



**CSADS**

**Canadian Student  
ALCOHOL & DRUGS  
SURVEY**

For office use only

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Thousands of students across Canada, just like you, have been asked to take part in this survey. This important survey will help Health Canada to better understand alcohol and drug use among young people in Canada.

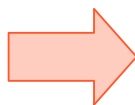
We value your help today.



**Please use a pencil to complete this questionnaire.**



Please mark all your answers with full, dark marks like this:



- **Even if you don't use alcohol or drugs**, please make sure you answer each question so that all students take the same amount of time to complete the questionnaire.
- **This is NOT a test.** All of your answers will be kept **confidential**. No one, not even your parents or teachers, will ever know what you answered. Please be honest when you answer the questions.
- Mark only **ONE option per question** unless the instructions tell you to do something else.
- If you do not understand a question, or do not wish to answer a question, leave it blank and continue to the next question.
- Choose the option that is the **closest** to what you think/feel is true for you.

## YOUR ANSWERS ARE CONFIDENTIAL

PLEASE DO NOT WRITE IN THIS AREA



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## About You

### 1. What grade are you in?

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

#### Quebec students only

- Secondary I
- Secondary II
- Secondary III
- Secondary IV
- Secondary V

### 2. 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

### 3. What was your sex at birth?

- Female
- Male

### 4. What is your gender?

*This refers to your current gender, which may be different from sex assigned at birth or from what is indicated on legal documents.*

- Man / boy
- Woman / girl
- Another gender
- Prefer not to answer

### 5. How do you describe your sexual orientation?

- Straight or heterosexual
- Gay
- Lesbian
- Bisexual
- Two Spirit
- Pansexual
- Asexual
- Questioning
- Queer
- Another sexual orientation
- I do not know
- Prefer not to answer

### 6. In our society, people are often described by their race or ethnic background. These are not based in science, but our race or ethnicity may influence the way we are treated by individuals and institutions, and this may affect our health.

#### Which race/ethnicity category best describes you?

*(Mark all that apply)*

- Black (e.g., African, African Canadian, Afro-Caribbean descent)
- East Asian (e.g., Chinese, Japanese, Korean, Taiwanese descent)
- Indigenous (e.g., First Nations, Inuk / Inuit, Métis descent)
- Latino (e.g., Latin American, Hispanic descent)
- Middle Eastern (e.g., Arab, Persian, West Asian descent (e.g., Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish descent))
- South Asian (e.g., Bangladeshi, Indian, Indo-Caribbean, Pakistani, Sri Lankan descent)
- Southeast Asian (e.g., Cambodian, Filipino, Indonesian, Thai, Vietnamese descent)
- White (e.g., European descent)
- Other
- Prefer not to answer

### 7. Which Indigenous group(s) do you identify as?

- Do not identify as Indigenous
- First Nations
- Métis
- Inuk / Inuit
- Prefer not to answer

### 8. How many years have you lived in Canada?

- I was born in Canada
- 1 to 2 years
- 3 to 5 years
- 6 to 10 years
- 11 or more years

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**9. Do you identify as a person with a disability?**

A person with a disability is a person who has an impairment or limitation that may hinder their full and equal participation in society. The disability may be visible to others or not. The disability may be permanent, temporary, or occasional. This could include physical (e.g., mobility, flexibility, dexterity, pain), intellectual or cognitive (e.g., learning, developmental, memory), communication (e.g., speech, language), sensory (e.g., seeing, hearing), or mental health-related impairment.

- Yes  No  Prefer not to answer

**10. In general, would you say your physical health is excellent, very good, good, fair or poor?**

- Excellent  Fair  
 Very good  Poor  
 Good  I do not know

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

- Excellent  Fair  
 Very good  Poor  
 Good  I do not know

## Alcohol Use

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

**12. Have you ever had a drink of alcohol that was more than just a sip?**

- Yes  No

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

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

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

- I have never had a drink of alcohol that was more than just a sip  9 years  13 years  16 years  
 I do not know  10 years  14 years  17 years  
 8 years or younger  11 years  15 years  18 years or older  
 12 years

**15. In the last 30 days, how often did you have a drink of alcohol that was more than just a sip?**

- I have never had a drink of alcohol that was more than just a sip  Once or twice a week  3 or 4 times a week  Every day  
 I have not done this in the last 30 days  Once or twice a week  5 or 6 times a week  I do not know

