once a week
- 2 or 3 times a week
- 4 to 6 times a week
- Every day

48. On how many of the last 30 days did you have a drink of alcohol that was more than just a sip?

- None
- 1 day
- 2 to 3 days
- 4 to 5 days
- 6 to 10 days
- 11 to 20 days
- 21 to 29 days
- 30 days (*every day*)

[Note: students who select "I have never drunk alcohol" or "I have only had a sip of alcohol" skip to question "In the last 12 months, how often did you use marijuana or cannabis?"]

49. How old were you when you first had a drink of alcohol that was more than just a sip?

- I have never drunk alcohol
- I have only had a sip of alcohol
- I do not know
- 8 years or younger
- 9 years
- 10 years
- 11 years
- 12 years
- 13 years
- 14 years
- 15 years

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- 16 years
- 17 years
- 18 years or older

50. In the last 12 months, how often did you have 5 drinks of alcohol or more on one occasion?

- I have never done this
- I did not have 5 or more drinks on one occasion in the last 12 months
- Less than once a month
- Once a month
- 2 to 3 times a month
- Once a week
- 2 to 5 times a week
- Daily or almost daily

51. On how many of the last 30 days did you have 5 drinks of alcohol or more on one occasion?

- None
- 1 day
- 2 to 3 days
- 4 to 5 days
- 6 to 10 days
- 11 to 20 days
- 21 to 29 days
- 30 days (*every day*)

52. In the last 12 months, how did you usually get the alcohol you consumed? (*Mark only one*)

- I have never consumed alcohol
- I have not consumed alcohol in the last 12 months
- I took it from a friend or a family member without permission
- I took it from someone else without permission
- A parent (or guardian) gave it to me
- I got or bought it from a friend or a family member (not a parent or guardian)
- I got or bought it from someone else
- It was shared at a party
- I got or bought it at a public event (e.g., concert, sporting event)
- I bought it or someone bought it for me at a liquor store
- I bought it or someone bought it for me at a convenience store
- I bought it or someone bought it for me at a grocery store
- I bought it or someone bought it for me at a restaurant or bar
- Other

53. In the last 12 months, how often did you use marijuana or cannabis? (*a joint, pot, weed, hash*)

- I have never used marijuana
- I have used marijuana but not in the last 12 months
- Less than once a month
- Once a month
- 2 or 3 times a month

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- Once a week
- 2 or 3 times a week
- 4 to 6 times a week
- Every day

[Note: students who select “I have never used marijuana” skip to question “Do you think it would be difficult or easy for you to get marijuana if you wanted some?”]

[Note: students who select “I have used marijuana but not in the last 12 months” skip to question “How old were you when you first used marijuana or cannabis?”]

54. If you have used marijuana or cannabis in the last 12 months, how did you use it? (Mark all that apply)

- I have used it by smoking it (e.g., in a joint, a pipe, a bong)
- I have used it by vaping it
- I have used it by eating or drinking it (e.g., in brownies, cookies, candies, tea)
- I have not used marijuana or cannabis in the last 12 months

55. On how many of the last 30 days did you use marijuana or cannabis?

- None
- 1 day
- 2 to 3 days
- 4 to 5 days
- 6 to 10 days
- 11 to 20 days
- 21 to 29 days
- 30 days (*every day*)

56. How old were you when you first used marijuana or cannabis?

- I have never used marijuana
- I do not know
- 8 years or younger
- 9 years
- 10 years
- 11 years
- 12 years
- 13 years
- 14 years
- 15 years
- 16 years
- 17 years
- 18 years or older

57. Do you think it would be difficult or easy for you to get marijuana if you wanted some?

- Difficult
- Easy
- I do not know
-

58. Where do you *usually* get marijuana or cannabis? (Choose only one)

- I buy it from a cannabis shop myself
- I buy it from another type of store myself
- I buy it on the Internet (including apps)
- I ask someone to buy it for me
- A family member shares it with me or gives it to me
- A friend shares it with me or gives it to me
- Someone else shares it with me or gives it to me
- I use someone’s cannabis without their permission
- Other

59. In the last 30 days, how many times have you done the following?

[Note: option c) is not displayed to students who selected “I have never drunk alcohol” or “I have only had a sip of alcohol” in question “In the last 12 months, how often did you have a drink of alcohol that was more than just a sip?”]

[Note: option d) is not displayed to students who selected “I have never used marijuana” in question “In the last 12 months, how often did you use marijuana or cannabis?”]

