Québec Survey on Smoking, Alcohol, Drugs and Gambling in High School Students (including other lifestyle habits)

2013

About the survey

Across Québec, thousands of high school students will be participating in this important survey on smoking, alcohol consumption, drug use and gambling. Your answers will help decision-makers design policies and programs for Québec’s youth.

Confidentiality

No one in your school will be able to see the answers you give.

The Institut de la statistique du Québec guarantees the confidentiality of all the information you will provide as part of this survey, in accordance with the Act respecting the Institut de la statistique du Québec and the Act respecting Access to documents held by public bodies and the Protection of personal information.

By filling out this questionnaire, you agree to let the Institut de la statistique du Québec share the data collected in this survey with the Ministère de la Santé et des Services sociaux du Québec and the Institut national de santé publique du Québec. The data shared will not contain any information that can identify you.

Assistance

► This is not an exam.

► Do not write your name on this questionnaire.

► Read each question and choices of answers carefully.

► Give only one answer to each question, unless indicated otherwise.

► To answer:
  ■ darken
  ✓ put a check mark
  ✗ put an ×

OR write your answer in the appropriate space on the line.

Example: I tried [0, 5] times.

► Carefully follow the arrows. For some arrows, you will need to specify a response, while for others you will have to skip questions.

Are you ready?
Let’s begin!
Section 1  General information

1  (SD1_1) What grade are you in?
   - Secondary I
   - Secondary II
   - Secondary III
   - Secondary IV
   - Secondary V

2  (SD1_2) How old are you?
   - 11 years old or younger
   - 12 years old
   - 13 years old
   - 14 years old
   - 15 years old
   - 16 years old
   - 17 years old
   - 18 years old or older

3  (SD1_3) Are you...
   - A boy
   - A girl

4  (SD1_4) What language do you speak most often at home?

   Mark only one answer.
   - French
   - English
   - Other. (SD1_4P) Please, specify: ________________________________
Section 2  Your experience with cigars and electronic cigarettes

5  (CIG2_1) In the past 30 days, have you smoked cigarillos or little cigars (plain or flavoured), even just a few puffs?
   - No, I haven’t smoked cigarillos or little cigars in the past 30 days
   - Yes, every day
   - Yes, almost every day
   - Yes, a few times (a few days)
   - Yes, one or two days

6  (CIG2_2) On the days you smoked, how many cigarillos or little cigars did you usually smoke?
   - Less than one a day (a few puffs a day)
   - 1 to 2
   - 3 to 5
   - 6 to 10
   - 11 to 20
   - More than 20

7  (CIG3_1) Have you ever used an electronic cigarette (or e-cigarette), even if just for a few puffs?
   - Yes
   - No  Go to question 9 (CIG2_3)

8  (CIG3_2) In the past 30 days, did you use an electronic cigarette (or e-cigarette)?
   - Yes
   - No

9  (CIG2_3) Have you ever used flavoured tobacco products (menthol or with a cherry, strawberry, vanilla or other flavour)?
   - Yes
   - No  Go to question 11 (CIG2_5)

Don’t count electronic cigarettes, since they don’t contain any tobacco.
10 (CIG2_4) In the past 30 days, did you use any of the following flavoured tobacco products?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>a) (CIG2_4_1) Menthol cigarette</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>b) (CIG2_4_2) Flavoured little cigar or cigarillo</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>c) (CIG2_4_3) Flavoured cigar</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>d) (CIG2_4_4) Flavoured tobacco in a water-pipe (also called hookah, nargile, shisha)</td>
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</tr>
<tr>
<td>e) (CIG2_4_5) Other flavoured tobacco products. (CIG2_4_5P) Please, specify:</td>
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</tbody>
</table>

11 (CIG2_5) In the past 30 days, have you used a tobacco product without any flavour other than cigarettes, cigarillos or little cigars?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[ ]</td>
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</tbody>
</table>

Section 3 Smoking cigarettes and you

12 (CIG1_1) Have you ever tried cigarette smoking, even just a few puffs?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[ ]</td>
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</table>

13 (CIG1_2) Have you ever smoked a whole cigarette?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td></td>
<td>[ ]</td>
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</tbody>
</table>
14 **(CIG1_3)** How old were you when you smoked your first *whole* cigarette?

