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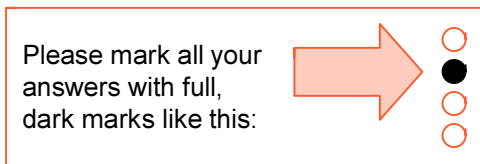
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Thousands of students across Canada, just like you, have been asked to take part in this survey. This important survey will help Health Canada to better understand tobacco, alcohol, and drug use among young people in Canada.

We value your help today.

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



- **Even if you don't use tobacco, 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**

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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?

*Gender refers to current gender which may be different from sex assigned at birth and may be different from what is indicated on legal documents.*

- Woman / girl
- Man / boy
- Or please specify: \_\_\_\_\_

### 5. Which of the following best describes you?

- Gay or lesbian
- Straight, that is, not gay or lesbian
- Bisexual
- Asexual, that is, someone who doesn't experience sexual attraction
- I am not yet sure of my sexual identity
- Something else. I identify as \_\_\_\_\_
- I am not sure what this question means

### 6. How would you describe yourself?

(Mark all that apply)

- White
- Black
- West Asian/Arab
- South Asian (Indian, ...)
- East/Southeast Asian (Chinese, ...)
- Latin American/Hispanic
- Aboriginal (First Nations, Métis, Inuit, ...)
- Other: \_\_\_\_\_

### 7. 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

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

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

### 9. 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

## Tobacco Use

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

- Yes
- No

### 11. How old were you when you first tried smoking cigarettes, even just a few puffs?

- I have never done this
- 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

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12. At any time during the next 12 months do you think you will smoke a cigarette?

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

13. Have you ever smoked a whole cigarette?

- Yes
- No

14. Have you ever smoked 100 or more whole cigarettes in your life?

- Yes
- No

15. Thinking back over the last 7 days, how many whole cigarettes did you smoke each day?

Sunday:		
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		
Saturday:		

Please use only numbers. For example, if you smoked 12 cigarettes, fill in the boxes like this:

1	2
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16. During the past 12 months, how many times have you stopped for one day or longer because you were trying to quit smoking?

- I have not smoked cigarettes in the past 12 months
- I have never smoked
- 0 times
- 1 time
- 2 or 3 times
- 4 or more times

17. Where do you usually get your cigarettes?  
(Mark only one)

- I do not smoke
- I buy them myself at a store
- I buy them from a First Nation Reserve (i.e., delivery service)
- I buy them on a First Nation Reserve
- I buy them from a friend
- I buy them from someone else
- I ask someone to buy them for me
- My brother or sister gives them to me
- My mother or father gives them to me
- A friend gives them to me
- Someone else gives them to me
- I take them from my mother, father, or siblings
- Other

18. In the last 30 days, how often did you use any of the following?

	Daily	Less than daily, but at least once a week	Less than weekly, but at least once in the last 30 days	Tried, but did not use in the last 30 days	I have never tried
a) Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Cigars, little cigars or cigarillos (plain or flavoured)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Smokeless tobacco (chewing tobacco, pinch, dip, snuff, or snus)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Nicotine patches, nicotine gum, nicotine lozenges, nicotine inhalers, or nicotine spray	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) A water-pipe (hookah) to smoke shisha (tobacco)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Heated tobacco products (iQOS™ or Glo™)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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[SERIAL]

# 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 and without nicotine, i.e., just flavouring
- All e-cigarettes, vape mods, vaporizers and vape pens

**When answering, exclude:** Vaping cannabis

19. In the last 30 days, how often did you vape any of the following products?

	Daily	Less than daily, but at least once a week	Less than weekly, but at least once in the last 30 days	Tried, but did not use in the last 30 days	I have never tried
a) An e-liquid or pod <b>with</b> nicotine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) An e-liquid or pod <b>without</b> nicotine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) An e-liquid or pod, but you did not know what it contained	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. At any time during the next 12 months do you think you will use a vape?

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

21. Which did you try first: a cigarette or an e-cigarette (vape, vape pen, tank & mod)?

- I have never tried a cigarette nor an e-cigarette
- I have only tried a cigarette and never tried an e-cigarette
- I have only tried an e-cigarette and never tried a cigarette
- I have tried both and tried a cigarette first
- I have tried both and tried an e-cigarette first
- I do not remember

22. Which flavour do you vape most often? (Mark only one)

- I do not vape
- Tobacco
- Fruit
- Candy
- Dessert
- Mint/Menthol
- Coffee/Tea
- Alcohol
- Flavourless
- No usual flavour

23. What is your main reason for trying vaping the first time? (Mark only one)

- I do not vape
- Just to give it a try – to see what it's like
- I like the flavours
- To have a good time with my friends
- Peer pressure
- I use them instead of smoking cigarettes
- I am trying to quit smoking cigarettes
- I enjoy them
- I am addicted to them
- To relax or relieve tension
- To feel good / to get a nicotine high
- Other reasons

24. What is your main reason for currently/continued vaping? (Mark only one)

- I do not vape
- Just to give it a try – to see what it's like
- I like the flavours
- To have a good time with my friends
- Peer pressure
- I use them instead of smoking cigarettes
- I am trying to quit smoking cigarettes
- I enjoy them
- I am addicted to them
- To relax or relieve tension
- To feel good / to get a nicotine high
- Other reasons

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**25. Where do you usually get your vaping devices and vaping e-liquids or pods? (Mark only one for each)**

If you get them from more than one place, please select where you get your devices and e-liquids or pods most often.

