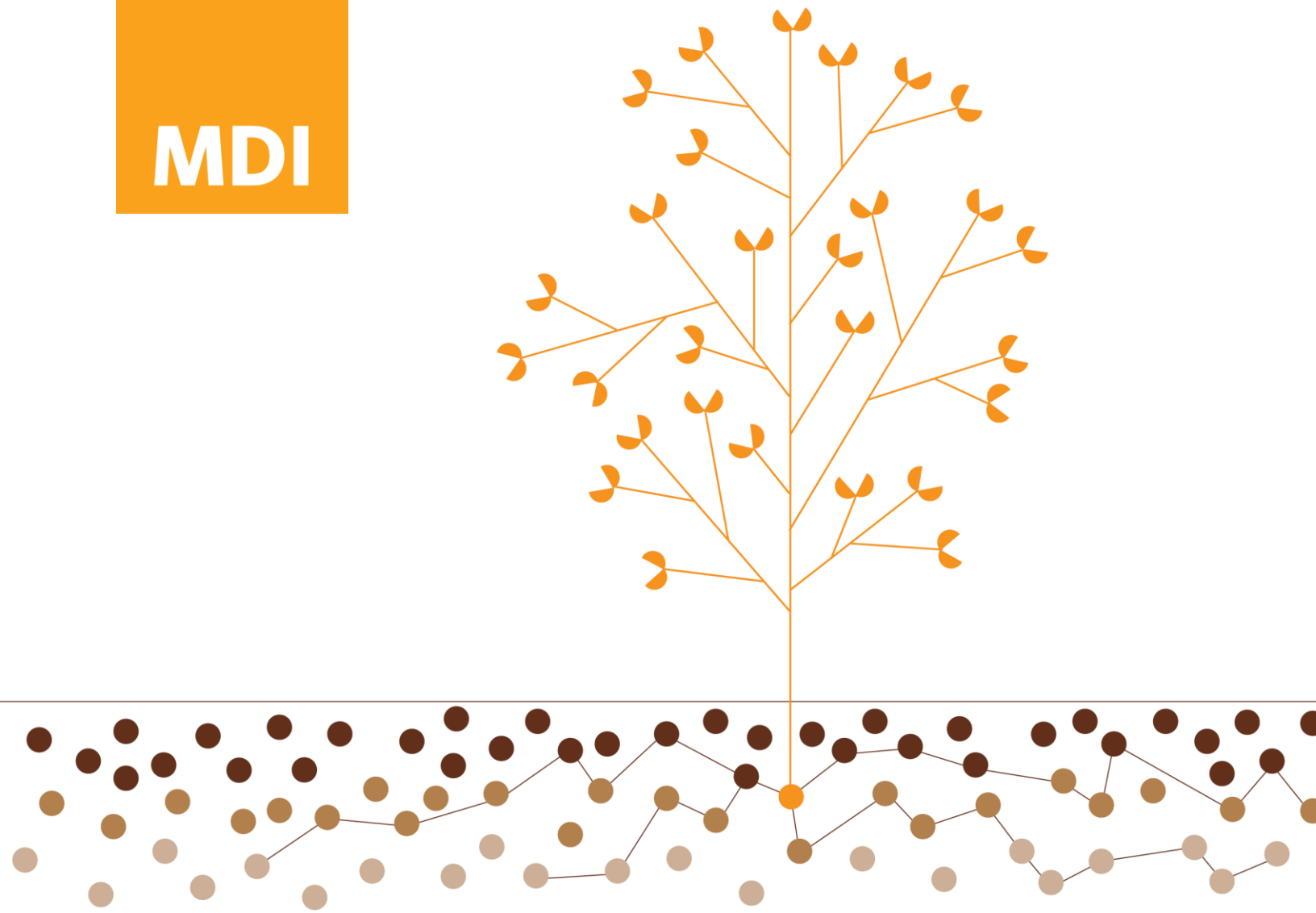
MDI



UNDERSTANDING OUR LIVES

MIDDLE YEARS DEVELOPMENT INSTRUMENT

2026–2027 **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

a place of mind UBC

MDI

© Copyright of UBC and contributors. Copying, distributing, modifying or translating this work is expressly forbidden by the copyright holders. Contact Human Early Learning Partnership at earlylearning@ubc.ca to obtain copyright permissions.

