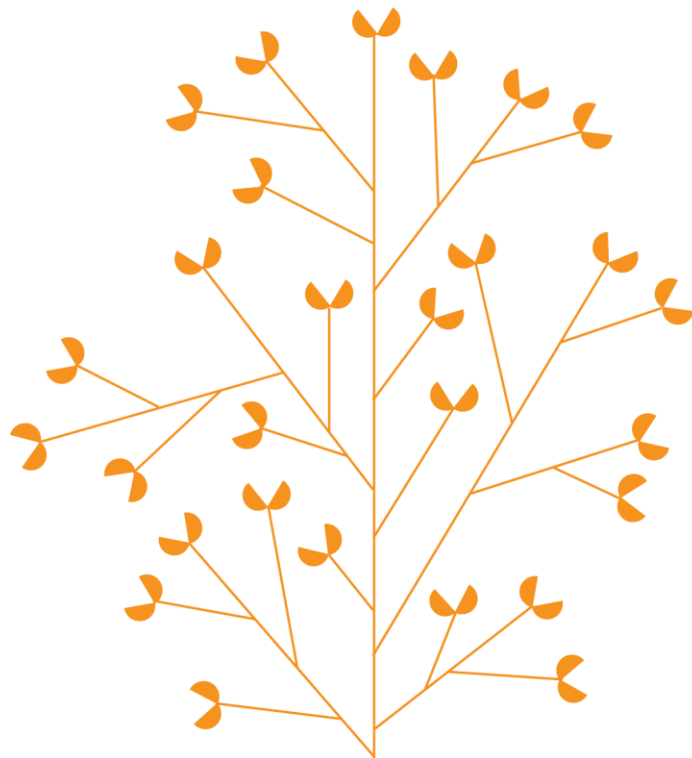




MDI



UNDERSTANDING OUR LIVES

MIDDLE YEARS DEVELOPMENT INSTRUMENT

2025–2026 ■ **SURVEY OF GRADE 6, 7, 8 STUDENTS**

Manitoba
INSTRUCTIONAL SURVEY

You can preview the survey online at
www.mdi.ubc.ca.

HUMAN
EARLY LEARNING
PARTNERSHIP

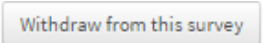


MDi

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Version: Sep 1, 2025
H18-00507-A077

IMPORTANT REMINDERS!

1. Prior to starting the survey, please read the Student Assent on the next page aloud to your students! Students must be given the opportunity to decline and not complete the survey. Students can withdraw anytime by clicking the  button at the bottom of every page.
2. Each student has their own login ID and password assigned to them. Students need to know that their answers are confidential, so that they will feel more comfortable answering the questions honestly. It is critical that they know this is **not a test**, and that there are no right or wrong answers.
3. The “Tell us About Yourself” section at the beginning of the survey can be challenging for some students. Please read this section aloud to make sure everybody understands. You know your students best and if you are concerned about their reading level, we suggest you read all of the survey questions aloud to your students.
4. The MDI takes about 45-60 minutes to complete. The “Activities” section is a natural place to break.

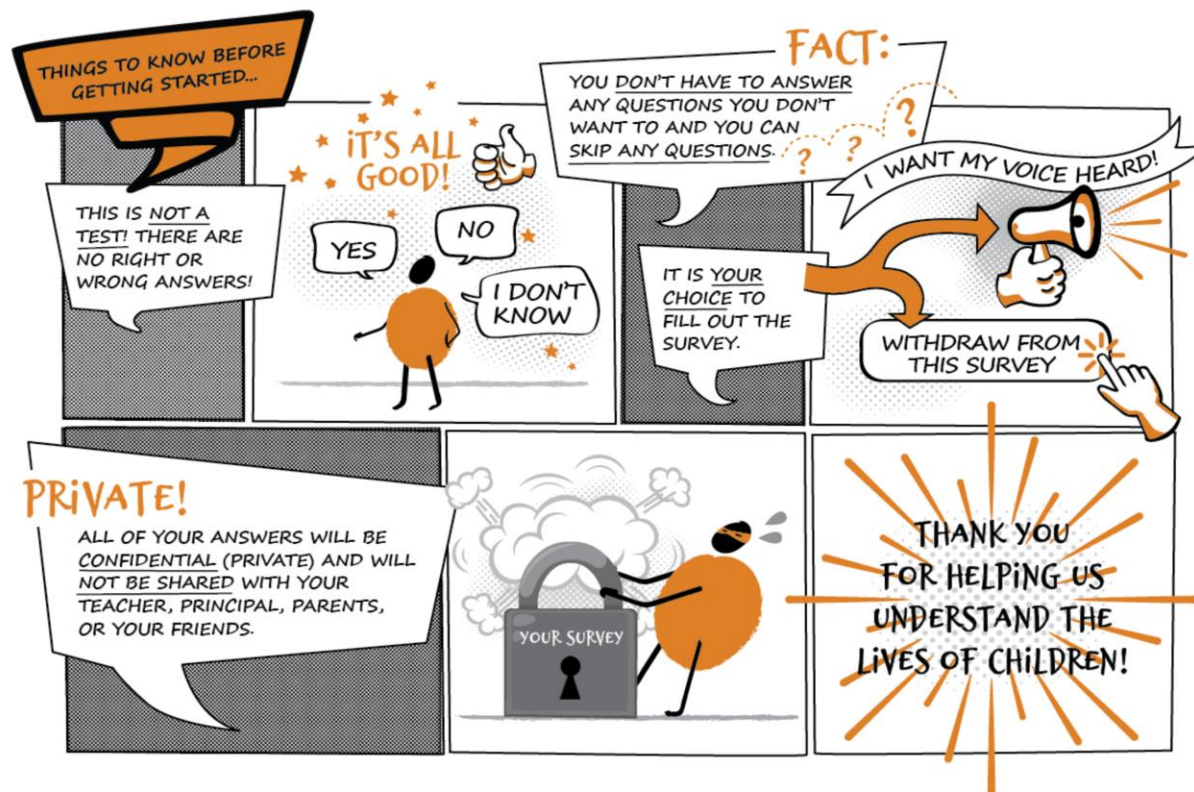
Thank you!