- [ ] 5 years old or younger  
- [ ] 6 years old  
- [ ] 7 years old  
- [ ] 8 years old  
- [ ] 9 years old  
- [ ] 10 years old  
- [ ] 11 years old  
- [ ] 12 years old  
- [ ] 13 years old  
- [ ] 14 years old  
- [ ] 15 years old  
- [ ] 16 years old  
- [ ] 17 years old  
- [ ] 18 years old or older

15 **(CIG1_4)** Have you smoked 100 or more cigarettes *in your lifetime*?

- [ ] Yes
- [ ] No
- [ ] I don’t know

16 **(CIG1_5)** How addicted to smoking cigarettes do you think you are?

- [ ] Not addicted at all
- [ ] A little addicted
- [ ] Quite addicted
- [ ] Very addicted

- NOTE! The next two questions (17 and 18) are about cigarette smoking *in the past 30 days.*

17 **(CIG1_6)** In the past 30 days, have you smoked cigarettes, even just a few puffs?

- [ ] No, I haven’t smoked in the past 30 days  
- [ ] Go to question 22 *(CIG4_1)*
- [ ] Yes, every day  
- [ ] Yes, almost every day  
- [ ] Yes, a few times (a few days)

18 **(CIG1_7)** On the days you smoked, how many cigarettes did you usually smoke?

- [ ] Less than one cigarette a day (a few puffs a day)
- [ ] 1 to 2 cigarettes a day  
- [ ] 3 to 5 cigarettes a day  
- [ ] 6 to 10 cigarettes a day  
- [ ] 11 to 20 cigarettes a day  
- [ ] More than 20 cigarettes a day
Section 4  Access to cigarettes

19  (CIG1_8) How do you usually get your cigarettes?

☐ (CIG1_8_1) I buy them myself in a store (convenience store – dépanneur, gas station, etc.)
☐ (CIG1_8_2) I buy them myself from a friend or someone else at school
☐ (CIG1_8_3) I buy them myself from a friend or someone else, but not at school
☐ (CIG1_8_4) I have someone buy them for me
☐ (CIG1_8_5) My father or mother gives them to me
☐ (CIG1_8_6) My brother or sister gives them to me
☐ (CIG1_8_7) A friend gives them to me
☐ (CIG1_8_8) Other. (CIG1_8_8P) Please, specify:

20  (CIG1_9) In the past four weeks, how often did you buy or try to buy cigarettes in a store (convenience store – dépanneur, gas station, etc.)?

☐ I didn’t buy or try to buy cigarettes in a store in the past four weeks  ➡️ Go to question 22 (CIG4_1)
☐ Less than once a week
☐ About once a week
☐ 2 to 5 times a week
☐ Every day or almost every day

21  (CIG1_10) In the past four weeks, when you went to buy cigarettes in a store...

Answer each question.

a)  (CIG1_10_1) how often were you asked for your age?

☐ Never
☐ Less than half the time
☐ About half the time
☐ More than half the time
☐ Always or almost always

b)  (CIG1_10_2) how often did the clerk refuse to sell you cigarettes because of your age?

☐ Never
☐ Less than half the time
☐ About half the time
☐ More than half the time
☐ Always or almost always
Section 5  Quitting smoking

22  (CIG4_1) Do you consider yourself to be a smoker?
    □  Yes
    □  No

23  (CIG4_2) Have you tried to quit smoking in the past 12 months?
    □  I didn't smoke any tobacco products in the past 12 months
    □  Yes
    □  No

24  (CIG4_3) Have you started smoking again since the last time you tried to quit?
    □  Yes
    □  No

25  (CIG4_4) How many times have you tried to quit smoking in the past 12 months?
    I tried _____ times.

26  (CIG4_5) The last time you tried to quit, how long did you stop smoking?
    □  Less than 24 hours
    □  1 to 2 days
    □  3 to 7 days
    □  Between 1 week and 1 month
    □  Between 1 and 3 months
    □  More than 3 months

27  (CIG4_6) Do you think you would be able to quit smoking if you wanted to?
    □  Definitely yes
    □  Probably yes
    □  Probably not
    □  Definitely not
28 (CIG4_7) Among the following methods, which one(s) would you use to try and quit smoking?