Version: Sep 1, 2026
H18-00507-A082

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 Withdraw from this survey 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 you can.

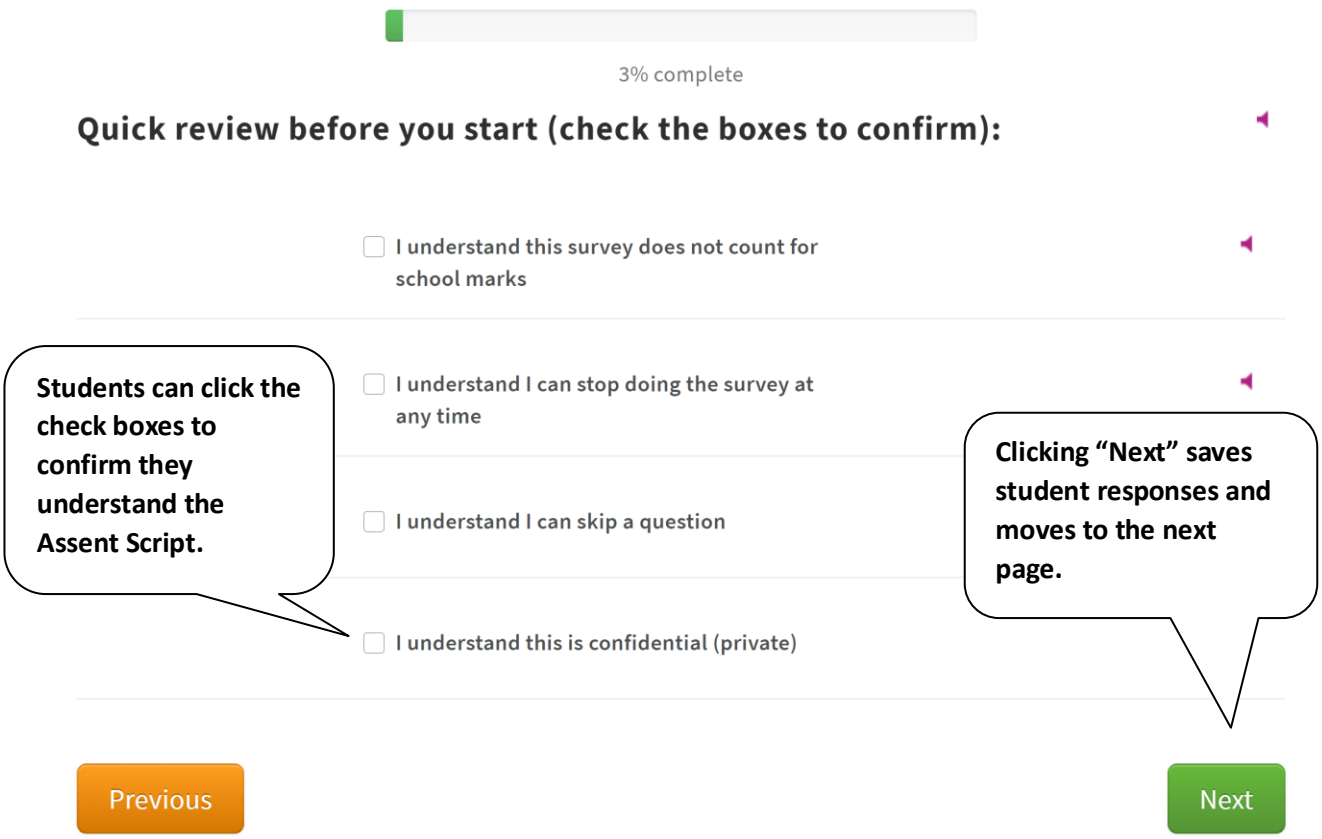
Thank you for your help!

HUMAN EARLY LEARNING PARTNERSHIP

Start Survey

Withdraw from this survey

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



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

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

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.





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.