Please read the text below aloud to your students before starting the survey!

STUDENT ASSENT SCRIPT

Understanding Our Lives: The Middle Years Development Instrument Survey

We would like to learn more about the lives of 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. You don't have to answer any questions you don't want to and you can skip any questions. You can withdraw from the survey at any time by clicking on the "Withdraw from this survey" button on the bottom of every page.
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 way you can.

Thank you for your help!

HUMAN
EARLY LEARNING
PARTNERSHIP

Start Survey

Withdraw from this survey

Instruct students to click on
"Start Survey" to begin.

MDI

MIDDLE YEARS DEVELOPMENT INSTRUMENT
discovermdi.ca

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Version: Sep 1, 2025
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3% complete

Quick review before you start (check the boxes to confirm):

☐ I understand this survey does not count for school marks

Students can click the check boxes to confirm they understand the Assent Script.

☐ I understand I can stop doing the survey at any time

☐ I understand I can skip a question

☐ I understand this is confidential (private)

Clicking "Next" saves student responses and moves to the next page.

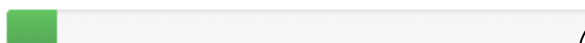
Previous

Next

Please read the Demographic Section of the survey and the instructions with sample questions aloud to your students. After completing the first section they should be able to continue the survey on their own, although some might still need your assistance. You know your students best, and if you are concerned about their reading level, we suggest you read all of the questions aloud to your students.

If your students have headphones, they can click on this icon to hear the question read aloud.





6% Complete

These questions can be challenging for some students. Please read Questions 1 to 11 aloud to make sure everybody understands.

Please tell us a little bit about yourself

1. What is your birth date?

Day ▾

Month ▾

Year ▾

2. Which of these adults do you live with most of the time? (Check all adults you live with.)

☐ One parent

☐ Two parents

☐ Part time with each parent

☐ Step-parent(s)

☐ Grandparent(s)

☐ Foster parent(s) or caregiver(s)

☐ Other adults

3. How many siblings (brothers and sisters) do you have?

0 1 2 3 4 5
☐ ☐ ☐ ☐ ☐ ☐

4. How do you describe your gender?

Boy Girl Non-binary In another way
☐ ☐ ☐ ☒

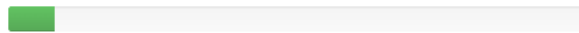
If you do not want to answer, please go to the next page.

The way I describe my gender is...

Previous

If students ask about “in another way”, provide a simple matter-of-fact response, congruent with language your school and school district have been teaching, and advise students to use their own words if they don’t see a gender description that fits for them. For example, gender fluid, gender non-conforming, or two-spirit.

Alternatively, a possible response is, “Some people feel like a boy or a girl inside, so they can check one of those boxes. But others may feel differently and want to describe their gender another way – such as sometimes I feel like both, or I feel like neither a boy nor a girl, or I am not sure.”



8% complete

All of your family members might not be First Nations, Inuit or Métis, but maybe some of them are. We want to know about **YOU**. Are you First Nations, Inuit or Métis? If so, please answer **YES**.