Answer each question.

a) (CIG4_7_1) Participating in an online forum on quitting smoking

b) (CIG4_7_2) Making a deal with a friend to quit smoking

c) (CIG4_7_3) Asking for advice from a health professional (such as a doctor, dentist, psychologist, nurse, pharmacist, etc.)

d) (CIG4_7_4) Participating in a school activity or program to quit smoking

e) (CIG4_7_5) Calling a smoker’s helpline

f) (CIG4_7_6) Using nicotine replacement products (patches, gum, or nicotine inhaler)

g) (CIG4_7_7) Quitting by myself, without any help

h) (CIG4_7_8) Visiting websites to quit smoking

i) (CIG4_7_9) Receiving support and information by text message (SMS) or using a smartphone application, iPod, iPad or tablet

j) (CIG4_7_10) Other method. (CIG4_7_10P) Please, specify:

29 (CIG4_8) Even if you don’t smoke, how often do you feel a strong urge to smoke?

- [ ] Never
- [ ] Rarely
- [ ] Sometimes
- [ ] Often

30 (CIG5_1) How often are you exposed to second-hand cigarette smoke...

If you smoke, do not include the smoke from your own cigarettes. Refer only to smoke from others.

Answer each question.

a) (CIG5_1_1) in your home?

- [ ] Every day
- [ ] Almost every day
- [ ] About once a week
- [ ] About once a month
- [ ] Less than once a month
- [ ] Never

b) (CIG5_1_2) in a car?

- [ ] Every day
- [ ] Almost every day
- [ ] About once a week
- [ ] About once a month
- [ ] Less than once a month
- [ ] Never
Section 7  About you and your family

31  (SD2_1) Compared to other people in your class, are your marks in English...
    □ better than average?
    □ average?
    □ below average?

32  (SD2_2) Who do you usually live with?
    □ With both my parents (biological or adoptive)
    □ With my mother only
    □ With my mother and her partner
    □ With my father only
    □ With my father and his partner
    □ As much with my mother as with my father
    □ Other (guardian, foster family/home, by yourself, with a roommate, etc.)
      (SD2_2P) Please, specify:  ____________________________

33  (CIG5_2) Does your father smoke cigarettes?
    □ I never see my father  Go to question 35 (CIG5_4)
    □ No, he has never smoked
    □ No, he has stopped smoking
    □ Yes, he smokes cigarettes
    □ I don’t know

34  (CIG5_3) Does, or would, your father approve of you smoking cigarettes?
    □ No, and he doesn’t (or wouldn’t) allow me to smoke
    □ No, but he does (or would) allow me to smoke
    □ Yes, he does (or would) approve
    □ I don’t know

35  (CIG5_4) Does your mother smoke cigarettes?
    □ I never see my mother  Go to question 37 (CIG5_6)
    □ No she has never smoked
    □ No she has stopped smoking
    □ Yes she smokes cigarettes
    □ I don’t know
36 (CIGS_5) Does, or would, your mother approve of you smoking cigarettes?
- No, and she doesn’t (or wouldn’t) allow me to smoke
- No, but she does (or would) allow me to smoke
- Yes, she does (or would) approve
- I don’t know

37 (CIGS_6) Do any of your brothers or sisters smoke cigarettes?
- I don’t have any brothers or sisters
- Yes
- No
- I don’t know

38 (CIGS_7) How many of your friends, both boys and girls, smoke cigarettes?
- None
- A few
- Most
- All

39 (CIGS_8) What are the rules about smoking in your home?
- No one is allowed to smoke in my home
- Only special guests are allowed to smoke in my home
- People are allowed to smoke only in certain areas in my home
- People are allowed to smoke anywhere in my home

40 (SD2_3) Do you have a job (outside of the home) for which you get paid?
- Yes
- No

41 (SD2_4) On average, how much money do you have a week for personal expenses?
- $0
- De $1 to $10
- De $11 to $20
- De $21 to $30
- De $31 to $40
- De $41 to $50
- De $51 to $100
- More than $100

Example: babysitter, delivering newspapers, working in a store, etc.

