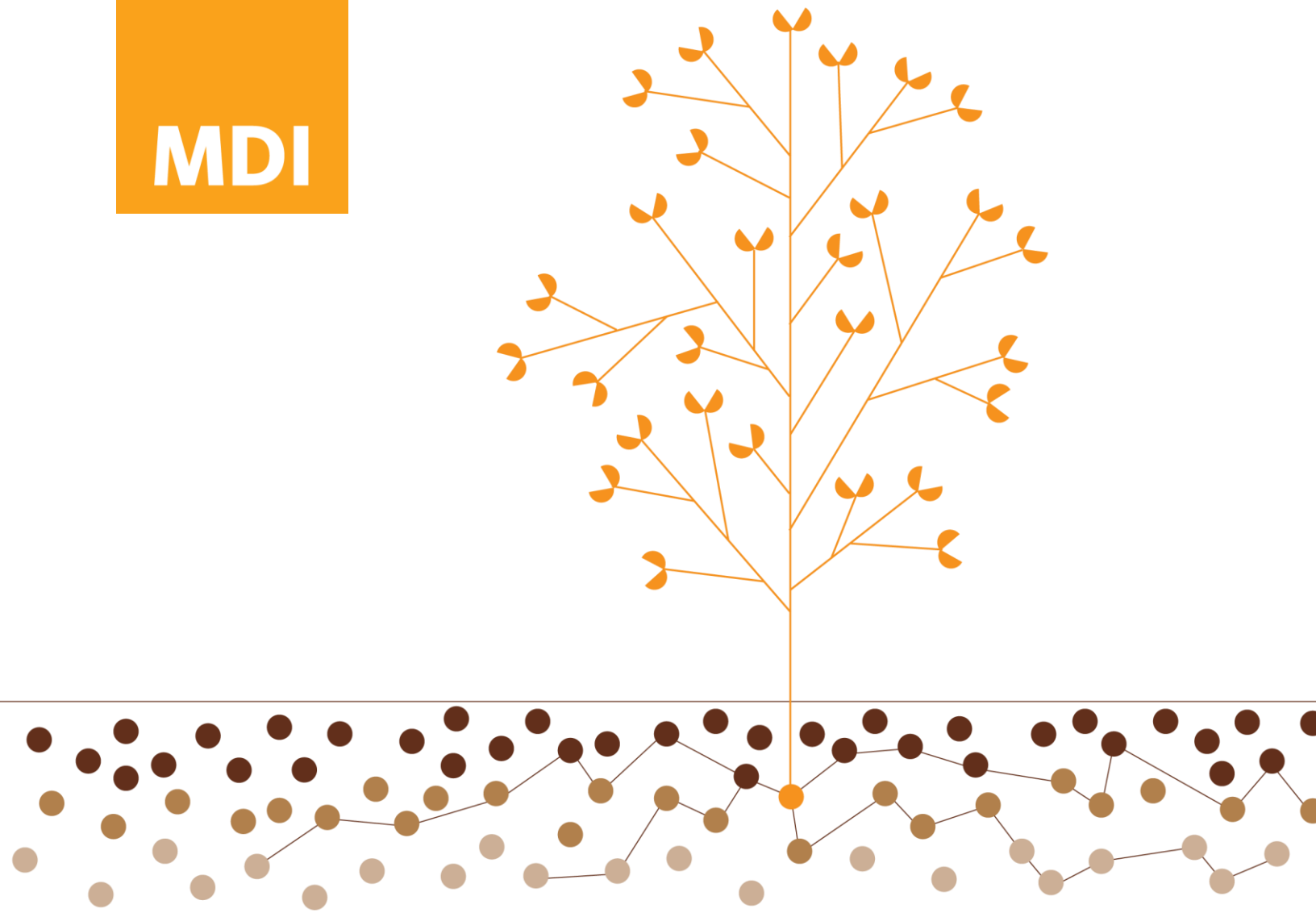
MDI



UNDERSTANDING OUR LIVES

MIDDLE YEARS DEVELOPMENT INSTRUMENT

2026–2027 **SURVEY OF GRADE 4 STUDENTS**

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

NORTHWEST TERRITORIES
INSTRUCTIONAL SURVEY

HUMAN EARLY LEARNING PARTNERSHIP

a place of mind UBC

MDI

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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 

button on 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

MDi | STUDENT SURVEY Withdraw from this survey Logout

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 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.