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

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

PLEASE DO NOT WRITE IN THIS AREA



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**17. How old were you when you first had 5 or more drinks of alcohol on one occasion?**

- I have never had 5 or more drinks of alcohol on one occasion
- 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

**18. In the last 30 days, how often did you have 5 or more drinks of alcohol on one occasion?**

- I have never had 5 or more drinks of alcohol on one occasion
- I have not done this in the last 30 days
- Once or twice
- Once or twice a week
- 3 or 4 times a week
- 5 or 6 times a week
- Every day
- I do not know

**19. In the last 12 months, did you drink any of the following?**

	Yes	No
a) An energy drink like Red Bull®, Monster® and Rockstar®, not sports drinks	<input type="radio"/>	<input type="radio"/>
b) Alcohol and an energy drink drank separately on one occasion	<input type="radio"/>	<input type="radio"/>
c) Alcohol and an energy drink hand-mixed together by you or someone else	<input type="radio"/>	<input type="radio"/>
d) Store-bought pre-mixed alcoholic beverages with energy drink names (such as Rockstar®+Vodka)	<input type="radio"/>	<input type="radio"/>
e) Sweetened beverages with high alcohol content (7% or higher), (such as Four Loko®, Clubtails®)	<input type="radio"/>	<input type="radio"/>

**20. In the last 12 months, how did you usually get the alcohol you consumed?**

*(Mark only one)*

If you get the alcohol from more than one place, please select where you get it most often.

- 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 a 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 store (e.g., liquor store, convenience store, grocery store)
- I bought it or someone bought it for me at a restaurant or bar
- Other

## Cannabis Use

In this survey when we use the term **cannabis**, this includes **marijuana (e.g., weed, pot), hashish, hash oil or any other products made from the cannabis plant, but not synthetic cannabinoids (e.g., K2 or Spice).**

When we ask about use, this includes using cannabis in its dry form such as smoking or vaping, or when mixed or processed into another product such as an edible, an extract, a concentrate, including hashish, a liquid, or other product.

**21. Have you ever used or tried cannabis (a joint, pot, weed, hash, or hash oil)?**

- Yes
- No



**22. In the last 12 months, how often did you use cannabis?**

- I have never used cannabis
- I have not used cannabis 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
- I do not know

**23. How old were you when you first used cannabis?**

- I have never used cannabis
- 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

**24. In the last 30 days, how often did you use cannabis?**

- I have never used cannabis
- I have not used cannabis in the last 30 days
- Once or twice
- Once or twice a week
- 3 or 4 times a week
- 5 or 6 times a week
- Every day
- I do not know

**25. Indicate whether you have used cannabis (a joint, pot, weed, hash, or hash oil) in the following ways:**

- a) Smoked a joint, bong, pipe or blunt
- b) Eaten it in food such as chocolate, gummies, brownies or cookies
- c) Drank it in sparkling water, iced tea, soft drinks (dissolvable powder)
- d) Vaped dried cannabis (e.g., using the same type of cannabis used in a joint)
- e) Vaped liquid cannabis (e.g., in a vape pen/cartridge)
- f) Vaped solid cannabis (e.g., shatter, wax, hash, or kief in a vape pen)
- g) Dabbed it (using a hot knife or nail to heat solid extracts)
- h) Swallowed an oil capsule or softgel
- i) Used it some other way

	<b>No, I have <u>never</u> done this</b>	<b>Yes, I have done this in the <u>last</u> <u>30 days</u></b>	<b>Yes, I have done this in the <u>last</u> <u>12 months</u></b>	<b>Yes, I have done this, but <u>not</u> in the <u>last</u> <u>12 months</u></b>
a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**26. In the last 12 months, how did you usually get the cannabis you used?**

*(Mark only one)*

If you get the cannabis from more than one place, please select where you get it most often.