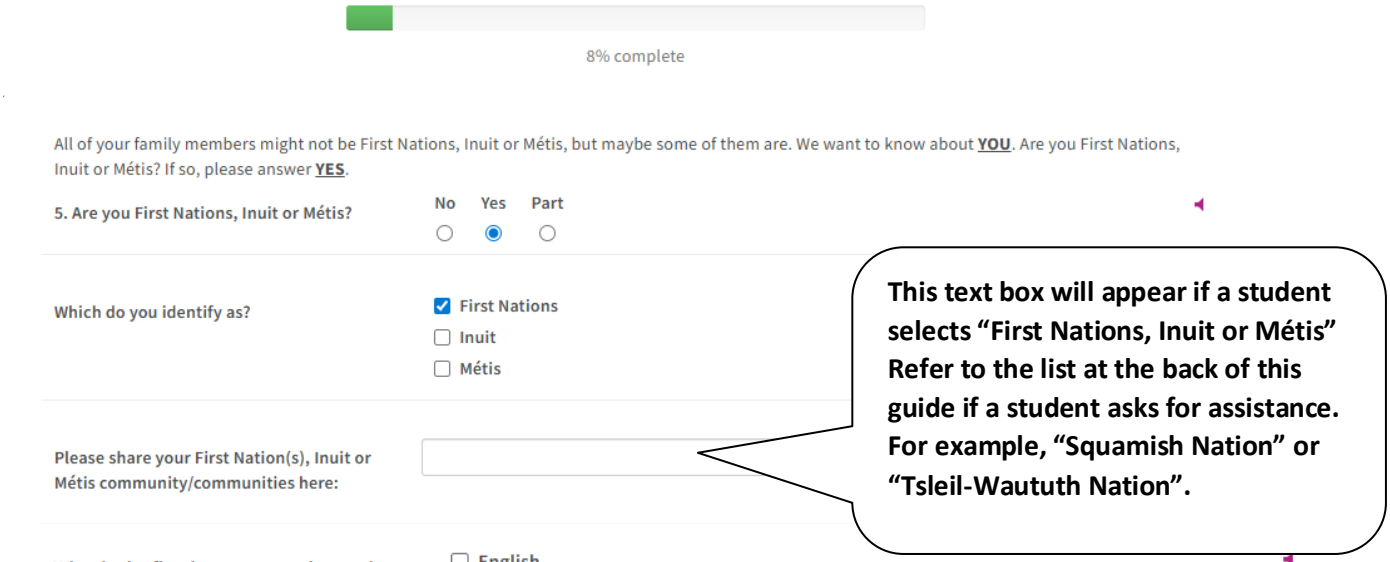
The way I describe my gender is...

Previous

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

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.)*

- [x] 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)
- [x] Other

Other:

Previous Next

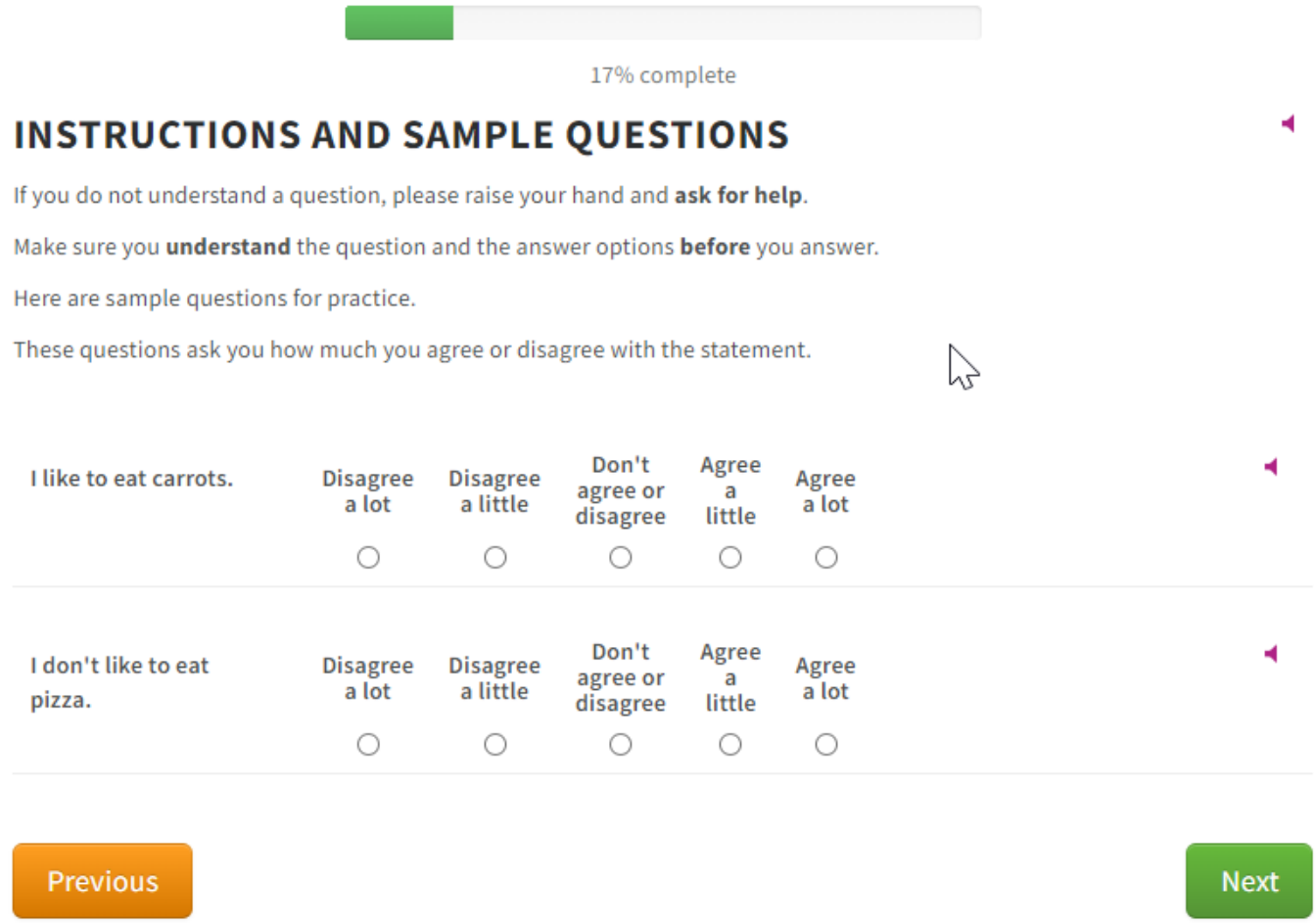
The list shown here are just some examples.

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.



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.

Lets 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 have more good times than bad times.	○	○	○	○	○
2. I believe more good things than bad things will happen to me.	○	○	○	○	○
3. I start most days thinking I will have a good day.	○	○	○	○	○
4. In general, I like being the way I am.	○	○	○	○	○

Previous Next

	Disagree a lot	Disagree a little	Don't agree or disagree	Agree a little	Agree a lot
5. Overall, I have a lot to be proud of.	○	○	○	○	○
6. A lot of things about me are good.	○	○	○	○	○
7. I feel unhappy a lot of the time.	○	○	○	○	○
8. I feel upset about things.	○	○	○	○	○

25% complete

	Disagree a lot	Disagree a little	Don't agree or disagree	Agree a little	Agree a lot
9. I feel that I do things wrong a lot.	○	○	○	○	○
10. I worry about what other kids might be saying about me.	○	○	○	○	○
11. I worry a lot that other people might not like me.	○	○	○	○	○
12. I worry about being teased.	○	○	○	○	○

Previous Next

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

	Not at all	Several days	Over half the days	Nearly every day
a) Feeling nervous, anxious, or on edge.	○	◉	○	○
b) Not being able to stop or control worrying.	○	◉	○	○

	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
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?	○	○	○	○

31% complete

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

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 <u>school</u>, there is a teacher or another adult...

	Not at all true	A little true	Pretty much true	Very much true
20. ... who really cares about me.	○	○	○	○
21. ... who believes that I will be a success.	○	○	○	○
22. ... who listens to me when I have something to say.	○	○	○	○

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 <u>home</u>, there is a parent or another adult...