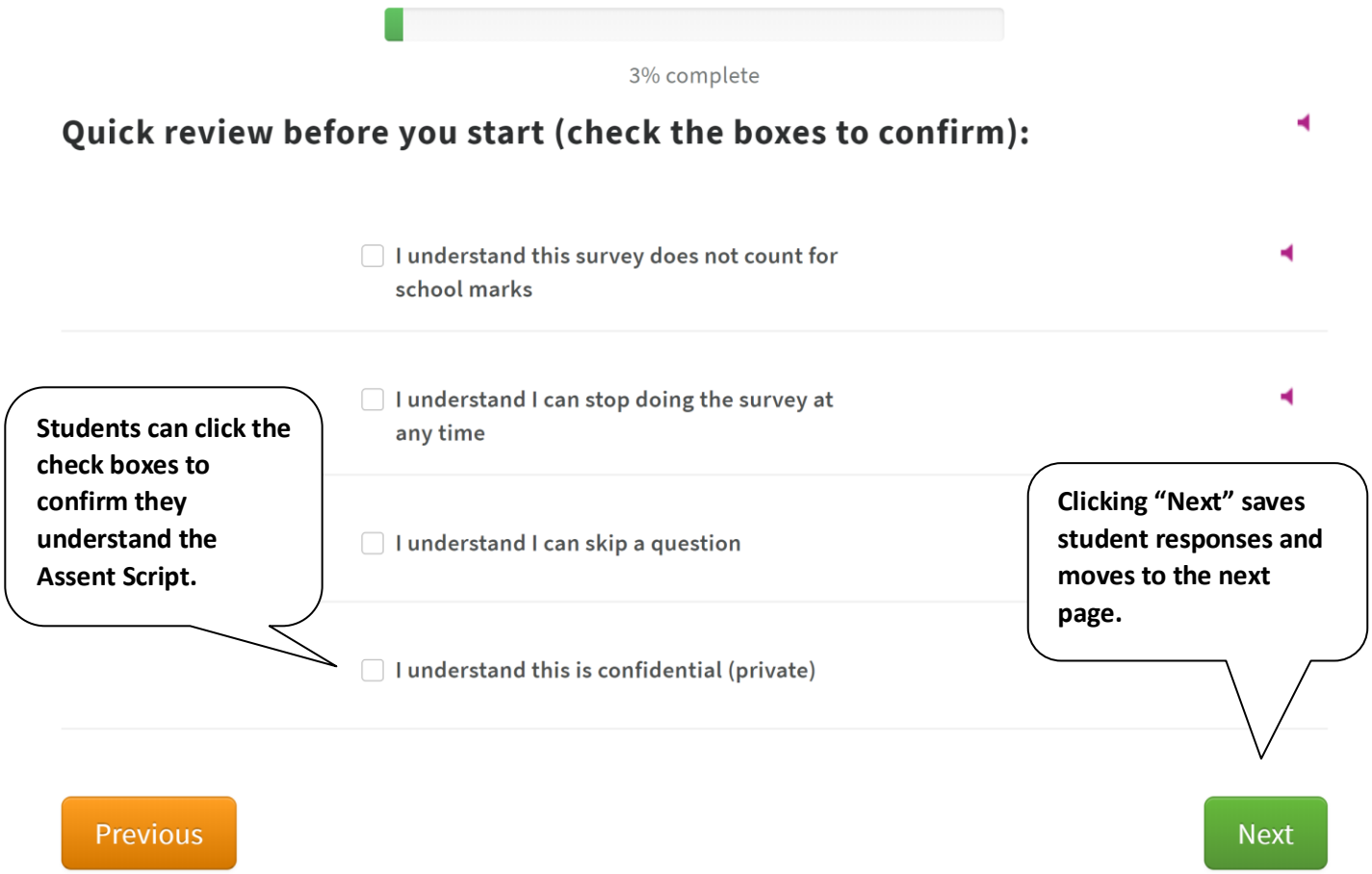
Thank you for your help!