5. Are you First Nations, Inuit or Métis?

No Yes Part

☐ ☒ ☐

Which do you identify as?

☒ First Nations

☐ Inuit

☐ Métis

Please share your First Nation(s), Inuit or Métis community/communities here:

This text box will appear if a student selects “First Nations, Inuit or Métis” Refer to the list at the back of this guide if a student asks for assistance. For example, “Squamish Nation” or “Tsleil-Waututh Nation”.

6. What is the first language you learned at home? (You can check more than one if you need to.)

- ☐ English
- ☐ French
- ☐ Cree
- ☐ Ojibway
- ☐ Dakota
- ☐ Dene
- ☐ Ojibway-Cree
- ☒ Other

Other:

7. Which language(s) do you **speak** at home? (You can check more than one if you need to.)

- ☐ English
- ☐ French
- ☐ Cree
- ☐ Ojibway
- ☐ Dakota
- ☐ Dene
- ☐ Ojibway-Cree
- ☒ Other

8. Were you born in Canada?

No Yes Don't Know
☐ ☐ ☐

9. Were your parents born in Canada?

No Yes, one parent Yes, both parents Don't Know
☐ ☐ ☐ ☐

10. How difficult is it for you to read in English?

Very hard Hard Easy Very easy
☐ ☐ ☐ ☐

Previous

Next

15% complete

The next question is about your ethnic or racial background.

Why are we asking this question?

We know that people of different races do not have very different genetics. But, our race and ethnicity still have important consequences, including the experiences we have with different people and organizations.

Canada is home to people from many different racial or ethnic groups and backgrounds. Every person is born into one or more racial or ethnic groups.

11. How would you describe your own racial or ethnic background? *(Choose more than one if it is true for you.)*

- ☒ Indigenous (First Nations, Inuit, or Métis)
- ☐ Black (for example, African, Caribbean, Haitian, Kenyan, Nigerian)
- ☐ East Asian (for example, Chinese, Japanese, Korean, Taiwanese, Mongolian)
- ☐ Latino/Latina/Latinx (for example, Hispanic, Latin American, Chilean, Colombian, Mexican)
- ☐ Middle Eastern (for example, Egyptian, Iranian, Israeli, Lebanese, Turkish)
- ☐ South Asian (for example, Indian, Pakistani, Nepalese, Sri Lankan)
- ☐ South East Asian (for example, Cambodian, Filipino, Indonesian, Thai, Vietnamese)
- ☐ White (European background)
- ☒ Other

Other:

Previous

Next

The list shown here are just some examples.

Students can check multiple boxes.

If they don't see their answers in the list, they can choose "OTHER" and write down their answers.

Please read the INSTRUCTIONS and SAMPLE QUESTIONS aloud to make sure everybody understands.
The sample questions give students practice with both positive and negative questions.



17% complete

INSTRUCTIONS AND SAMPLE QUESTIONS

If you do not understand a question, please raise your hand and **ask for help**.

Make sure you **understand** the question and the answer options **before** you answer.

Here are sample questions for practice.

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



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

Previous

Next

Lets start now!

Remember, there are no right or wrong answers!

Students can complete the remaining questions on their own and can ask for assistance as needed. You can read all the questions aloud if you are concerned with the reading level of your students.