**Your vaping devices (vape, vape pen, tank & mod)?**

- I do not vape
- I buy them from a vape shop (in person, not online)
- I buy them from a convenience store
- I ask someone to buy them for me
- I buy them online
- A family member gives them to me (bought, borrowed, shared)
- A friend gives them to me (bought, borrowed, shared)
- Someone else gives them to me (bought, borrowed, shared)
- I use my mother's, father's, or sibling's without their permission
- I use someone else's without their permission
- Other

**Your vaping e-liquids or pods?**

- I do not vape
- I buy them from a vape shop (in person, not online)
- I buy them from a convenience store
- I ask someone to buy them for me
- I buy them online
- A family member gives them to me (bought, borrowed, shared)
- A friend gives them to me (bought, borrowed, shared)
- Someone else gives them to me (bought, borrowed, shared)
- I use my mother's, father's, or sibling's without their permission
- I use someone else's without their permission
- Other

**26. During the past 12 months, how many times have you stopped for one day or longer because you were trying to quit vaping?**

- I have not vaped in the past 12 months
- I have never vaped
- 0 times
- 1 time
- 2 or 3 times
- 4 or more times

## 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.).

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

- Yes
- No

**28. 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
- I did not drink alcohol 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

**29. 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
- 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

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**30. 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
- 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

**31. 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
- I have not done this 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
- I do not know

**32. 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

**33. 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

**34. 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 drunk 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, FCKD UP, Clubtails)	<input type="radio"/>	<input type="radio"/>

**35. 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

# Marijuana/Cannabis Use

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

- Yes  No

37. In the last 12 months, how often did you use marijuana or cannabis?

- I have never used marijuana or cannabis  2 or 3 times a month  Every day  
 I have not done this in the last 12 months  Once a week  I do not know  
 Less than once a month  2 or 3 times a week  
 Once a month  4 to 6 times a week

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

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

39. In the last 30 days, how often did you use marijuana or cannabis?

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

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

	No, I have <u>never</u> done this	Yes, I have done this in the <u>last</u> <u>30 days</u>	Yes, I have done this in the <u>last</u> <u>12 months</u>	Yes, I have done this, but <u>not</u> in the <u>last</u> <u>12 months</u>
a) Smoked a joint, bong, pipe or blunt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Eaten it in food such as brownies, cakes, cookies or candy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Drank it in tea, cola, alcohol, or other drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Vaped <u>dried cannabis</u> (e.g., using the same type of cannabis used in a joint)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Vaped <u>liquid cannabis</u> (also known as 'vaping concentrates' and 'vaping extracts')	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Dabbed it (i.e., heated on a hot surface, including hot knife or nail, and the resulting smoke is then inhaled)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Used it some other way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

41. In the last 12 months, how did you usually get the marijuana or cannabis you used?

(Mark only one)

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

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



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

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

**43. In the last 12 months, how often did you have alcohol AND marijuana or cannabis on the same occasion? (e.g., at the same party, in the same evening, etc.)**

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

## Other Drug Use

**44. 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

**45. 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

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

	No, I have <u>never</u> used this	Yes, I have used this in the <u>last 12 months</u>	Yes, I have used this, but <u>not</u> in the <u>last 12 months</u>
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, ketamines, ...)	<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 (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, nemesis, ...)	<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) Tryptamines (DMT, 'psychosis', AMT, foxy, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Glue, gasoline, or other solvents to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) Salvia (divine sage, magic mint, sally D, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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[SERIAL]





47. Have you ever used or tried any of the following medications for non-medical reasons or to get high?	No, I have <u>never</u> used this	Yes, I have used this in the <u>last 12 months</u>	Yes, I have used this, but <u>not</u> in the <u>last 12 months</u>
a) Sleeping medicine from a store (Nytol®, 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) Gravol®	<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.**

48. 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

49. 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

50. In the last 12 months, were you given a prescription by a Health Care Provider for sedatives or tranquilizers to help you sleep, calm down, or relax your muscles (Ativan®, Xanax®, Valium®, ...)?