Include money from jobs, allowances or any other source.
Section 8  Your experience with alcohol

For questions 42 to 49: 1 drink corresponds to...

1 glass of wine
(120-150 ml or 4-5 oz)

1 small bottle of beer
(341 ml or 10 oz)

1 small shot of hard liquor
(30-40 ml or 1-1½ oz)

1 shooter
(30-40 ml or 1-1½ oz)

Do not consider beer with a 0.5% rating as an alcoholic beverage.

42  (ALC1_1) In your lifetime, have you ever drunk alcohol, that is, more than just a few sips?
- [ ] Yes
- [ ] No  Go to question 50 (DRG1_1)

43  (ALC1_2) How old were you when you first had more than a sip or two of beer, wine, etc.?
- [ ] 5 years old or younger
- [ ] 6 years old
- [ ] 7 years old
- [ ] 8 years old
- [ ] 9 years old
- [ ] 10 years old
- [ ] 11 years old
- [ ] 12 years old
- [ ] 13 years old
- [ ] 14 years old
- [ ] 15 years old
- [ ] 16 years old
- [ ] 17 years old
- [ ] 18 years old or older

44  (ALC1_3) In the past 12 months, how often did you drink alcohol?
- [ ] I didn’t drink alcohol in the past 12 months  Go to question 47 (ALC1_6)
- [ ] Just once to try
- [ ] Less than once a month (occasionally)
- [ ] About once a month
- [ ] Weekends or once or twice a week
- [ ] 3 times or more a week but not every day
- [ ] Every day
45 (ALC1_4) In the past 12 months, how many times have you...

<table>
<thead>
<tr>
<th>None</th>
<th>Once</th>
<th>2 times</th>
<th>3 times</th>
<th>4 times</th>
<th>5 times or more</th>
</tr>
</thead>
</table>

a) (ALC1_4_1) had 5 drinks or more of alcohol on the same occasion?

b) (ALC1_4_2) had 8 drinks or more of alcohol on the same occasion?

46 (ALC1_5) In the past 30 days, did you drink alcohol?

☐ Yes
☐ No

47 (ALC1_6) Have you ever consumed alcohol on a regular basis, meaning at least once a week for at least one month?

☐ Yes
☐ No Go to question 49 (ALC1_8)

48 (ALC1_7) How old were you when you first drank alcohol on a regular basis, meaning at least once a week for at least one month?

☐ 5 years old or younger
☐ 6 years old
☐ 7 years old
☐ 8 years old
☐ 9 years old
☐ 10 years old
☐ 11 years old
☐ 12 years old
☐ 13 years old
☐ 14 years old
☐ 15 years old
☐ 16 years old
☐ 17 years old
☐ 18 years old or older
49 (ALC1_8) In the past 12 months, how often did you drink alcohol mixed with an energy drink (such as Red Bull, Rock Star, Monster, Red Rave, Energy, Rush or another brand) or a premixed caffeinated alcoholic beverage (such as Rock Star + vodka, REV, Octane, Mojo or another brand)?

- I didn’t drink any alcohol mixed with an energy drink or premixed caffeinated alcoholic beverage in the past 12 months
- Just once to try
- Less than once a month (occasionally)
- About once a month
- Weekends or once or twice a week
- 3 times or more a week but not every day
- Every day

Section 9 Your experience with drugs

50 (DRG1_1) In your lifetime, have you ever used drugs?

- Yes
- No Go to question 56 (DRG1_7)

51 (DRG1_2) How old were you when you first used drugs?

- 5 years old or younger
- 6 years old
- 7 years old
- 8 years old
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old or older
52  **(DRG1_3)** During the past 12 months, how often did you use each of the following drugs?