	Never	Once	Twice	3 or more times	I do not know
a) Rode in/on a vehicle when the <u>driver</u> (you or someone else) had been drinking alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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b) Rode in/on a vehicle when the <u>driver</u> (you or someone else) had been using marijuana or cannabis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Drank alcohol when you were all by yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Used marijuana or cannabis when you were all by yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

60. In the **last 12 months**, how often did you use psilocybin mushrooms? (*magic mushrooms, shrooms, mushies*)

- I have never used magic mushrooms
- I have used magic mushrooms but not in the last 12 months
- Less than once a month
- Once a month
- 2 or 3 times a month
- Once a week
- 2 or 3 times a week
- 4 to 6 times a week
- Every day

61. Have you used or tried any of the following medications TO GET HIGH?

	NO, I have never done this	YES, I have done this in the last 12 months	YES, I have done this but NOT in the last 12 months
a) Oxycodone (oxy, OC, APO, OxyContin®, percs, roxies, OxyNEO®)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Fentanyl (china white, synthetic heroin, china girl)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Other prescription pain relievers (codeine, morphine, Tylenol 3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

62. Do you think it would be difficult or easy to get pain relievers (Oxycodone, Fentanyl, codeine, etc.) if you wanted some?

- Difficult
- Easy
- I do not know

Mental Health

Please remember that your answers will remain anonymous.

63. In general, would you say your mental health is excellent, very good, good, fair, or poor?

- Excellent
- Very good
- Good
- Fair
- Poor
- I do not know

64. How much do you agree or disagree with the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a) I have a happy home life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) My parents/ guardians expect too much of me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I can talk about my problems with my family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) I can talk about my problems with my friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

65. How much do you agree or disagree with the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a) I lead a purposeful and meaningful life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) My social relationships are supportive and rewarding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I am engaged and interested in my daily activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) I actively contribute to the happiness and well-being of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) I am competent and capable in the activities that are important to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) I am a good person and live a good life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) I am optimistic about my future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) People respect me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) I do not feel that I deserve to have a really fulfilling social life, because of my weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

66. Over the last 2 weeks, how often have you been bothered by the following problems?

	Not at all	Several days	Over half the days	Nearly every day
a) Feeling nervous, anxious, or on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Not being able to stop or control worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Worrying too much about different things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Trouble relaxing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Being so restless that it is hard to sit still	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Becoming easily annoyed or irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Feeling afraid as if something awful might happen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

67. Please indicate how often the following statements apply to you:

	Almost never	Sometimes	About half the time	Most of the time	Almost always
a) I have difficulty making sense out of my feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I pay attention to how I feel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) When I'm upset, I have difficulty concentrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) When I'm upset, I believe there is nothing I can do to make myself feel better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) When I'm upset, I lose control over my behaviour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) When I'm upset, I feel ashamed for feeling that way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

68. On how many of the last 7 days did you feel the following ways?

	None or less than 1 day	1 to 2 days	3 to 4 days	5 to 7 days
a) I was bothered by things that usually don't bother me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I had trouble keeping my mind on what I was doing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I felt depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) I felt that everything I did was an effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) I felt hopeful about the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) I felt fearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) My sleep was restless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) I was happy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) I felt lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) I could not get "going"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

69. Please rate how often the following statements are true for you.

	Never	Rarely	Sometimes	Often	Almost always
a) Thinking about climate change makes it difficult for me to sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) My concerns about climate change interfere with my ability to get work or school assignments done	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I try to reduce my behaviors that contribute to climate change	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

d) I believe I can do something to help address the problem of climate change	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Note. If you are a young person in Canada who needs support, you can reach out to Kids Help Phone’s professional counsellors by calling 1-800-668-6868 or visiting kidshelpphone.ca. Their service is free, anonymous, confidential, and available 24/7/365.



Your School and You

Please remember that your answers will remain anonymous.

70. How strongly do you agree or disagree with each of the following statements?

	Strongly agree	Agree	Disagree	Strongly disagree
a) I feel close to people at my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I feel I am part of my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I am happy to be at my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) I feel the teachers at my school treat me fairly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) I feel safe in my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Getting good grades is important to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Standard Version] The following question is about bullying. **Bullying** can take many forms and usually involves intimidating, threatening, or otherwise hurtful behaviour. Bullying includes any sort of harassment related to sexual orientation, gender identity, gender expression, or sexual harassment.

71. In the last 30 days, in what ways were you bullied by other students? (Mark all that apply)

- I have not been bullied in the last 30 days
- Physical attacks (e.g., getting beaten up, pushed, or kicked)
- Verbal attacks (e.g., getting teased, threatened, or having rumours spread about you)
- Cyber-attacks (e.g., being sent mean text messages or having rumours spread about you on the internet)
- Social bullying (e.g., being purposefully excluded from a group, being humiliated by others with gestures or graffiti)
- Had someone steal from you or damage your things

72. On average, what marks do you usually get in school? (Choose only one)

- 90% - 100% (Mostly A+)

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- 80% - 89% (Mostly As or A-)
- 70% - 79% (Mostly Bs)
- 60% - 69% (Mostly Cs)
- 50% - 59% (Mostly Ds)
- Below 50% (Mostly Fs)

73. What is the highest level of education you would like to get? (Choose only one)

- Some high school or less
- High school diploma or graduation equivalency
- College/trade/vocational certificate
- University Bachelor's degree
- University Master's / PhD / law school / medical school / teachers' college degree
- I don't know