

UNDERSTANDING OUR LIVES



MIDDLE YEARS DEVELOPMENT INSTRUMENT Survey of Grade 4 students 2016-2017

We would like to learn more about the lives of elementary school children in Canada, and the best way to do that is to ask YOU about your life in school and outside of school. It has been a long time since we were your age, so we need you to be our “teachers”, so that we can learn more about the lives of children today. To learn about children your age, we would like to ask you some questions about how you think and feel about things in your life and about what you like to do.

Here are some things to know before getting started:

1. This is **not a test!** There are **no right or wrong answers**. Some people think or feel one thing and other people think or feel something else. We want to know what *you* think and how *you* feel. Your answers are VERY IMPORTANT and will help improve activities and programs for children your age.
2. It is **your choice** to fill out the survey. You can choose not to fill out the survey at any time before, during, or after your survey is finished, and you will not get in trouble or lose marks. If you are not going to fill out the survey, you can leave the survey blank or write “Do not include” on the top of this page and place your survey inside your blank envelope.
3. It is important for you to know that ALL OF YOUR ANSWERS that you put in this survey will be **confidential (private)** and will **not** be shared with your teacher, principal, parents, or your friends.

Please answer each question the best you can. **Thank you for your help!**



INSTRUCTIONS

- If you do not understand a question, please raise your hand and **ask for help**.
- Make sure you **understand** the question and how to mark your answer **before** you answer.
- Only check **one answer** for each question.

Here are sample questions for practice.

These questions ask you how much you agree or disagree with the statement.

	Disagree a lot	Disagree a little	Don't agree or disagree	Agree a little	Agree a lot
I don't like to eat pizza.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to eat carrots.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Let's start now! Remember, there are no right or wrong answers!

	Disagree a lot	Disagree a little	Don't agree or disagree	Agree a little	Agree a lot
1. I feel sorry for other kids who don't have the things that I have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. When I see someone being treated mean it bothers me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I am a person who cares about the feelings of others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I have more good times than bad times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I believe more good things than bad things will happen to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I start most days thinking I will have a good day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. In general, I like being the way I am.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Overall, I have a lot to be proud of.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. A lot of things about me are good.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Disagree a lot	Disagree a little	Don't agree or disagree	Agree a little	Agree a lot
10. I feel unhappy a lot of the time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I feel upset about things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I feel that I do things wrong a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I worry about what other kids might be saying about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I worry a lot that other people might not like me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I worry about being teased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. In most ways my life is close to the way I would want it to be.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. The things in my life are excellent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I am happy with my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. So far I have gotten the important things I want in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. If I could live my life over, I would have it the same way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Since the start of this school year, how often did you do this?	Not at all this school year	Once or a few times	About every month	About every week	Many times a week
21. I cheered someone up who was feeling sad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I helped someone who was being picked on.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I helped someone who was hurt.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. Are there any adults who are **IMPORTANT TO YOU** at your **school**?

- No Yes

If you answered 'Yes' to the question above, we would like you to put in the initial (the first letter in the person's first OR last name) for ALL of the adults who are **important to you** at your **school**. For example, if your teacher's name is Mr. Reed, you can just put an "R" in the blank, or if your supervision aide's name is Jane, you can just put in the letter "J" in the blank. You do not have to fill all six spaces.

Person 1 _____

Person 2 _____

Person 3 _____

Person 4 _____

Person 5 _____

Person 6 _____

How true is each statement for you?

At my <u>school</u>, there is a teacher or another adult ...	Not at all true	A little true	Pretty much true	Very much true
25. ... who really cares about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. ... who believes that I will be a success.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. ... who listens to me when I have something to say.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next four questions are about your parents (or guardians) or other adults who live in your home. Parents can be biological parents, adoptive parents, step-parents, same-sex parents, or foster parents.

In my <u>home</u> , there is a parent or another adult ...	Not at all true	A little true	Pretty much true	Very much true
28. ... who believes that I will be a success.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. ... who listens to me when I have something to say.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. ... who I can talk to about my problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. I care about what my parents (or guardians) think of me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In my <u>neighbourhood/community</u> (not from your school or family), there is an adult ...	Not at all true	A little true	Pretty much true	Very much true
32. ... who really cares about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. ... who believes that I will be a success.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. ... who listens to me when I have something to say.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. Are there places in your neighbourhood/community that provide programs for kids your age, like sports (for example, swimming, soccer, hockey), art, dance, music classes, and other clubs and activities?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Don't know <input type="checkbox"/>
36. Are there safe places in your neighbourhood/community where you feel comfortable to hang out with friends, like playgrounds, parks, or community centres?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Don't know <input type="checkbox"/>

Please answer the following questions about you and your friend(s) and your school.