<table>
<thead>
<tr>
<th>Drug Type</th>
<th>Frequency Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>I didn't</td>
<td>Just once to try</td>
</tr>
<tr>
<td>Less than once a month OR occasionally</td>
<td>About once a month</td>
</tr>
<tr>
<td>Weekends OR once or twice a week</td>
<td>3 times or more a week BUT not every day</td>
</tr>
<tr>
<td>Every day</td>
<td></td>
</tr>
</tbody>
</table>

Answer each question.

a)  **(DRG1_3_1)** Cannabis (marijuana, pot, hachisch, etc.)

b)  **(DRG1_3_2)** Cocaine (coke, snow, crack, free base, powder, etc.)

c)  **(DRG1_3_3)** Solvents, glue, gas, poppers, cleaners, nitrites, etc.

d)  **(DRG1_3_4)** Hallucinogens (LSD, acid, blotters, PCP, mescaline, mess, magic mushrooms, etc.)

e)  **(DRG1_3_5)** Ecstasy (E, XTC, X, pill, dove, love drug, etc.)

f)  **(DRG1_3_6)** Heroin (smack, junk, etc.)

g)  **(DRG1_3_7)** Amphetamines or methamphetamines (speed, upper, peanut, meth, crystal, ice, etc.)

h)  **(DRG1_3_8)** Medication without a prescription, to get high (e.g. Valium, Librium, Dalmane, Halcion, Ativan, Ritalin, Dilaudid, Codeine, Oxycontin, etc.)

   **(DRG1_3_8P)** Please specify the name of the medication (or medications) without a prescription that you took:

   [ ]

i)  **(DRG1_3_9)** Other drug (e.g. Salvia, Spice, 2-CB, Nexus, Ketamine, GHB, etc.)

   **(DRG1_3_9P)** Please specify the name of the drug (or drugs) that you took:

   [ ]

53  **(DRG1_4)** In the past 30 days, did you consume any of the above drugs?

[ ] Yes

[ ] No
54 (DRG1_5) Have you ever used drugs on a regular basis, meaning at least once a week for at least one month?

☐ Yes
☐ No   ➔ Go to question 58 (DRG2_1)

55 (DRG1_6) How old were you when you first used drugs on a regular basis, meaning at least once a week for at least one month?

Check age and go to question 58 (DRG2_1)

☐ 5 years old or younger
☐ 6 years old
☐ 7 years old
☐ 8 years old
☐ 9 years old
☐ 10 years old
☐ 11 years old
☐ 12 years old
☐ 13 years old
☐ 14 years old
☐ 15 years old
☐ 16 years old
☐ 17 years old
☐ 18 years old or older

56 (DRG1_7) In the past 12 months, how often did you take medication without a prescription, to get an effect similar to that of a drug (e.g. Valium, Librium, Dalmane, Halcion, Ativan, Ritalin, Dilaudid, Codeine, Oxycontin, etc.)?

☐ I didn’t take any medication without a prescription in the past 12 months  ➔ Go to question 58 (DRG2_1)

☐ Just once to try
☐ Less than once a month (occasionally)
☐ About once a month
☐ Weekends or once or twice a week
☐ 3 times or more a week but not every day
☐ Every day

57 (DRG1_7P) Please specify the name of the medication (or medications) without a prescription that you took:

____________________________________________________

58 (DRG2_1) In the past 12 months, did you visit one or more websites on the internet that deal with the prevention of alcohol and drug problems, such as www.intenseunaturel.com, www.parlonsdrogue.com or www.dependances.gouv.qc.ca?

☐ Yes
☐ No
Section 10  Your experience with gambling

59  (JEU1_1) In your lifetime, have you ever gambled/played games for money (for example: Internet or online gambling, lottery tickets, scratch tickets, video lottery terminals or video poker, casino, cards, dice, bingo, Kinzo, betting on sports events, etc.)?  

☐ Yes  
☐ No  ➔ Go to question 65 (ACTP2_1)

60  (JEU1_2) How old were you when you first gambled, played games for money?  

☐ 5 years old or younger  ☐ 12 years old  
☐ 6 years old  ☐ 13 years old  
☐ 7 years old  ☐ 14 years old  
☐ 8 years old  ☐ 15 years old  
☐ 9 years old  ☐ 16 years old  
☐ 10 years old  ☐ 17 years old  
☐ 11 years old  ☐ 18 years old or older
### 61. (JEU1_3) In the past 12 months, have you...