- I have never used cannabis
- I have not done this in the last 12 months
- I grow my own
- It was shared around a group of friends
- I took it from a family member or friend without their permission
- I took it from someone else without their permission
- I got or bought it online (e.g., website, social media store, etc.)
- I got or bought it from a family member or a friend
- I got or bought it from someone else (e.g., a dealer)
- I bought it from a store
- Someone bought it for me at a retail store
- Other

**27. The use of cannabis was made legal for adults in Canada in 2018. Has it been easier to get cannabis for yourself after legalization?**

- I have never bought/got cannabis
- It has been easier
- It has been harder
- Neither easier nor harder

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## Other Drug Use

28. Have you ever used a drug or substance to get high without knowing what it was?

- 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

29. Have you ever used a drug or substance to get high that was not what you thought it was?

- 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

30. Indicate whether you have ever used or tried any of the following drugs:

	No, I have never used this	Yes, I have used this in the last 12 months	Yes, I have used this, but <u>not</u> in the last 12 months
a) Amphetamines (speed, crystal meth or ice, meth, crank, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) MDMA (ecstasy, E, X, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Hallucinogens (LSD, acid, PCP, magic mushrooms or 'shrooms', mesc, ketamine, tryptamines, DMT, 'psychosis', AMT, foxy, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Heroin (smack, junk, horse, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Cocaine (crack, blow, snow, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Synthetic cannabinoids (K2, spice, synthetic marijuana, scence, herbal mixtures, herbal incense, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) BZP/TFMPP (legal X, A2, piperazine, frenzy, nemesi, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Bath salts (mephedrone, MDPV, meph, MCAT, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) 2C (nexus, 2C-B, 2C-I, 2C-C, ...) or NBOMe (25C-NBOMe, 25B-NBOMe, 25I-NBOMe, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Glue, gasoline, or other solvents to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Salvia (divine sage, magic mint, sally D, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) Nitrous Oxide (laughing gas, hippy crack, whippets, ...) to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. Have you ever used or tried any of the following medications for non-medical reasons or to get high?

	No, I have never used this	Yes, I have used this in the last 12 months	Yes, I have used this, but <u>not</u> in the last 12 months
a) Sleeping medicine from a store (Nyto1®, Unisom®, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Stimulants (diet pills, stay awake pills, uppers, bennies, wake-ups, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Dextromethorphan such as cold and cough medicine (Robitussin DM®, Benylin DM®, robos, dex, DXM, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Graval®	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Non-prescription codeine medicine (Tylenol No. 1, Triatec-8, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Now we would like to ask you about medicines that are only available with a prescription from a Health Care Provider, such as a doctor, dentist, or a nurse practitioner.

32. In the last 12 months, were you given a prescription by a Health Care Provider for medicine to treat hyperactivity or concentration difficulty, also called ADHD (Ritalin®, Concerta®, Adderall®, Dexedrine®, ...)?

- Yes
  No
  I do not know

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**33. Have you ever used ADHD medicine for non-medical reasons or to get high (Ritalin®, Concerta®, Adderall®, Dexedrine®, ...)?**

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

**34. In the last 12 months, were you given a prescription by a Health Care Provider for sedatives or anti-anxiety medications to help you sleep, calm down, or relax your muscles (such as diazepam (Valium®), lorazepam (Ativan®), alprazolam (Xanax®), clonazepam (Rivotril®), zolpiem (Ambien®), zopiclone (Lunesta®) or others)?**

Yes     No     I do not know

**35. Have you ever used sedatives or anti-anxiety medications for non-medical reasons or to get high (such as diazepam (Valium®), lorazepam (Ativan®), alprazolam (Xanax®), clonazepam (Rivotril®), zolpiem (Ambien®), zopiclone (Lunesta®) or others)?**

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

**36. In the last 12 months, were you given a prescription by a Health Care Provider for prescribed opioid pain relievers (oxycodone, fentanyl, morphine, codeine, T3, ...)? This does not include non-opioid pain relievers such as Advil®, Aspirin®, or regular Tylenol® that anyone can buy in a drug store.**

Yes     No     I do not know

<b>37. Have you ever used the following prescription opioid pain relievers for non-medical reasons or to get high?</b> <i>This includes opioid pain relievers prescribed to you or that you got another way.</i>	<b>No,</b> I have <u>never</u> used this	<b>Yes,</b> I have used this in the <u>last 12 months</u>	<b>Yes,</b> I have used this, but <u>not</u> in the <u>last 12 months</u>
a) Oxycodone (oxy, OC, APO, OxyContin®, percs, roxies, OxyNEO®, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Fentanyl	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Hydromorphone (Dilaudid, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Hydrocodone (Dalmacol, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Morphine (Doloral 5 Sirop 5mg/ml, MS Contin, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Tramadol (Auro-Tramadol, Apo-Tramadol, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Codeine (Tylenol 1, 2, 3, 4 or 292s, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Other prescription pain relievers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**38. In the last 12 months, if you did use any opioids for non-medical reasons or to get high, how did you get them?**  
*Opioids include drugs such as heroin and prescription pain relievers, whether prescribed or not (e.g., oxycodone, fentanyl, morphine, codeine, etc.). (Mark only one)*  
If you get opioids from more than one place, please select where you get them most often.