Yes                       No                       I do not know

51. Have you ever used sedatives or tranquilizers for non-medical reasons or to get high (Ativan®, Xanax®, Valium®, ...)?

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

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

Yes                       No                       I do not know

53. Have you ever used the following prescription pain relievers for non-medical reasons or to get high?	No, I have <u>never</u> used this	Yes, I have used this in the <u>last 12 months</u>	Yes, 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) Other prescription pain relievers (morphine, codeine, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**54. In the last 12 months, if you did use prescribed pain relievers for non-medical reasons or to get high, how did you get them? (Mark only one)**

If you get the prescribed pain relievers from more than one place, please select where you get them most often.

- I have never taken prescribed pain relievers for non-medical reasons or to get high
- I did not do this in the last 12 months
- I used pain relievers 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
- I got or bought them online (e.g., website, social media store, etc.)
- Other

**55. 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 not in the last 12 months	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) Hallucinogens (LSD, acid, PCP, magic mushrooms or 'shrooms', mesc, ketamines, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Heroin (smack, junk, horse, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Cocaine (crack, blow, snow, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) ADHD medications (Ritalin®, Concerta®, Adderall®, Dexedrine®, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Sedatives or tranquilizers (Ativan®, Xanax®, Valium®, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Prescription pain relievers (oxycodone, fentanyl, morphine, codeine, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Sleeping medicine from a store (NytoI®, Unisom®, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) 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"/>
k) 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"/>
l) GravoI®	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**56. In the last 12 months, 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.)**

Opioids include heroin, prescription pain relievers (oxycodone, fentanyl, morphine, codeine, etc.).

	No, never	Yes, less than once a month	Yes, at least once a month	Yes, I have done this, but not in the last 12 months	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 tranquilizers (Ativan®, Xanax®, Valium®, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE DO NOT WRITE IN THIS AREA



[SERIAL]



57. 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 once in a while	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Smoke cigarettes on a regular basis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Smoke a water-pipe with tobacco (hookah) once in a while	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Smoke a water-pipe with tobacco (hookah) on a regular basis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Use an e-cigarette <b>with nicotine</b> once in a while	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Use an e-cigarette <b>with nicotine</b> on a regular basis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Use an e-cigarette <b>without nicotine</b> once in a while	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Use an e-cigarette <b>without nicotine</b> on a regular basis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Drink alcohol once in a while	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Drink alcohol on a regular basis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Smoke marijuana or cannabis once in a while	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) Smoke marijuana or cannabis on a regular basis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m) Other than smoking it, use marijuana or cannabis once in a while	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n) Other than smoking it, use marijuana or cannabis on a regular basis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o) Use prescribed medication such as prescribed pain relievers, tranquilizers, or medicine to treat ADHD, "to get high" once in a while	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p) Use prescribed medication such as prescribed pain relievers, tranquilizers, or medicine to treat ADHD, "to get high" on a regular basis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

58. 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) A cigarette	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) An e-cigarette <b>with nicotine</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) An e-cigarette <b>without nicotine</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Marijuana or cannabis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Amphetamines (speed, crystal meth or ice, meth, crank, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) MDMA (ecstasy, E, X, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Hallucinogens (LSD, acid, PCP, magic mushrooms, mesc, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Cocaine (crack, blow, snow, ...)	<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"/>

59. Have you ever <u>driven a vehicle</u> (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
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 using marijuana or cannabis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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<b>60. Have you ever <u>been a passenger</u> in a vehicle (e.g., car, snowmobile, motor boat, or all-terrain vehicle (ATV)) ...</b>	<b>No, never</b>	<b>Yes, in the last 30 days</b>	<b>Yes, more than 30 days ago</b>	<b>I do not know</b>
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 using marijuana or cannabis in the last 2 hours?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>61. Which behaviours are allowed, or do you think are allowed, at your house?</b>	<b>Allowed inside and outside</b>	<b>Allowed inside only</b>	<b>Allowed outside only</b>	<b>Not allowed inside or outside</b>
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"/>

## Bullying

<b>62. In the <u>last 30 days</u>, in what ways were you bullied by other students?</b>	<b>Yes</b>	<b>No</b>
a) Physical attacks (getting beaten up, pushed, or kicked, ...)	<input type="radio"/>	<input type="radio"/>
b) Verbal attacks (getting teased, threatened, or 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 or 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"/>

**63. 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   
  2 or 3 times a week   
  About once a week   
  Daily or almost daily

<b>64. In the <u>last 30 days</u>, in what ways did you bully other students?</b>	<b>Yes</b>	<b>No</b>
a) Physical attacks (beat up, pushed, or kicked them, ...)	<input type="radio"/>	<input type="radio"/>
b) Verbal attacks (teased, threatened, or 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 or 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"/>

**65. 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   
  2 or 3 times a week   
  About once a week   
  Daily or almost daily

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

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

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

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

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

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