	Disagree a lot	Disagree a little	Don't agree or disagree	Agree a little	Agree a lot
37. I feel part of a group of friends that do things together.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. I feel that I usually fit in with other kids around me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. When I am with other kids my age, I feel I belong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. I have at least one really good friend I can talk to when something is bothering me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. I have a friend I can tell everything to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. There is somebody my age who really understands me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. I am certain I can learn the skills taught in school this year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. If I have enough time, I can do a good job on all my school work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Even if the work in school is hard, I can learn it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Teachers and students treat each other with respect in this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. People care about each other in this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Students in this school help each other, even if they are not friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. I feel like I belong in this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. I feel like I am important to this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. When I grow up, I have goals and plans for the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

52. How important is it to you to do the following in school:	Not important at all	Not very important	Somewhat important	Very important
a) Make friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Get good grades?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Learn new things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check that you have answered all questions on this page before turning to the next page!

Important definition: Bully - There are a lot of different ways to bully someone, but a bully has some advantage (stronger, more popular, or something else), wants to hurt the other person (it's not an accident), and does so repeatedly (over and over again) and unfairly. Sometimes a group of students will bully another student.

The next four questions might make you feel uncomfortable, but it is important for us to know. Please answer the questions honestly.

This school year, how often have you been bullied by other students in the following ways?	Not at all this school year	Once or a few times	About every month	About every week	Many times a week
53. <u>Physical bullying</u> (for example, someone hit, shoved, or kicked you, spat at you, beat you up, or damaged or took your things without permission).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. <u>Verbal bullying</u> (for example, someone called you names, teased, embarrassed, threatened you, or made you do things you didn't want to do).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. <u>Social bullying</u> (for example, someone left you out, excluded you, gossiped and spread rumors about you, or made you look foolish).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. <u>Cyberbullying</u> (for example, someone used the computer or text messages to exclude, threaten, embarrass you, or to hurt your feelings).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions ask about your physical health. Sometimes children your age may feel that these kinds of questions are uncomfortable to answer. Remember you are helping us to learn more about the health of children your age in Canada.

	Poor	Fair	Good	Excellent
57. In general, how would you describe your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Do you have a physical or health condition that keeps you from doing some things other kids your age do? (For example, school activities, sports, or getting together with friends).				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes, a physical disability (for example, deafness, cerebral palsy, wheelchair, or something else)				
<input type="checkbox"/> Yes, a long term illness (for example, diabetes, asthma, or something else)				
<input type="checkbox"/> Yes, overweight				
<input type="checkbox"/> Yes, something else (please specify) _____				

	Very underweight	Slightly underweight	About the right weight	Slightly overweight	Very overweight
59. How do you rate your body weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Never	Hardly ever	Sometimes	Often	Always
60. How often do you like the way you look?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Never	Once a week	2 times a week	3 times a week	4 times a week	5 times a week	6 times a week	Every day
61. How often do you eat breakfast?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

62. How often do your parents or other adult family members eat meals with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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63. How often do you eat food like pop, candy, potato chips, or something else?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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64. How often do you get a good night's sleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	Before 9:00pm	Between 9:00pm and 10:00pm	Between 10:00pm and 11:00pm	Between 11:00pm and midnight	After 12:00am/ midnight
65. What time do you usually go to bed during the weekdays?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ABOUT MY AFTER SCHOOL TIME

66. On **school days**, who are you usually with for **most** of the time from **after school to dinner time (about 3:00 pm to 6:00 pm)**? (Please check **all** of the people you are with after school.)