I have never taken opioids for non-medical reasons or to get high  
 I did not do this in the last 12 months  
 I used opioids from my own prescription for non-medical reasons or to get high  
 I took them from a family member or friend without their permission  
 I took them from someone else without their permission  
 I got or bought them from a family member or friend  
 I got or bought them from someone else (e.g., a dealer)  
 I got or bought them online (e.g., website, social media store, etc.)  
 Other



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**39. In the last 12 months, if you did use any opioids for non-medical reasons or to get high, what was the main reason for doing so?**

(Mark only one)

- This does not apply to me
- To manage physical pain
- To help me sleep
- To feel better/improve mood
- To cope with stress
- To feel numb
- To try it/experiment
- For the experience/to get high
- To party with friends/friends were doing it
- Other reason, please specify: \_\_\_\_\_
- I do not know
- Prefer not to answer

**40. Have you ever called 911 (or someone called on your behalf), visited an emergency room or department, or been hospitalized as a result of using alcohol or drugs?**

- No, never
- Yes, for alcohol in the last 12 months
- Yes, for drugs in the last 12 months
- Yes, for both in the last 12 months
- Yes, for either alcohol or drugs, but not in the last 12 months
- Prefer not to answer

Now we would like to ask you about taking substances together on the same occasion.

**41. In the last 12 months, have you used alcohol and any of the following drugs or medications to get high on the same occasion? (e.g., at the same party, in the same evening, etc.)**

	No, never	Yes, less than once a month	Yes, at least once a month	Yes, I have done this, but <b>not</b> in the last 12 months	I do not know
a) Cannabis (a joint, pot, weed, hash, or hash oil)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Amphetamines (speed, crystal meth or ice, meth, crank, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) MDMA (ecstasy, E, X, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) 'shrooms', mesc, ketamine, tryptamines, DMT, 'psychosis', AMT, foxy, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Heroin (smack, junk, horse, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Cocaine (crack, blow, snow, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) ADHD medications (Ritalin®, Concerta®, Adderall®, Dexedrine®, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Sedatives or anti-anxiety medications (Ativan®, Xanax®, Valium®, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Prescription pain relievers (oxycodone, fentanyl, morphine, codeine, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Non-prescription codeine medicine (Tylenol No. 1, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Sleeping medicine from a store (Nytol®, Unisom®, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) Stimulants (diet pills, stay awake pills, uppers, bennies, wake-ups, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m) Dextromethorphan such as cold and cough medicine (Robitussin DM®, Benylin DM®, robos, dex, DXM, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n) Graval®	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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42. In the <u>last 12 months</u> , have you used opioids and any of the following drugs or medications to get high on the same occasion? (e.g., at the same party, in the same evening, etc.) <i>Opioids include drugs such as heroin and prescription pain relievers, whether prescribed or not (e.g., oxycodone, fentanyl, morphine, codeine, etc.).</i>	No, never	Yes, less than once a month	Yes, at least once a month	Yes, I have done this, but <b>not</b> in the <u>last 12 months</u>	I do not know
a) Amphetamines (speed, crystal meth or ice, meth, crank, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) MDMA (ecstasy, E, X, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Cocaine (crack, blow, snow, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) ADHD medications (Ritalin®, Concerta®, Adderall®, Dexedrine®, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Stimulants (diet pills, stay awake pills, uppers, bennies, wake-ups, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Sedatives or anti-anxiety medications (Ativan®, Xanax®, Valium®, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Cannabis (a joint, pot, weed, hash, or hash oil)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## Perceived Risks or Harms from Substance Use