<table>
<thead>
<tr>
<th>Frequency Options</th>
<th>Never</th>
<th>Just once to try</th>
<th>Less than once a month OR occasionally</th>
<th>About once a month</th>
<th>Weekends OR once or twice a week</th>
<th>3 times or more a week BUT not every day</th>
<th>Every day</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a)</strong> Bought lottery tickets (such as 6/49®, Banco™ or Lotto-Max®)?</td>
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<td><strong>b)</strong> Played Mise-O-Jeu®?</td>
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<td><strong>c)</strong> Played scratch tickets?</td>
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<td><strong>d)</strong> Played bingo for money?</td>
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<td><strong>e)</strong> Played Kinzo?</td>
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<td><strong>f)</strong> Gambled online (Internet)?</td>
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<tr>
<td><strong>g)</strong> Played on video lottery terminals (VLT) but not in a casino?</td>
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<td><strong>h)</strong> Played card games for money?</td>
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<tr>
<td><strong>i)</strong> Bet money on sports events (other than with Mise-O-Jeu®)?</td>
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<tr>
<td><strong>j)</strong> Gambled in a casino?</td>
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<td><strong>k)</strong> Bet money on games of skills (such as when you were playing pool, basket-ball, etc.)?</td>
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<td><strong>l)</strong> Played dice games for money?</td>
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<tr>
<td><strong>m)</strong> Received lottery tickets (such as 6/49®, Banco™ or Lotto-Max®) or scratch tickets as gifts?</td>
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</tbody>
</table>

Who gave you these tickets (such as 6/49®, Banco™ or Lotto-Max®) or scratch tickets as gifts?

- [ ] (JEU1_3_14_1) A relative (mother, father, uncle, etc.)
- [ ] (JEU1_3_14_2) A friend
- [ ] (JEU1_3_14_3) Other. (JEU1_3_14_3P) Please, specify:

---

Mark all that apply.
62. (JEU2_1) In the past 12 months, have you done any of the following on the Internet or online (whether from a computer, tablet or smartphone)...

Yes  No

a) (JEU2_1_1) bought lottery tickets (such as 6/49®, Banco™ or Lotto-Max®, but other than Mise-O-Jeu®)?

b) (JEU2_1_2) played Mise-O-Jeu®?

c) (JEU2_1_3) played bingo for money?

d) (JEU2_1_4) played on video lottery terminals (VLT) or slot machines?

e) (JEU2_1_5) played poker with real money (Cash Game)?

f) (JEU2_1_6) played poker in a tournament for money?

g) (JEU2_1_7) bet money on sports events (other than Mise-O-Jeu®)?

h) (JEU2_1_8) played table games for money (other than poker, for example Baccarat, Sic Bo, Blackjack, Roulette, etc.)?

i) (JEU2_1_9) Other. (JEU2_1_9P) Please, specify:

Answer each question.

63. (JEU2_2) Concerning card games, in the past 12 months, how often did you bet money in poker games...

Answer each question.

a) (JEU2_2_1) on the Internet?

b) (JEU2_2_2) with friends?

c) (JEU2_2_3) at events organized by a person other than a friend (private game rooms, underground poker)?

d) (JEU2_2_4) in a casino or a Ludoplex?
64 (JEU2_3) In the past 12 months, how often...

Answer each question.

a) (JEU2_3_1) did you find yourself thinking about gambling activities at odd times of the day and/or planning the next time you will play?

b) (JEU2_3_2) did you find the need to spend more and more money on gambling activities to get the amount of excitement you want?

c) (JEU2_3_3) did you become restless, tense, fed up, or bad-tempered when trying to cut down on or stop gambling?

d) (JEU2_3_4) did you gamble as a way of escaping problems?

e) (JEU2_3_5) after spending money on gambling activities, did you play again another day to try and win your money back?

f) (JEU2_3_6) did you lie to your family and friends to hide how much you gambled?

g) (JEU2_3_7) did you spend your lunch money or money for bus or train fares on gambling activities?

h) (JEU2_3_8) have you taken money from someone you live with, without their knowing, to gamble?

i) (JEU2_3_9) have you stolen money from outside the family, or shoplifted, to gamble?

j) (JEU2_3_10) have you fallen out with members of your family, or close friends, because of your gambling behaviour?

k) (JEU2_3_11) have you missed school to participate in gambling activities?

l) (JEU2_3_12) have you gone to someone for help with a serious money problem caused by your gambling?

m) (JEU2_3_13) have you borrowed money from a money lender or bookie (bookmaker)?
Section 11  Physical activity related to means of transportation

The following questions are about the means of active transportation you use such as walking, cycling, rollerblading (or other), to get to school, work, a friend’s place or elsewhere.