HUMAN EARLY LEARNING PARTNERSHIP

Start Survey ›

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

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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.



6% complete

Please tell us a little bit about yourself

These questions can be challenging for some students. Please read Questions 1 to 9 aloud to make sure everybody understands.

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	6	7 or more
○	○	○	○	○	○	○	○

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 another way – such as sometimes I feel like both, or I feel like neither a boy nor a girl, or I am not sure."

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?

- [x] First Nations
- [ ] Inuit
- [ ] Métis

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.

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

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

- [ ] Chipewyan
- [ ] Cree
- [ ] English
- [ ] French
- [ ] Gwich'in
- [ ] Inuinnaqtun
- [ ] Inuktitut
- [ ] Inuvialuktun
- [ ] North Slavey
- [ ] South Slavey
- [ ] Tłı̨chǫ
- [x] Other

Other:

Previous Next

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

- [ ] Chipewyan
- [ ] Cree
- [ ] English
- [ ] French
- [ ] Gwich'in
- [ ] Inuinnaqtun
- [ ] Inuktitut
- [ ] Inuvialuktun
- [ ] North Slavey
- [ ] South Slavey
- [ ] Tłı̨chǫ
- [x] Other

Other:

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

Very hard	Hard	Easy	Very easy
○	○	○	○

Previous Next

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.

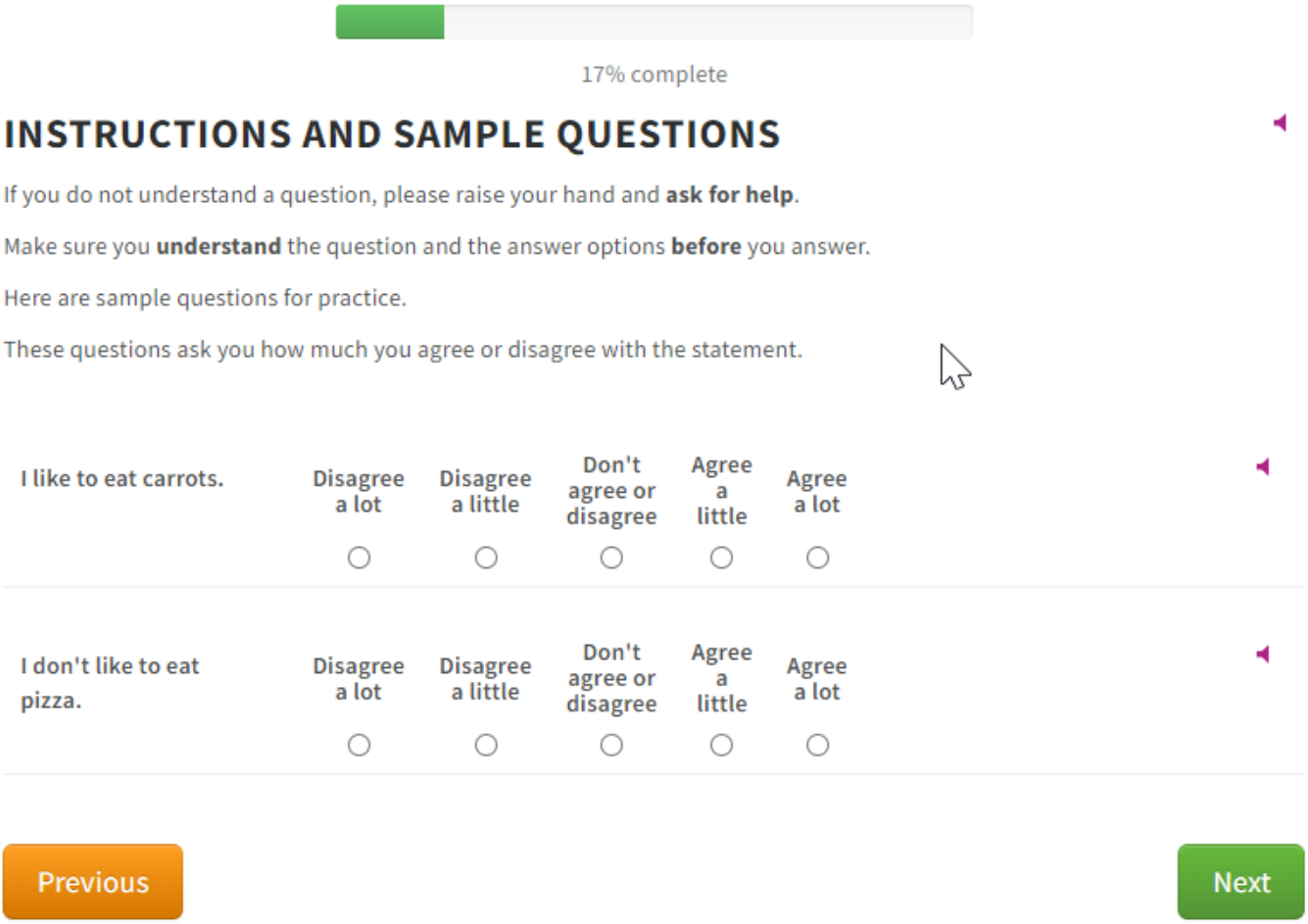
9. How would you describe your own racial or ethnic background? ***(Choose more than one if it is true for you.)***