43. How much do you think people risk harming themselves when they do each of the following activities?	No risk	Slight risk	Moderate risk	Great risk	I do not know
a) Smoke cigarettes <u>on a regular basis</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Use an e-cigarette <b>with nicotine</b> <u>on a regular basis</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Use an e-cigarette <b>without nicotine</b> <u>on a regular basis</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Smoke cannabis <u>on a regular basis</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Vape cannabis <u>on a regular basis</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Eat cannabis <u>on a regular basis</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Use medication prescribed to them or anyone else such as opioid pain relievers, anti-anxiety medication, or medicine to treat ADHD, to get high <u>once in a while</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Use medication prescribed to them or anyone else such as opioid pain relievers, anti-anxiety medication, or medicine to treat ADHD, to get high <u>on a regular basis</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Use opioids such as oxycodone, fentanyl, morphine, codeine, heroin, etc. (whether prescribed or not), to get high <u>once in a while</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Use opioids such as oxycodone, fentanyl, morphine, codeine, heroin, etc. (whether prescribed or not), to get high <u>on a regular basis</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Consume more than one substance at a time (e.g., alcohol and pain medication or another drug) <u>once in a while</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) Consume more than one substance at a time (e.g., alcohol and pain medication or another drug) <u>on a regular basis</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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44. How much do you think people are at risk of the following when using cannabis on a regular basis?

	No risk	Slight risk	Moderate risk	Great risk	I do not know
a) Developing or worsening anxiety or depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Developing an addiction to cannabis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Harming their ability to remember or pay attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

45. Where are you most likely to look for information on the risks and harms of alcohol and other drug use (for example cannabis, opioids, or stimulants)? (Mark only one)

- Health or other classes in school
- Official websites (like government or public health)
- Social media (like Twitter, TikTok, or online forums)
- TV or movies
- Friends
- Parents or other family members
- Health care professionals (like a family doctor, a nurse, or a pharmacist)
- Other
- I would not seek this type of information
- Prefer not to answer

46. How difficult or easy do you think it would be for you to get each of the following types of substances, if you wanted some?

	Very difficult	Fairly difficult	Fairly easy	Very easy	I do not know
a) Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Cannabis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Sedatives or anti-anxiety medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Stimulants (diet pills, stay awake pills, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Amphetamines (speed, crystal meth or ice, meth, crank, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) MDMA (ecstasy, E, X, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Hallucinogens (LSD, acid, PCP, magic mushrooms or 'shrooms', mesc, ketamine, tryptamines, DMT, 'psychosis', AMT, foxy, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Cocaine (crack, blow, snow, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Heroin (smack, junk, horse, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Prescribed pain relievers (oxycodone, fentanyl, morphine, codeine, T3, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Medicine to treat ADHD (Ritalin®, Concerta®, Adderall®, Dexedrine®, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

47. Have you ever driven a vehicle (e.g., car, snowmobile, motor boat, or all-terrain vehicle (ATV)) ...

	No, never	Yes, in the last 30 days	Yes, more than 30 days ago
a) within an hour of drinking one or more drinks of alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) within 2 hours of smoking/vaping cannabis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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48. Have you ever <u>been a passenger</u> in a vehicle (e.g., car, snowmobile, motor boat, or all-terrain vehicle (ATV)) ...	No, never	Yes, in the <u>last 30 days</u>	Yes, more than 30 days ago	I do not know
a) driven by someone who had one or more drinks of alcohol in the last hour?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) driven by someone who had been smoking/vaping cannabis in the last 2 hours?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

49. Which behaviours are allowed, or do you think are allowed, at your house?	Allowed inside and outside	Allowed <u>inside only</u>	Allowed <u>outside only</u>	Not allowed inside or outside
a) smoking cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) smoking cannabis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) vaping e-cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) vaping cannabis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Cigarettes

The following questions are about **your** cigarette smoking.