1. I have more good times than bad times.

Disagree
a lot
☐

Disagree a
little
☐

Don't agree
or disagree
☐

Agree a
little
☐

Agree
a lot
☐

2. I believe more good things than bad things will happen to me.

Disagree
a lot
☐

Disagree a
little
☐

Don't agree
or disagree
☐

Agree a
little
☐

Agree
a lot
☐

3. I start most days thinking I will have a good day.

Disagree
a lot
☐

Disagree a
little
☐

Don't agree
or disagree
☐

Agree a
little
☐

Agree
a lot
☐

4. In general, I like being the way I am.

Disagree
a lot
☐

Disagree a
little
☐

Don't agree
or disagree
☐

Agree a
little
☐

Agree
a lot
☐

Previous

Next

5. Overall, I have a lot to be proud of.

Disagree
a lot
☐

Disagree a
little
☐

Don't agree
or disagree
☐

Agree a
little
☐

Agree
a lot
☐

6. A lot of things about me are good.

Disagree
a lot
☐

Disagree a
little
☐

Don't agree
or disagree
☐

Agree a
little
☐

Agree
a lot
☐

7. I feel unhappy a lot of the time.

Disagree
a lot
☐

Disagree a
little
☐

Don't agree
or disagree
☐

Agree a
little
☐

Agree
a lot
☐

8. I feel upset about things.

Disagree
a lot
☐

Disagree a
little
☐

Don't agree
or disagree
☐

Agree a
little
☐

Agree
a lot
☐

25% complete

9. I feel that I do things wrong a lot.

Disagree
a lot
☐

Disagree a
little
☐

Don't agree
or disagree
☐

Agree a
little
☐

Agree
a lot
☐

10. I worry about what other kids might be saying about me.

Disagree
a lot
☐

Disagree a
little
☐

Don't agree
or disagree
☐

Agree a
little
☐

Agree
a lot
☐

11. I worry a lot that other people might not like me.

Disagree
a lot
☐

Disagree a
little
☐

Don't agree
or disagree
☐

Agree a
little
☐

Agree
a lot
☐

12. I worry about being teased.

Disagree
a lot
☐

Disagree a
little
☐

Don't agree
or disagree
☐

Agree a
little
☐

Agree
a lot
☐

Previous

Next

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

a) Feeling nervous, anxious, or on edge.

Not at
all
☐

Several
days
☒

Over half the
days
☐

Nearly every
day
☐

b) Not being able to stop or control worrying.

Not at
all
☐

Several
days
☒

Over half the
days
☐

Nearly every
day
☐

How difficult have these problems made it for you to do your school work, get tasks done at home, or get along with other people?

Not difficult
at all
☐

Somewhat
difficult
☐

Very
difficult
☐

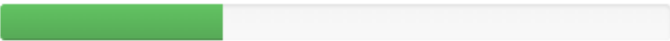
Extremely
difficult
☐

31% complete

- | | | | | | |
|---|---|--|--|---|--------------------------------------|
| 14. In most ways my life is close to the way I would want it to be. | Disagree a lot
<input type="radio"/> | Disagree a little
<input type="radio"/> | Don't agree or disagree
<input type="radio"/> | Agree a little
<input type="radio"/> | Agree a lot
<input type="radio"/> |
| 15. The things in my life are excellent. | Disagree a lot
<input type="radio"/> | Disagree a little
<input type="radio"/> | Don't agree or disagree
<input type="radio"/> | Agree a little
<input type="radio"/> | Agree a lot
<input type="radio"/> |
| 16. I am happy with my life. | Disagree a lot
<input type="radio"/> | Disagree a little
<input type="radio"/> | Don't agree or disagree
<input type="radio"/> | Agree a little
<input type="radio"/> | Agree a lot
<input type="radio"/> |
| 17. So far I have gotten the important things I want in life. | Disagree a lot
<input type="radio"/> | Disagree a little
<input type="radio"/> | Don't agree or disagree
<input type="radio"/> | Agree a little
<input type="radio"/> | Agree a lot
<input type="radio"/> |
| 18. If I could live my life over, I would have it the same way. | Disagree a lot
<input type="radio"/> | Disagree a little
<input type="radio"/> | Don't agree or disagree
<input type="radio"/> | Agree a little
<input type="radio"/> | Agree a lot
<input type="radio"/> |

Previous

Next



33% complete

19. 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 type an 'R' in the space, or if your supervision aide's name is Jane, you can just type in the letter 'J' in the space. You do not have to fill in all six spaces.



Person 1



Person 2



Person 3



Person 4



Person 5



Person 6



Previous

Next

36% complete

How true is each statement for you?

At my school, there is a teacher or another adult...

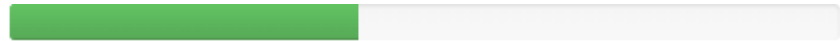
20. ... who really cares about me.	Not at all true <input type="radio"/>	A little true <input type="radio"/>	Pretty much true <input type="radio"/>	Very much true <input type="radio"/>
21. ... who believes that I will be a success.	Not at all true <input type="radio"/>	A little true <input type="radio"/>	Pretty much true <input type="radio"/>	Very much true <input type="radio"/>
22. ... who listens to me when I have something to say.	Not at all true <input type="radio"/>	A little true <input type="radio"/>	Pretty much true <input type="radio"/>	Very much true <input type="radio"/>

39% complete

The next three 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 home, there is a parent or another adult...

23. ... who believes that I will be a success.	Not at all true <input type="radio"/>	A little true <input type="radio"/>	Pretty much true <input type="radio"/>	Very much true <input type="radio"/>
24. ... who listens to me when I have something to say.	Not at all true <input type="radio"/>	A little true <input type="radio"/>	Pretty much true <input type="radio"/>	Very much true <input type="radio"/>
25. ... who I can talk to about my problems.	Not at all true <input type="radio"/>	A little true <input type="radio"/>	Pretty much true <input type="radio"/>	Very much true <input type="radio"/>



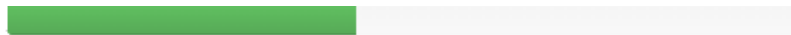
42% complete

In my neighbourhood/community (not from your school or family), there is an adult...