- [ ] **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**

Previous Next

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.





20% complete

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			
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

27% 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

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

33% complete

18. 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

37% complete

How true is each statement for you?

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

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

40% 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...

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

Previous Next

43% 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
25. ... who really cares about me.	○	○	○	○
26. ... who believes that I will be a success.	○	○	○	○
27. ... who listens to me when I have something to say.	○	○	○	○

47% 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
28. I feel part of a group of friends that do things together.	○	○	○	○	○
29. I feel that I usually fit in with other kids around me.	○	○	○	○	○
30. When I am with other kids my age, I feel I belong.	○	○	○	○	○
31. I have at least one really good friend I can talk to when something is bothering me.	○	○	○	○	○

Previous Next

50% complete

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

Previous Next

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

Previous Next

57% 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
42. Physical bullying (for example, someone hit, shoved, or kicked you, spat at you, beat you up, or damaged or took your things without permission).	○	○	○	○	○
43. Verbal bullying (for example, someone called you names, teased, embarrassed, threatened you, or made you do things you didn't want to do).	○	○	○	○	○
44. Social bullying (for example, someone left you out, excluded you, gossiped and spread rumors about you, or made you look foolish).	○	○	○	○	○
45. Cyberbullying (for example, someone excluded, threatened, embarrassed or hurt you online or through text messages).	○	○	○	○	○

Previous Next

60% 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
46. In general, how would you describe your health?	○	○	○	○

Previous Next

63% complete

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

48. Who would you talk to if you were feeling sad, stressed, or worried? (Check ALL that are true for you)

- ☐ An adult at school (for example, a teacher, school counselor or another adult at school)
- ☐ A family member (for example, a parent, grandparent, aunt/uncle, older sibling or cousin, or another adult that lives with me)
- ☐ An adult in my community (for example, a coach, an elder, after-school program staff, or another adult in my community)
- ☐ A health professional (for example, a doctor, nurse, or a counselor)
- ☐ My friend(s)
- ☐ I would not know who to talk to
- ☐ I would prefer to handle it on my own
- ☐ I would talk to someone else (someone not on this list)

Previous Next

67% complete

	Car	School bus	Public transportation (public bus, train or ferry)	Walk	Cycle, skateboard, scooter, or rollerblade	Something else
49. a) How do you usually get TO school:	○	○	○	○	○	○
49. b) How do you usually get home FROM school:	○	○	○	○	○	○

Previous

Next

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?"