	Not at all true	A little true	Pretty much true	Very much true
23. ... who believes that I will be a success.	○	○	○	○
24. ... who listens to me when I have something to say.	○	○	○	○
25. ... who I can talk to about my problems.	○	○	○	○

42% complete

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

	Not at all true	A little true	Pretty much true	Very much true
26. ... who really cares about me.	○	○	○	○
27. ... who believes that I will be a success.	○	○	○	○
28. ... who listens to me when I have something to say.	○	○	○	○

Previous Next

44% complete

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
29. I feel part of a group of friends that do things together.	○	○	○	○	○
30. I feel that I usually fit in with other kids around me.	○	○	○	○	○
31. When I am with other kids my age, I feel I belong.	○	○	○	○	○
32. I have at least one really good friend I can talk to when something is bothering me.	○	○	○	○	○

47% complete

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

Previous Next

50% complete

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

Previous Next

53% complete

41. I feel like I belong in this school.	Disagree a lot	Disagree a little	Don't agree or disagree	Agree a little	Agree a lot
42. I feel like I am important to this school.	Disagree a lot	Disagree a little	Don't agree or disagree	Agree a little	Agree a lot
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	Once or a few times	About every month	About every week	Many times a week

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?

	Not at all this school year	Once or a few times	About every month	About every week	Many times a week
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).	○	○	○	○	○
45. Verbal bullying (for example, someone called you names, teased, embarrassed, threatened you, or made you do things you didn't want to do).	○	○	○	○	○
46. Social bullying (for example, someone left you out, excluded you, gossiped and spread rumors about you, or made you look foolish).	○	○	○	○	○
47. Cyberbullying (for example, someone excluded, threatened, embarrassed or hurt you online or through text messages).	○	○	○	○	○

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:

	Poor	Fair	Good	Excellent
48. In general, how would you describe your health?	○	○	○	○

Previous Next

	Poor	Fair	Good	Excellent
49. In general, how would you say your mental health is?	○	○	○	○

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

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
	○	◉	○

Clear

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
- ☐ I used an AI chatbot instead (for example, ChatGPT, Gemini, or Claude)
- ☐ I used a wellness or mental health app instead
- ☐ Other

Previous

64% complete

	Car	School bus	Public transportation (public bus, train or ferry)	Walk	sk…
51. a) How do you usually get TO school:	◉	○	○		

	Car	Sc… bus	…ublic transportation (public bus, train or ferry)	Walk	C… skateboard, scooter, or rollerblade	…something else
51. b) How do you usually get home FROM school:	○	○	○	○	○	○

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?"

Previous

Next

64% complete

	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
52. How often do you eat breakfast?	○	○	○	○	○	○	○	○
53. How often do your parents or other adult family members eat meals with you?	○	○	○	○	○	○	○	○

	Never	Rarely	Sometimes	Often	Very often
54. In the past year, did you go to bed hungry because there wasn't enough food at home?	○	○	○	○	○

Previous Next

67% complete

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

	None	1 serving	2 servings	3 servings	4 servings	5 or more servings
a) YESTERDAY, how many servings of fruit (fresh, frozen, canned, and dried) did you eat? DO NOT count juices or drinks. 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. 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.	○	○	○	○	○	○

Previous Next

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.

	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
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)?	○	○	○	○	○	○	○	○
b) In a normal week, how often do you eat salty snacks (for example, chips, crackers, pretzels or popcorn)?	○	○	○	○	○	○	○	○
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)?	○	○	○	○	○	○	○	○

Previous Next

72% complete

	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
57. How often do you get a good night's sleep?	○	○	○	○	○	○	○	○

	Before 6:00am	Between 6:00am and 7:00am	Between 7:00am and 8:00am	After 8:00am
58. What time do you usually wake up during the weekdays?	○	○	○	○

	Before 9:00pm	Between 9:00pm and 10:00pm	Between 10:00pm and 11:00pm	Between 11:00pm and midnight	After 12:00am/midnight
59. What time do you usually go to bed during the weekdays?	○	○	○	○	○

	Never	Rarely	Sometimes	Often	Very often
60. I spend time on my phone or other electronic devices before I go to sleep.	○	○	○	○	○

Previous Next

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?	○	○	○	○
b) ...use tobacco products (for example, cigarettes)?	○	○	○	○
c) ...drink alcohol?	○	○	○	○
d) ...use other drugs (for example, cannabis)?	○	○	○	○

Previous Next

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?