26. ... who really cares about me.	Not at all true <input type="radio"/>	A little true <input type="radio"/>	Pretty much true <input type="radio"/>	Very much true <input type="radio"/>
27. ... who believes that I will be a success.	Not at all true <input type="radio"/>	A little true <input type="radio"/>	Pretty much true <input type="radio"/>	Very much true <input type="radio"/>
28. ... who listens to me when I have something to say.	Not at all true <input type="radio"/>	A little true <input type="radio"/>	Pretty much true <input type="radio"/>	Very much true <input type="radio"/>

Previous

Next



44% complete

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

29. I feel part of a group of friends that do things together.	Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>
30. I feel that I usually fit in with other kids around me.	Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>
31. When I am with other kids my age, I feel I belong.	Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>
32. I have at least one really good friend I can talk to when something is bothering me.	Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>

47% complete

33. I have a friend I can tell everything to.	Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>
34. There is somebody my age who really understands me.	Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>
35. I am certain I can learn the skills taught in school this year.	Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>
36. If I have enough time, I can do a good job on all my school work.	Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>

Previous

Next



50% complete

37. Even if the work in school is hard, I can learn it.	Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>
38. Teachers and students treat each other with respect in this school.	Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>
39. People care about each other in this school.	Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>
40. Students in this school help each other, even if they are not friends.	Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>

Previous

Next



53% complete

41. I feel like I belong in this school.	Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>
42. I feel like I am important to this school.	Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>
43. This school year, how often have you been treated unfairly by others because of your ethnic, racial or cultural background?	Not at all this school year <input type="radio"/>	Once or a few times <input type="radio"/>	About every month <input type="radio"/>	About every week <input type="radio"/>	Many times a week <input type="radio"/>

Previous

Next



56% complete

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?

44. Physical bullying (for example, someone hit, shoved, or kicked you, spat at you, beat you up, or damaged or took your things without permission).

Not at all
this school
year
☐

Once or
a few
times
☐

About
every
month
☐

About
every
week
☐

Many
times a
week
☐

45. Verbal bullying (for example, someone called you names, teased, embarrassed, threatened you, or made you do things you didn't want to do).

Not at all
this school
year
☐

Once or
a few
times
☐

About
every
month
☐

About
every
week
☐

Many
times a
week
☐

46. Social bullying (for example, someone left you out, excluded you, gossiped and spread rumors about you, or made you look foolish).

Not at all
this school
year
☐

Once or
a few
times
☐

About
every
month
☐

About
every
week
☐

Many
times a
week
☐

47. Cyberbullying (for example, someone excluded, threatened, embarrassed or hurt you online or through text messages).

Not at all
this school
year
☐

Once or
a few
times
☐

About
every
month
☐

About
every
week
☐

Many
times a
week
☐

Previous

Next



58% complete

The next questions ask about your 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:

48. In general, how would you describe your health?

Poor Fair Good Excellent

☐ ☐ ☐ ☐

Previous

Next

49. In general, how would you say your mental health is?

Poor Fair Good Excellent

☐ ☐ ☐ ☐

50. In the past year, did you get professional help for any mental health or emotional challenges?

No, because I didn't need help No, I didn't get help when I needed it Yes, I got help when I needed it

☐ ☐ ☒

If you did get help in the past year for mental health or emotional challenges, who did you get help from? (Select all that apply.)

- ☐ A doctor
- ☐ A nurse
- ☐ A psychiatrist
- ☐ Someone at a hospital, emergency room, or urgent care clinic
- ☐ A school counselor
- ☐ A psychologist or counselor outside of school
- ☐ A social worker
- ☐ Other
- ☐ I don't know

50. In the past year, did you get professional help for any mental health or emotional challenges?

No, because I didn't need help

☐

No, I didn't get help when I needed it

☒

Yes, I got help when I needed it

☐

If you did not get help when you needed it, what are the reasons you did not get help? (Select all that apply.)

- ☐ I thought I could manage it myself
- ☐ I didn't know where to get help
- ☐ I never got around to it (for example, too busy)
- ☐ It would have been hard to schedule
- ☐ I tried but the wait was too long
- ☐ I am on a waitlist
- ☐ I didn't think professional help would do any good
- ☐ It was going to cost too much
- ☐ Getting there was a problem
- ☐ I was afraid of what others would think of me
- ☐ My parent/guardian(s) would not take me
- ☐ I didn't want my parent/guardian(s) to know
- ☐ Past negative experience(s) when trying to get help
- ☐ Other

Previous

If students who typically spend time in two different households ask how to answer this question, a possible response is to ask, "In a typical week, how do you regularly get to/get home from school?"