65  (ACtP2_1) During the school year, do you use one (or more) of these means of active transportation?
   □ Yes
   □ No  ➡ Go to question 69 (ACTP1_1)

66  (ACtP2_2) In general, during the school year, do you use this/these means of active transportation every week?
   □ Yes
   □ No  ➡ Go to question 69 (ACTP1_1)

67  (ACtP2_3) In general, during the school year, how many days a week do you use this/these means of active transportation?
   □ 1 day a week
   □ 2 days a week
   □ 3 days a week
   □ 4 days a week
   □ 5 days a week
   □ 6 days a week
   □ 7 days a week

68  (ACtP2_4) On a typical school day, how much time do you spend on this/these means of active transportation?
   □ Less than 10 minutes
   □ From 10 to 19 minutes
   □ From 20 to 39 minutes
   □ From 40 to 59 minutes
   □ From 1 hour to 1 hour and 29 minutes
   □ From 1 hour and 30 minutes to 1 hour and 59 minutes
   □ 2 or more hours
Section 12  Physical activity during your leisure time

The following questions are about the leisure-time physical activities you engage in at home, at school or elsewhere: sports, outdoor recreation, physical conditioning, dance or simply walking.

They can involve activities in an organized context (with a monitor, coach, trainer or other person in charge) or a non-organized context (alone or with other people). Specialized programs (sports-studies, dance-studies, sports concentration or other) should also be indicated in your responses.

☞ NOTE! You must exclude:
- your physical education classes;
- your active transportation (on foot, bicycle or other physical means) to get somewhere (to school, to work, to the store or another place);
- activities you do in the context of a paid job.

69  (ACTP1_1) During the school year, do you engage in these types of physical activity?

☐ Yes
☐ No  ➔ Go to question 74 (ALIM1_1)

70  (ACTP1_2) In general, during the school year, do you engage in these types of physical activity every week?

☐ Yes
☐ No  ➔ Go to question 74 (ALIM1_1)

71  (ACTP1_3) In general, during the school year, how many days a week do you engage in these types of physical activity?

☐ 1 day a week
☐ 2 days a week
☐ 3 days a week
☐ 4 days a week
☐ 5 days a week
☐ 6 days a week
☐ 7 days a week

72  (ACTP1_4) On a typical school day, how much time do you spend on these types of physical activity?

☐ Less than 10 minutes
☐ From 10 to 19 minutes
☐ From 20 to 39 minutes
☐ From 40 to 59 minutes
☐ From 1 hour to 1 hour and 29 minutes
☐ From 1 hour and 30 minutes to 1 hour and 59 minutes
☐ 2 or more hours
73 (ACTP1_5) Most often, when you engage in these types of physical activity, is your level of effort...

- Very low (Your breathing and heartbeat change very little)
- Low (Your breathing and heartbeat increase slightly)
- Moderate (Your breathing and heartbeat are fairly rapid)
- High (Your breathing and heartbeat are very rapid)

**Section 13  Your eating habits**

74 (ALIM1_1) In general, how many days a week do you drink milk?

- I never drink milk  ➔  Go to question 76 (ALIM2_1)
- I drink milk occasionally (ex. 1 to 3 times a month)
  - 1 day a week
  - 2 days a week
  - 3 days a week
  - 4 days a week
  - 5 days a week
  - 6 days a week
  - 7 days a week

75 (ALIM1_2) On the days you drink milk, how many servings do you usually have?

- Less than 1 serving
- 1 serving
- 2 servings
- 3 servings
- 4 servings or more

**Including the milk you drink as a beverage or in cereals, coffee, tea or chocolate milk.**
76  **(ALIM2_1)** In general, how many days a week do you eat fruit?