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

Previous Next

79% complete

	No	Yes	Don't know
63. Are there places in your neighbourhood/community where you feel comfortable to hang out with friends?	○	○	○

	Disagree a lot	Disagree a little	Don't agree or disagree	Agree a little	Agree a lot
64. My neighbourhood is a place where neighbours help each other.	○	○	○	○	○

Previous Next

***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:

	Never	1 day	2 days	3 days	4 days	5 days	6 days	Every day
a) Educational lessons or activities (for example, tutoring, math, language school, or something else)?	○	○	○	○	○	○	○	○
b) Art or music lessons (for example, drawing, painting, playing a musical instrument, or something else)?	○	○	○	○	○	○	○	○
c) Youth organizations (for example, Scouts, Girl Guides, Boys and Girls Clubs, After School Care, or something else)?	○	○	○	○	○	○	○	○
d) Individual sports with a coach or instructor (for example, swimming, dance, gymnastics, tennis, skating, or something else)?	○	○	○	○	○	○	○	○
e) Team sports with a coach or instructor (for example, basketball, hockey, soccer, football, or something else)?	○	○	○	○	○	○	○	○

Previous Next

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:

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

Previous Next

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:

	Never	1 day	2 days	3 days	4 days	5 days	6 days	Every 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?	○	○	○	○	○	○	○	○
68. In a normal week, how many days do you spend 30 or more minutes in nature?	○	○	○	○	○	○	○	○

Previous Next

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…

	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
a) …sit and watch TV, movies, or videos, including YouTube?	○	○	○	○	○	○	○
b) … play video or computer games?	○	○	○	○	○	○	○
c) … hang out with friends on the phone, tablet or computer (for example, video call, text messaging)?	○	○	○	○	○	○	○
d) … spend on social media sites or apps, such as Instagram, Snapchat, Twitter, Facebook, TikTok either browsing or posting?	○	○	○	○	○	○	○

Previous Next

70. In your home, is there an electronic device that you use regularly (for example, smartphone, gaming device, computer or iPad)?

No	Yes
○	◉

Clear

If yes, which of the following devices do you use? (Select all that apply)

- ☐ Basic cellphone (can make calls and send texts, but cannot use the internet)
- ☐ Smartphone (can use the internet, apps, and social media, for example, Instagram, TikTok, or Facebook)
- ☐ Smartwatch (for example, Apple Watch)
- ☐ Tablet or iPad
- ☐ Laptop
- ☐ Desktop computer
- ☐ Gaming device (for example, Xbox or Nintendo Switch)
- ☐ Other

Previous Next

90% complete

The next question is about artificial intelligence or AI.

AI is a type of computer program that can learn from lots of information. It can answer questions, help with tasks, and make things like text, pictures, videos, or music.

Some examples of AI include: AI chatbots (such as ChatGPT, Gemini, or Copilot), AI answers that show up when you search on Google, AI tools that make pictures or videos (such as Canva), or AI tools that help with schoolwork or writing (such as Grammarly).

71. How often do you use AI?	I do not use it	I have tried it, but rarely use it	I use it sometimes, about once a week	I use it everyday	I use it several times a day
	○	◉	○	○	○

Clear

What do you use AI for? (Select all that apply)

- ☐ Help with schoolwork or homework
- ☐ Look up information or research new topics
- ☐ Ask questions about my health or my body
- ☐ Talk about my feelings or things that are bothering me
- ☐ Practice how to talk to people or make friends
- ☐ Make things like pictures, videos, stories, music, or apps
- ☐ Just for fun or to be entertained
- ☐ Other