51. a) How do you usually get TO school:

Car

☒

School bus

☐

Public transportation (public bus, train or ferry)

☐

Walk

☐

Cycle, skateboard, scooter, or rollerblade

☐

Something else

☐

51. b) How do you usually get home FROM school:

Car

☐

School bus

☐

Public transportation (public bus, train or ferry)

☐

Walk

☐

Cycle, skateboard, scooter, or rollerblade

☐

Something else

☐

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64% complete

52. How often do you eat breakfast?	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	◀
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

53. How often do your parents or other adult family members eat meals with you?	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	◀
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

54. In the past year, did you go to bed hungry because there wasn't enough food at home?	Never	Rarely	Sometimes	Often	Very often				◀
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				

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67% complete

55. The next questions ask about THE FRUITS AND VEGETABLES you ate YESTERDAY.

a) YESTERDAY, how many servings of fruit (fresh, frozen, canned, and dried) did you eat? DO NOT count juices or drinks.	None	1 serving	2 servings	3 servings	4 servings	5 or more servings	◀
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

1 serving of FRUIT is about the size of your fist, and could be 1 apple or orange, 1 banana, half cup berries, 20 cherries or grapes, or a few pieces of dried fruit.

b) YESTERDAY, how many servings of vegetables (fresh, frozen or canned) did you eat? DO NOT count vegetable juices or french fries.	None	1 serving	2 servings	3 servings	4 servings	5 or more servings	◀
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

1 serving of VEGETABLES is about the size of your fist, and could be half cup of broccoli, 1 cup of lettuce or spinach, half cup of green beans, half cup of sweet potatoes, or half cup of bok choy.

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69% complete

56. The next questions ask about your other eating habits. When answering, please answer based on what you eat in a NORMAL WEEK. Think about all meals such as breakfast, lunch, dinner/supper, and snacks.

- | | | | | | | | | | |
|---|--------------------------------|--------------------------------------|---|---|---|---|---|------------------------------------|---|
| a) In a normal week, how often do you eat sugary foods (for example, cookies, cake, ice cream, chocolate, candy, sugary breakfast cereal, or store-bought muffins, protein bars, or granola bars)? | Never
<input type="radio"/> | Once a week
<input type="radio"/> | 2 times a week
<input type="radio"/> | 3 times a week
<input type="radio"/> | 4 times a week
<input type="radio"/> | 5 times a week
<input type="radio"/> | 6 times a week
<input type="radio"/> | Every day
<input type="radio"/> | ◀ |
| b) In a normal week, how often do you eat salty snacks (for example, chips, crackers, pretzels or popcorn)? | Never
<input type="radio"/> | Once a week
<input type="radio"/> | 2 times a week
<input type="radio"/> | 3 times a week
<input type="radio"/> | 4 times a week
<input type="radio"/> | 5 times a week
<input type="radio"/> | 6 times a week
<input type="radio"/> | Every day
<input type="radio"/> | ◀ |
| c) In a normal week, how often do you have a sweet drink (for example, iced tea, fruit juice, pop or soda, hot chocolate, sweet tea or coffee drinks like bubble tea or blended iced coffee, or energy or sports drinks)? | Never
<input type="radio"/> | Once a week
<input type="radio"/> | 2 times a week
<input type="radio"/> | 3 times a week
<input type="radio"/> | 4 times a week
<input type="radio"/> | 5 times a week
<input type="radio"/> | 6 times a week
<input type="radio"/> | Every day
<input type="radio"/> | ◀ |

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72% complete

- | | | | | | | | | | |
|--|--|---|--|---|---|---|---|------------------------------------|---|
| 57. How often do you get a good night's sleep? | Never
<input type="radio"/> | Once a week
<input type="radio"/> | 2 times a week
<input type="radio"/> | 3 times a week
<input type="radio"/> | 4 times a week
<input type="radio"/> | 5 times a week
<input type="radio"/> | 6 times a week
<input type="radio"/> | Every day
<input type="radio"/> | ◀ |
| 58. What time do you usually wake up during the weekdays? | Before 6:00am
<input type="radio"/> | Between 6:00am and 7:00am
<input type="radio"/> | Between 7:00am and 8:00am
<input type="radio"/> | After 8:00am
<input type="radio"/> | ◀ | | | | |
| 59. What time do you usually go to bed during the weekdays? | Before 9:00pm
<input type="radio"/> | Between 9:00pm and 10:00pm
<input type="radio"/> | Between 10:00pm and 11:00pm
<input type="radio"/> | Between 11:00pm and midnight
<input type="radio"/> | After 12:00am/midnight
<input type="radio"/> | ◀ | | | |
| 60. I spend time on my phone or other electronic devices before I go to sleep. | Never
<input type="radio"/> | Rarely
<input type="radio"/> | Sometimes
<input type="radio"/> | Often
<input type="radio"/> | Very often
<input type="radio"/> | ◀ | | | |

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74% complete

61. When thinking of your friends and classmates, how common is it that people your age...



	Not at all common	Somewhat common	Quite common	Very common	
a) ...vape?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
b) ...use tobacco products (for example, cigarettes)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
c) ...drink alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
d) ...use other drugs (for example, cannabis)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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This point in the survey is a natural place to break.