- I never eat fruit  [Go to question 78 (ALIM3_1)]
- I eat fruit occasionally (ex. 1 to 3 times a month)
- 1 day a week
- 2 days a week
- 3 days a week
- 4 days a week
- 5 days a week
- 6 days a week
- 7 days a week

77  **(ALIM2_2)** On the days you eat fruit, how many servings do you usually have?

- Less than 1 serving
- 1 serving
- 2 servings
- 3 servings
- 4 servings
- 5 servings
- 6 servings
- 7 servings
- 8 servings or more

**A serving of fruit is...**
- 1 fresh fruit
  - the size of a tennis ball
- ½ cup of canned fruit (in a tin or plastic container)
  - (125 ml)
- ¼ cup of dried fruit
  - (60 ml)

78  **(ALIM3_1)** In general, how many days a week do you eat vegetables?

- I never eat vegetables  [Go to question 80 (ALIM4_1)]
- I eat vegetables occasionally (ex. 1 to 3 times a month)
- 1 day a week
- 2 days a week
- 3 days a week
- 4 days a week
- 5 days a week
- 6 days a week
- 7 days a week
79  (ALIM3_2) On the days you eat vegetables, how many servings do you usually have?

- Less than 1 serving
- 1 serving
- 2 servings
- 3 servings
- 4 servings
- 5 servings
- 6 servings
- 7 servings
- 8 servings or more

A serving of vegetables is...
- ½ cup of vegetables cut up in pieces (125 ml)
- 1 cup of salad (lettuce, fresh spinach, etc.) (250 ml)
- ½ cup of vegetable juice (125 ml)

Include only water from a tap, bottled (unflavoured) or from a drinking fountain. A glass of water equals a cup (250 ml) or half a bottle of water (individual size).

80  (ALIM4_1) How many glasses of water do you usually drink in a day?

- None
- Less than 1 glass
- 1 glass
- 2 glasses
- 3 glasses
- 4 glasses or more

81  (ALIM5_1) How often do you usually eat the following foods and drink the following beverages?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely 2 or 3 times a month</th>
<th>Once a week</th>
<th>2 to 6 times a week</th>
<th>Once a day</th>
<th>Twice or more a day</th>
</tr>
</thead>
</table>

a)  (ALIM5_1_1) Soft drinks (Coke, 7 UP, Pepsi, etc.)

b)  (ALIM5_1_2) Fruit-flavoured drinks (Fruit Punch, Slush, Fruitopia, Five Alive, Snapple, etc.)

c)  (ALIM5_1_3) Sports drinks (Gatorade, G2, Powerade, etc.)

d)  (ALIM5_1_4) Energy drinks (Red Bull, Red Rave, Energy, Rush, Rock Star, etc.)
82  **(ALIM5_2)** During the past school week (Monday to Friday), how many times did you eat in a restaurant or snack bar foods like French fries, poutine, hamburgers, pizzas, pocket pizzas, chicken wings, fried chicken, hot dogs or pogos?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Once</th>
<th>Twice</th>
<th>3 times</th>
<th>4 times</th>
<th>5 times or more</th>
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</thead>
<tbody>
<tr>
<td>a) <strong>(ALIM5_2_1)</strong> For breakfast</td>
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<td>b) <strong>(ALIM5_2_2)</strong> For lunch</td>
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<td>c) <strong>(ALIM5_2_3)</strong> For supper</td>
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<td>d) <strong>(ALIM5_2_4)</strong> At another time during the day or evening</td>
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</table>

83  **(ALIM4_2)** During the past school week (Monday to Friday), how many days did you eat or drink something in the morning (including breakfast) before school began?

- None
- 1 or 2 days
- 3 or 4 days
- Every school day

Don’t count coffee, tea or water.
Section 14  How you perceive yourself

84  (APPC1) Check the illustration which best corresponds to your current appearance.

(APPC1_1) GIRLS

(APPC1_2) BOYS
85 (APPC2) Check the illustration which best corresponds to what you’d like to look like.

(APPC2_1) GIRLS

(APPC2_2) BOYS
Please indicate the current time: (FHEU) [_____] : (FMIN) [______]

Example: [1, 5] : [0, 0]

(COMMEN) Comments

If you have any comments or suggestions about this questionnaire, please write them in the space provided below.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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Statistique Québec would like to thank you for participating in this survey.