Previous Next

93% complete

These questions ask you how much you agree or disagree with the statement. 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
72. When I make a decision, I think about what might happen afterward.	○	○	○	○	○
73. I take responsibility for my mistakes.	○	○	○	○	○
74. I can say 'no' when someone wants me to do things that are wrong or dangerous.	○	○	○	○	○
75. When I'm sad, I can usually start doing something that will make me feel better.	○	○	○	○	○

Previous Next

95% complete

	Disagree a lot	Disagree a little	Don't agree or disagree	Agree a little	Agree a lot
76. After I'm interrupted or distracted, I can easily continue working where I left off.	○	○	○	○	○
77. I can calm myself down when I'm excited or upset.	○	○	○	○	○
78. When I'm upset, I notice how I am feeling before I take action.	○	○	○	○	○
79. I am aware of how my moods affect the way I treat other people.	○	○	○	○	○

Previous Next

98% complete

	Disagree a lot	Disagree a little	Don't agree or disagree	Agree a little	Agree a lot
80. When difficult situations happen, I can pause without immediately acting.	○	○	○	○	○
81. I believe I can make a difference in the world.	○	○	○	○	○
82. I try to make this world a better place.	○	○	○	○	○

Previous Next

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).

	No, not at all	Yes, a little	Yes, somewhat	Yes, quite a bit	Yes, very much
83. Is climate change negatively impacting your mental health?	○	○	○	○	○

	Disagree a lot	Disagree a little	Don't agree or disagree	Agree a little	Agree a lot	I don't think climate change is a problem
84. I believe I can do things to help with the problem of climate change.	○	○	○	○	○	○
85. I have people in my life (for example, friends, family, professionals) who can support me if I feel stressed about climate change.	○	○	○	○	○	I don't feel stressed about climate change ○

	No, not at all	Yes, a little	Yes, somewhat	Yes, quite a bit	Yes, very much
86. My daily life (for example, hobbies, activities, summer plans) has been directly affected by climate change (for example, extreme weather/wildfire, changing environment).	○	○	◉	○	○

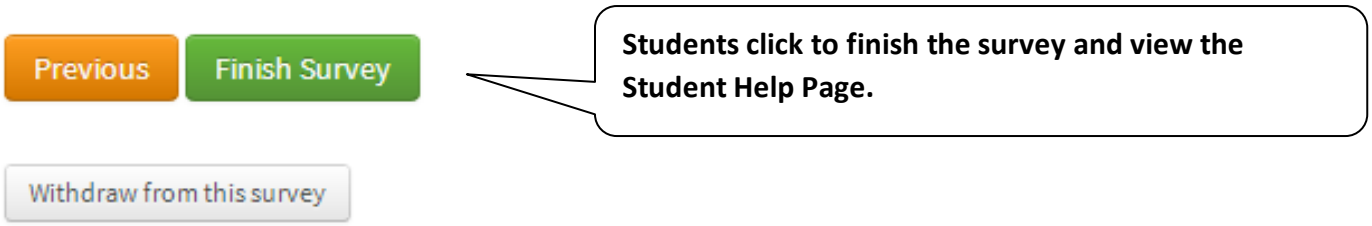
Clear

If yes, my life has been affected by (select all that apply to you):

- ☐ Air quality/smoke
- ☑ Wildfire threats
- ☐ Extreme heat
- ☐ Flooding/extreme rain events
- ☐ Drought (water shortage)
- ☐ Other

	Disagree a lot	Disagree a little	Don't agree or disagree	Agree a little	Agree a lot
87. I feel a strong attachment to my First Nation community or Nation.	○	○	○	○	○
88. It is important to me that I know my First Nation language.	○	○	○	○	○
89. I have participated in a cultural/religious ceremony (examples: Sweatlodge, Church services).	○	○	○	○	○
90. Someone in my family or someone I am close with attends cultural/religious ceremonies (examples: Sweatlodge, Church services).	○	○	○	○	○
91. I have a traditional person, Elder, or mentor who I talk to.	○	○	○	○	○
92. When I am overwhelmed with my emotions, I look to my First Nation culture for help.	○	○	○	○	○

Previous Next



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?