77% complete

ABOUT MY OUT-OF-SCHOOL TIME

62. On school days, how often do you go to these places after school?

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

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79% complete

63. Are there places in your neighbourhood/community where you feel comfortable to hang out with friends?	No <input type="radio"/>	Yes <input type="radio"/>	Don't know <input type="radio"/>	◀		
64. My neighbourhood is a place where neighbours help each other.	Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>	◀

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Suggested clarification: “These questions are trying to ask you what you do during a normal week. If last week was different than normal – maybe you were sick or couldn’t go to your regular activities – please answer the questions thinking of the most recent typical week for yourself.”



82% complete

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.

65. In a normal week, outside of school hours, how often do you spend time doing the following activities:

a) Educational lessons or activities (for example, tutoring, math, language school, or something else)?

Never 1 day 2 days 3 days 4 days 5 days 6 days Every day

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

b) Art or music lessons (for example, drawing, painting, playing a musical instrument, or something else)?

Never 1 day 2 days 3 days 4 days 5 days 6 days Every day

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

c) Youth organizations (for example, Scouts, Girl Guides, Boys and Girls Clubs, After School Care, or something else)?

Never 1 day 2 days 3 days 4 days 5 days 6 days Every day

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

d) Individual sports with a coach or instructor (for example, swimming, dance, gymnastics, tennis, skating, or something else)?

Never 1 day 2 days 3 days 4 days 5 days 6 days Every day

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

e) Team sports with a coach or instructor (for example, basketball, hockey, soccer, football, or something else)?

Never 1 day 2 days 3 days 4 days 5 days 6 days Every day

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

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85% complete

The next questions ask you about other activities you might do outside of school.

66. In a normal week, outside of school hours, how often do you spend time doing the following activities:


a) ... sports and/or exercise for fun (for example, playing outside, biking, skating, sledding, shooting hoops, swimming, yoga, dancing, or something else)?	Never	1 day	2 days	3 days	4 days	5 days	6 days	Every day	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
b) ... do homework?	Never	1 day	2 days	3 days	4 days	5 days	6 days	Every day	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
c) ... read for fun?	Never	1 day	2 days	3 days	4 days	5 days	6 days	Every day	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
d) ... hang out with friends in person?	Never	1 day	2 days	3 days	4 days	5 days	6 days	Every day	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
e) ... play outside at a park, playground or in the neighbourhood?	Never	1 day	2 days	3 days	4 days	5 days	6 days	Every day	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
f) ... religious, spiritual or faith-based activities?	Never	1 day	2 days	3 days	4 days	5 days	6 days	Every day	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
g) ... cultural activities?	Never	1 day	2 days	3 days	4 days	5 days	6 days	Every day	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
h) ... volunteer (either at school or in the community)?	Never	1 day	2 days	3 days	4 days	5 days	6 days	Every day	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
i) ... work at a job (for example, babysitting, mowing the lawn)?	Never	1 day	2 days	3 days	4 days	5 days	6 days	Every day	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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78% complete

Physical activity is any activity that increases your heart rate and makes you out of breath some of the time. 
Physical activity can be done in sports, school activities, playing with friends, or walking to school. Some examples of physical activity are running, fast walking, skating, biking, dancing, skateboarding, swimming, soccer, and basketball.

Let's try to add up all the time you spend in physical activity each day:

67. In a normal week, how many days are you physically active for a total of at least 60 minutes or one hour per day?

Never	1 day	2 days	3 days	4 days	5 days	6 days	Every day
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

68. In a normal week, how many days do you spend 30 or more minutes in nature?

Never	1 day	2 days	3 days	4 days	5 days	6 days	Every day
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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90% complete

The next questions ask how many hours in a day you do an activity, rather than how many days a week.

69. In a normal week, how many hours per day do you...

a) ...sit and watch TV, movies, or videos, including YouTube?

I do not do this activity
☐

Less than 1 hour
☐

1 to 2 hours
☐

2 to 3 hours
☐

3 to 4 hours
☐

4 to 5 hours
☐

5 hours or more
☐



b) ... play video or computer games?