- | | |
|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> By myself | <input type="checkbox"/> Father (or stepfather, foster father) |
| <input type="checkbox"/> Friend(s) about my age | <input type="checkbox"/> Younger brothers/sisters |
| <input type="checkbox"/> Mother (or stepmother, foster mother) | <input type="checkbox"/> Older brothers/sisters |
| <input type="checkbox"/> Other adult(s) (for example, grandparent, aunt or uncle, coach, babysitter) | |
| <input type="checkbox"/> Other (describe) _____ | |

67. How many days a week do you go to these places from **after school to dinner time (about 3:00 pm to 6:00 pm)**?

	Never	Once a week	Twice a week	3 times a week	4 times a week	5 times a week (every day)
a) I go home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I stay at school to participate in after school activities (for example, sports, tutoring, clubs).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I go to an after school program/daycare (in my school or someplace else).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I go to a friend's house.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I go to a park, playground, or community centre.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I hang out at the mall or stores.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) I go someplace else, for example, a family member's home, or other places.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions are about activities that are **organized**. That is, the questions are about activities that are planned and supervised by a teacher, instructor, adult, coach, or volunteer.

We would like to know what you did after school **last week**.

68. During last week from **after school to dinner time (about 3:00 pm to 6:00 pm)**, how many days did you participate in:

	Never	Once a week	Twice a week	3 times a week	4 times a week	5 times a week (every day)
a) Educational lessons or activities (for example, tutoring, math, language school, or something else)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Art or music lessons (for example, drawing, painting, playing a musical instrument, or something else)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Youth organizations (for example, Scouts, Girl Guides, Boys and Girls Clubs, After School Care, or something else)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Individual sports with a coach or instructor (for example, swimming, dance, gymnastics, tennis, skating, or something else)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Team sports with a coach or instructor (for example, basketball, hockey, soccer, football, or something else)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



The next questions ask you about other activities that you might do after school. That is, these questions are about activities that are not planned and usually not supervised by a teacher, instructor, adult, coach, or volunteer.

69. During last week from **after school to dinner time (about 3:00 pm to 6:00 pm)**, how much time did you spend doing the following activities on a normal day?

	I did not do this activity	Less than 30 minutes	30 minutes to 1 hour	1-2 hours	2 or more hours
a) ... sports and/or exercise for fun (for example, shooting hoops, swimming, yoga, dancing, or something else)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) ... do homework?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) ... watch TV, Netflix, Youtube, streaming videos, or something else?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) ... play video or computer games (for example, Play Station, Wii, Xbox, multi-user online games, or something else)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) ... read for fun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) ... practice a musical instrument (for example, drums, clarinet, violin, or something else)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) ... do arts & crafts (for example, painting, drawing, or something else)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) ... hang out with friends in person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) ... hang out with friends on the phone, tablet or computer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

70. Think about what you **want** to do on **school days** from **after school to dinner time (about 3:00 pm to 6:00 pm)**.

- I am already doing the activities I want to be doing.

- I wish I could do additional activities.

Please list **one** activity you wish you could do:

Where would you like this activity to be?

- School
- Home
- Park or playground
- Community centre
- Other (describe) _____

71. What stops you from participating in the activities that you want to participate in after school?
(Check all of the things that stop you.)

- Nothing stops me.
- I have to go straight home after school.
- It is too difficult to get there.
- The activity that I want is not offered.
- The schedule does not fit the times that I can attend.
- It's not safe for me to go.
- I have too much homework to do.
- My parents do not approve.
- It costs too much.
- I need to take care of brothers or sisters or do other things at home.
- I am afraid I will not be good enough in that activity.
- I'm too busy.
- I don't know what is available.
- None of my friends are interested or want to go.
- Other, please describe _____

Last questions next page!

	Disagree a lot	Disagree a little	Don't agree or disagree	Agree a little	Agree a lot
72. When I'm sad, I can usually start doing something that will make me feel better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73. After I'm interrupted or distracted, I can easily continue working where I left off.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74. I can calm myself down when I'm excited or upset.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75. If something isn't going according to my plans, I change my actions to try and reach my goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. When I have a serious disagreement with someone, I can talk calmly about it without losing control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77. I work carefully when I know something will be tricky.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You are finished with the survey!

**Before you close your booklet,
turn to the next page and read the instructions.**

Thank you for your help!

Student Help Page

Thank you for taking the MDI survey. Some of the questions on this survey may have made you think of problems you are having, maybe with other students.

Below is an option to ask for help.

If you would prefer not to talk to your teacher or principal, consider talking to a family member or your school counselor. It is important for adults to know what's going on so that they can help you or other students who may be having trouble.

Would you like to talk to your teacher or principal about a problem you are having?

- No, everything is ok
- Yes, I would like help – please print your name below



Print your name **only if you put 'Yes'**
(write your first name and last name)

Remove this page from the survey
and hand it to your teacher or principal so that your answers on the
survey stay private!