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

Previous

Next

70% complete

52. 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.	○	○	○	○	○	○

53. 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



76% complete

54. How often do you get a good night's sleep?	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
55. What time do you usually wake up during the weekdays?	Before 6:00am	Between 6:00am and 7:00am		Between 7:00am and 8:00am		After 8:00am		
56. What time do you usually go to bed 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		

Previous

Next

This point in the survey is a natural place to break

79% complete

ABOUT MY OUT-OF-SCHOOL TIME

57. 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



82% complete

58. Are there places in your neighbourhood/community where you feel comfortable to hang out with friends?	No ○	Yes ○	Don't know ○			
59. My neighbourhood is a place where neighbours help each other.	Disagree a lot ○	Disagree a little ○	Don't agree or disagree ○	Agree a little ○	Agree a lot ○	

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."**

85% 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.

60. 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

88% complete

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

61. 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?	○	○	○	○	○	○	○	○

Previous Next

86% 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
62. In a normal week, how many days are you physically active for a total of at least 60 minutes or one hour per day?	○	○	○	○	○	○	○	○
63. In a normal week, how many days do you spend 30 or more minutes in nature?	○	○	○	○	○	○	○	○

Previous Next

94% complete

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

64. 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)?	○	○	○	○	○	○	○

Previous Next

97% 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
65. When I'm sad, I can usually start doing something that will make me feel better.	○	○	○	○	○
66. After I'm interrupted or distracted, I can easily continue working where I left off.	○	○	○	○	○
67. I can calm myself down when I'm excited or upset.	○	○	○	○	○

Previous Next

100% complete

68. Are you concerned about the following environmental issues?

	No, not at all	Yes, a little	Yes, somewhat	Yes, quite a bit	Yes, very much
a) Climate change (for example, global warming).	○	○	○	○	○
b) Species extinction (when an entire type of animal dies out).	○	○	○	○	○
c) Deforestation (cutting down too much forest).	○	○	○	○	○
d) Pollution (for example, garbage, ocean plastic).	○	○	○	○	○

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97% complete

68. Are mental health services available to you...

	No	Yes	Don't know
a. At your school?	○	◉	○
b. In your community?	○	◉	○

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69. In the last year, did you need to access mental health services?	No ○	Yes ◉	Don't know ○
If yes, did you access the services you wanted to?	No ◉	Yes ○	Don't know ○

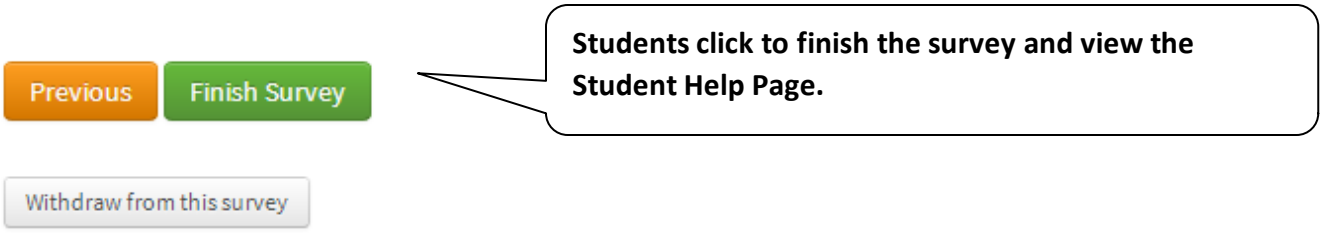
If no, what stopped you from accessing the services you wanted?

- ☐ Preferred method of services unavailable (for example, in-person, virtual).
- ☐ Uncomfortable with available service provider (for example, the provider knows me and my family outside of school, I don't have a relationship with the provider).
- ☐ Location of services (for example, not private because it's in a main area of school).
- ☐ My parents/guardians do not approve.
- ☐ Appointment availability/waiting list.
- ☑ Other

Other: _____

If yes, did you access the services you wanted to?	No ○	Yes ◉	Don't know ○
If yes, how did you feel about the services you received?	Poor ○	Fair ○	Good ○ Excellent ○

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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?