I do not do this activity
☐

Less than 1 hour
☐

1 to 2 hours
☐

2 to 3 hours
☐

3 to 4 hours
☐

4 to 5 hours
☐

5 hours or more
☐



c) ... hang out with friends on the phone, tablet or computer (for example, video call, text messaging)?

I do not do this activity
☐

Less than 1 hour
☐

1 to 2 hours
☐

2 to 3 hours
☐

3 to 4 hours
☐

4 to 5 hours
☐

5 hours or more
☐



d) ... spend on social media sites or apps, such as Instagram, Snapchat, Twitter, Facebook, TikTok either browsing or posting?

I do not do this activity
☐

Less than 1 hour
☐

1 to 2 hours
☐

2 to 3 hours
☐

3 to 4 hours
☐

4 to 5 hours
☐

5 hours or more
☐



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92% complete

These questions ask you how much you agree or disagree with the statement. Remember, there are no right or wrong answers.

70. When I make a decision, I think about what might happen afterward.	Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>	◀
71. I take responsibility for my mistakes.	Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>	◀
72. I can say 'no' when someone wants me to do things that are wrong or dangerous.	Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>	◀
73. When I'm sad, I can usually start doing something that will make me feel better.	Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>	◀

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95% complete

74. After I'm interrupted or distracted, I can easily continue working where I left off.	Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>	◀
75. I can calm myself down when I'm excited or upset.	Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>	◀
76. When I'm upset, I notice how I am feeling before I take action.	Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>	◀
77. I am aware of how my moods affect the way I treat other people.	Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>	◀

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97% complete

78. When difficult situations happen, I can pause without immediately acting.	Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>	◀
79. I believe I can make a difference in the world.	Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>	◀
80. I try to make this world a better place.	Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>	◀

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100% complete

The next few questions ask about climate change and how it impacts your life. When we say 'climate change', we mean long-term changes in weather and its effects (for example, extreme heat/global warming, flooding, wildfires, storms).

81. Is climate change negatively impacting your mental health?	No, not at all <input type="radio"/>	Yes, a little <input type="radio"/>	Yes, somewhat <input type="radio"/>	Yes, quite a bit <input type="radio"/>	Yes, very much <input type="radio"/>	◀	
82. I believe I can do things to help with the problem of climate change.	Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>	I don't think climate change is a problem <input type="radio"/>	◀
83. I have people in my life (for example, friends, family, professionals) who can support me if I feel stressed about climate change.	Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>	I don't feel stressed about climate change <input type="radio"/>	◀
84. My daily life (for example, hobbies, activities, summer plans) has been directly affected by climate change (for example, extreme weather/wildfire, changing environment).	No, not at all <input type="radio"/>	Yes, a little <input type="radio"/>	Yes, somewhat <input type="radio"/>	Yes, quite a bit <input type="radio"/>	Yes, very much <input type="radio"/>	◀	

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85. I feel a strong attachment to my First Nation community or Nation.

Disagree a lot
☐

Disagree a little
☐

Don't agree or disagree
☐

Agree a little
☐

Agree a lot
☐



86. It is important to me that I know my First Nation language.

Disagree a lot
☐

Disagree a little
☐

Don't agree or disagree
☐

Agree a little
☐

Agree a lot
☐



87. I have participated in a cultural/religious ceremony (examples: Sweatlodge, Church services).

Disagree a lot
☐

Disagree a little
☐

Don't agree or disagree
☐

Agree a little
☐

Agree a lot
☐



88. Someone in my family or someone I am close with attends cultural/religious ceremonies (examples: Sweatlodge, Church services).

Disagree a lot
☐

Disagree a little
☐

Don't agree or disagree
☐

Agree a little
☐

Agree a lot
☐



89. I have a traditional person, Elder, or mentor who I talk to.

Disagree a lot
☐

Disagree a little
☐

Don't agree or disagree
☐

Agree a little
☐

Agree a lot
☐



90. When I am overwhelmed with my emotions, I look to my First Nation culture for help.

Disagree a lot
☐

Disagree a little
☐

Don't agree or disagree
☐

Agree a little
☐

Agree a lot
☐



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Finish Survey

Students click to finish the survey and view the Student Help Page.

Withdraw from this survey

Help for Students

Thank you for taking the Middle Years Development Instrument (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.

Clicking the first box below will send a private message to your teacher or principal who will follow up with you. If you would prefer not to talk to your teacher or principal, consider talking to a family member or your school counsellor. 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. You can also call the Kids HELP phone at 1-800-668-6868 or text CONNECT to 686868.

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

Yes, I would like to talk to my teacher or principal about a problem I am having

No, I do not need to talk to someone

Requests for help will be sent to your district email address, please follow your school's protocol for assisting students.