**Include** tobacco cigarettes that are bought ready-made as well as cigarettes that you make yourself.

**Exclude** e-cigarettes, vaping devices and other tobacco products.

<p><b>50. Have you <u>ever</u> tried smoking a cigarette?</b></p> <p><input type="radio"/> I have never tried smoking a cigarette, not even just a few puffs</p> <p><input type="radio"/> I have tried smoking a cigarette, but never smoked a whole cigarette</p> <p><input type="radio"/> I have smoked at least one whole cigarette</p>	<p><b>51. Have you ever smoked 100 or more <u>whole</u> cigarettes in your life?</b></p> <p><input type="radio"/> Yes      <input type="radio"/> No</p>
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<p><b>52. In the <u>last 30 days</u>, how often did you smoke cigarettes?</b></p> <p><input type="radio"/> I have never tried</p> <p><input type="radio"/> Tried, but did not use in the last 30 days</p> <p><input type="radio"/> Once or twice</p> <p><input type="radio"/> Once or twice a week</p> <p><input type="radio"/> 3 or 4 times a week</p> <p><input type="radio"/> 5 or 6 times a week</p> <p><input type="radio"/> Every day</p> <p><input type="radio"/> I do not know</p>
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## Vaping

The following questions are about vaping or using e-cigarettes. "Vaping" involves using devices that heat liquid into vapour that you inhale.

**When answering, include:**

- Vaping e-liquid with nicotine
- Vaping e-liquid without nicotine (i.e., just flavouring)
- Vaping e-liquid where you didn't know whether it contained nicotine
- All e-cigarettes, vape mods, vaporizers and vape pens

**When answering, exclude:** Vaping cannabis

<p><b>53. In the <u>last 30 days</u>, how often did you use an e-cigarette or vaping device <u>with nicotine</u>?</b></p> <p><input type="radio"/> I have never tried</p> <p><input type="radio"/> Tried, but did not use in the last 30 days</p> <p><input type="radio"/> Once or twice</p> <p><input type="radio"/> Once or twice a week</p> <p><input type="radio"/> 3 or 4 times a week</p> <p><input type="radio"/> 5 or 6 times a week</p> <p><input type="radio"/> Every day</p> <p><input type="radio"/> I do not know</p>
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54. In the **last 30 days**, how often did you use an e-cigarette or vaping device **without nicotine**?

- I have never tried
- Tried, but did not use in the last 30 days
- Once or twice
- Once or twice a week
- 3 or 4 times a week
- 5 or 6 times a week
- Every day
- I do not know

55. In the **last 30 days**, how often did you use an e-cigarette or vaping device but **you did not know what it contained**?

- I have never tried
- Tried, but did not use in the last 30 days
- Once or twice
- Once or twice a week
- 3 or 4 times a week
- 5 or 6 times a week
- Every day
- I do not know

## Bullying

56. In the **last 30 days**, in what ways were you bullied by other students?

	Yes	No
a) Physical attacks (getting beaten up, pushed, kicked, ...)	<input type="radio"/>	<input type="radio"/>
b) Verbal attacks (getting teased, threatened, having rumours spread about you, ...)	<input type="radio"/>	<input type="radio"/>
c) Non-verbal attacks (being ignored, being left out or excluded, being given dirty looks, ...)	<input type="radio"/>	<input type="radio"/>
d) Cyber-attacks (being sent mean text messages, having rumours spread about you on the internet, ...)	<input type="radio"/>	<input type="radio"/>
e) Had someone steal from you or damage your things	<input type="radio"/>	<input type="radio"/>

57. In the **last 30 days**, how often have you been bullied by other students?

- I have not been bullied by other students in the last 30 days
- Less than once a week
- About once a week
- 2 or 3 times a week
- Daily or almost daily

58. In the **last 30 days**, in what ways did you bully other students?

	Yes	No
a) Physical attacks (beat up, pushed, kicked them, ...)	<input type="radio"/>	<input type="radio"/>
b) Verbal attacks (teased, threatened, spread rumours about them, ...)	<input type="radio"/>	<input type="radio"/>
c) Non-verbal attacks (ignoring, leaving someone out or excluding them, giving dirty looks, ...)	<input type="radio"/>	<input type="radio"/>
d) Cyber-attacks (sent mean text messages, spread rumours about them on the internet, ...)	<input type="radio"/>	<input type="radio"/>
e) Stole from them or damaged their things	<input type="radio"/>	<input type="radio"/>

59. In the **last 30 days**, how often did you bully other students?

- I have not bullied other students in the last 30 days
- Less than once a week
- About once a week
- 2 or 3 times a week
- Daily or almost daily

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64. Optional Question  0  1  2  3  4  5  6  7  8  9

61. Optional Question  0  1  2  3  4  5  6  7  8  9

63. Optional Question  0  1  2  3  4  5  6  7  8  9

65. Optional Question  0  1  2  3  4  5  6  7  8  9

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