

Welcome to the Middle Years Development Instrument or MDI. We would like to learn more about the lives of elementary and secondary school children and youth in Canada, and the best way to do that is to ask YOU about your life in school and outside of school. To learn about people your age, we would like to ask you some questions about how you think and feel about things in your life and 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 of 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 everyone your age.
- 2. It is **your choice** to fill out the survey. You can choose not to participate at any time before, during or after you complete the survey and you will not get in trouble or lose marks. You can quit at any time by closing your browser. You will also see options to "withdraw" from the survey which means that when you quit, all your question answers will be deleted.
- 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!



Please select your school from the drop-down list:	
\$	
* Please read the following statements:	
 -I understand this survey does not count for school marks. -I understand I can stop doing the survey at any time. -I understand I can skip questions I don't feel like answering. -I understand this survey is confidential. 	
Do you wish to continue with the survey?	
Yes, I understand and I want to continue.	
No, I do not want to do the survey.	





Before we begin MDI, please tell us a little about yourself.

What grade are you in?
\$
Which of these adults do you live with most of the time? (Check all adults you live with.)
☐ Mother
☐ Father
Stepfather
☐ Stepmother
☐ Grandmother
☐ Grandfather
☐ Two mothers
☐ Two fathers
Part time with each parent
Foster parents(s) or caregivers(s)
Other adults

○ 0 ○ 4 ○ 1 ○ 5 ○ 2 ○ 6
○ 2
○ 3 ○ 7 or more



In our society, people are often described tracial group(s) best describes you? (selec	
 Black (e.g., African, Afro-Caribbean, African-Canadian descent) East Asian (e.g., Chinese, Korean, Japanese, Taiwanese descent) Indigenous (e.g., First Nations, Métis, Inuit descent) Latino/Latina/Latinx (e.g., Latin American, Brazilian, Mexican, Cuban, Chilean descent) Middle Eastern (e.g., Arab, Persian, West Asian descent, e.g. Afghan, Egyptian, 	 South Asian (e.g., South Asian descent, e.g. East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean, etc.) Southeast Asian (e.g., Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent) White (e.g., English, Italian, German, European descent) Not Sure Prefer not to answer
Iranian, Lebanese, Turkish, Kurdish, etc.) Not listed here (please specify)	
Do you consider yourself to be racialized? "person of colour". We are asking if you se	•
○ Yes	
○ No	
○ Not sure	

Do others see you as racialized? (this is important because it may influence how
others treat you)
○ Yes
○ No
O Not sure



How do you describe your gender?
Prefer not to answer
Воу
Girl
☐ In another way (specify below if you wish):
I identify as:



Do	Do you consider yourself to be a person with a disability?		
\bigcirc	Yes		
\bigcirc	No		
\bigcirc	Not sure		
\bigcirc	Prefer not to answer		
If ye	es, select all that apply		
	Addiction(s)	Memory	
	Attention Deficit Disorder	Mental health disabilities	
	Attention Deficit Hyperactivity Disorder	Pain	
	Autism Spectrum Disorder	Physical, functional and/or mobility	
	Chronic medical condition	Seeing/sight/visual	
	Intellectual/Developmental Disorder	Speech/language	
	Fetal Alcohol Syndrome Disorder	☐ Not sure	
	Hearing	Prefer not to answer	
	Learning		
	Not listed here (please specify)		



Were you born in Canada?
○ Yes
○ No
If you answered 'No', how long have you been in Canada?
C Less than 6 months
○ 6 months to 1 year
1 to 2 years
O 2 to 5 years
○ More than 5 years
O Not applicable. I was born here.



What is the first language you learned to speak?
○ English
Another language
English + another language (or languages)
What language(s) do you speak at home now?
○ English
Another language
English + another language or languages
How difficult is it for you to read in English?
O Very hard
○ Hard
○ Easy
O Very Easy



Before we begin the MDI questions, we'd like to ask you a few questions about your school.
Do you feel safe when you are at school?
○ Never
Rarely
Some of the time
Most of the time
All of the time

Where have you felt <i>unsafe</i> around school? (check all that apply)		
☐ I have not felt unsafe	During class	
Classroom	During intramurals	
Lunchroom / cafeteria	On the bus	
Washroom	Bus loading area	
Change rooms or locker rooms	During breaks/recess inside	
Gym	During breaks/recess outside	
Hallway	At the front of the school	
School entrances and exits	At the back of the school	
On my way home from school	☐ In the parking lot	
On my way to school	Library	
Other (please specify)		



Do you ever feel unwelcome or uncomfor (check all that apply)	table because of any of the following?
☐ How I look	My race or ethnicity
☐ How I act around others	My sexual orientation
My body size	My gender identity
My way of showing my emotions	My disability
My grades or marks	☐ How I speak
My activities or hobbies	☐ The stuff I have
My religion	☐ The stuff I don't have
Other (please specify)	



In your school, how often have you learned of the experiences or achievements of:

	Often	Sometimes	Never
Women and girls	\bigcirc		\bigcirc
Indigenous peoples (Inuit, Metis, First Nations)		\bigcirc	\bigcirc
Diverse ethnocultural or racial groups		\bigcirc	\bigcirc
Diverse religious/faith communities		\bigcirc	\bigcirc
People with disabilities		\bigcirc	\bigcirc
Two Spirit and LGBTQIA+ people		\bigcirc	\bigcirc
People who identify as transgender		\bigcirc	\bigcirc
People with different income levels	\circ	\circ	



How do you feel you are treated by the ac	dults in your school?
The same way as everyone else	
O Better than others	
Worse than others	
If you feel that you are treated better or w of any of the following? (select all that app	orse than others, do you think it is because
☐ How I look	My sexual orientation
☐ How I act around others	My gender identity
My body size	My disability
My way of showing my emotions	☐ How I speak
My grades or marks	Stuff I have
My activities or hobbies	Stuff I don't have
My religion	■ Not sure
My race or ethnicity	
Other (please specify)	



The next 5 questions are about how much you feel you matter to other people at your school. Please respond with what YOU believe.

How important do you feel you are to other people at your school?
O Not at all
○ A little
○ Somewhat
O Very much
How much do you feel other people pay attention to you at your school?
O Not at all
○ A little
○ Somewhat
O Very much
How much do you feel others would <i>miss</i> you if you were not at school?
O Not at all
○ A little
○ Somewhat
O Very much

How interested are people generally in what you have to say at school?
○ Not at all
○ A little
○ Somewhat
O Very much
How much do other people <i>depend</i> on you at school?
O Not at all
○ Somewhat
O Very much



These next few questions are about the technology you use for school work.

What type of device do you mainly use for school work?	
○ Tablet (e.g., iPad)	
Laptop computer	
Other (please specify)	
Is it a personal device or a school board device?	
O Personal device	
School board device	
Both a personal device and a school board device	
Do you use more than one device? Yes No	



What do you use your device(s) for? (sele	ct all that apply)
Essay writing	Using online search engines (e.g., Google) to help with homework
Programming (e.g., Python, C#, SQL, .NET)	Working on assignments
☐ Image editing (e.g., Adobe Photoshop)	Accessing readings (e.g., textbooks,
Making videos	novels, articles)
computer animation	Assistive technology (e.g., text-to-speech Google Translate)
Coordinating group work	Coding (e.g., Scratch)
Other (please specify)	

What does your <i>school</i> ask you to use yo	our device(s) for? (select all that apply)
Essay writingProgramming (e.g., Python, C#, SQL, .NET)Image editing (e.g., Adobe Photoshop)	 Using online search engines (e.g., Google) to help with homework Working on assignments Accessing readings (e.g., textbooks,
Making videoscomputer animation	novels, articles) Assistive technology (e.g., text-to-speech,
Coordinating group work	Google Translate) Coding (e.g., Scratch)
Other (please specify)	
Tablet (e.g., iPad) Laptop computer It doesn't matter to me Other (please specify)	



These questions are about community service hours.

Are you aware that you must complete 40 hours of community service (volunteer work) before you can graduate from high school? (this has been reduced to 20 hours for students graduating this year because of Covid)
○ Yes
○ No
What stops you (or what do you think <i>will</i> stop you when you get to high school) from completing your community service requirement?
☐ Nothing stops me / nothing will stop me
☐ I don't know how to find community service activities
☐ I can't find community service activities that I am interested in
☐ I don't have transportation to and from community service activities
☐ I have to go straight home after school
☐ I have to take care of brothers or sisters or do other things at home
☐ I have too much homework to do
☐ I don't want to do this without my friends
Other (please specify)



All right! Let's begin MDI

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.

Remember: there are no wrong or right answers!

How much do you agree or dis	sagree with the following statemer	t?
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	Disagree a lot	Disagree a little	Don't agree or disagree	Agree a little	Agree a lot
1. I feel sorry for other kids who don't have the things that I have.	0	0	0	0	0
2. When I see someone being treated meanly it bothers me.	\circ	\circ	\bigcirc		
3. I am a person who cares about the feelings of others.	0	0	0	0	0
4. I have more good times than bad times.	\circ	\bigcirc	\circ	\circ	\circ
5. I believe more good things than bad things will happen to me.	0	\circ	0	0	0



Please answer the	e following qu	iestions.			
	Disagree a lot	Disagree a little	Don't agree or disagree	Agree a little	Agree a lot
6. I start most days thinking I will have a good day.	0	0	0	0	0
7. In general, I like being the way I am.	\circ	0	\circ	\circ	0
8. Overall, I have a lot to be proud of.	0	0	0	0	0
9. A lot of things about me are good.	0	0	\circ	\circ	\circ
10. I feel unhappy a lot of the time.	0	0	0	0	0
11. I feel upset about things.	\circ	0	\circ	\circ	\circ
12. I feel that I do things wrong a lot.	0	0	0	\circ	0
13. I worry about what other kids might be saying about me.	0	\circ			\circ
14. I worry a lot that other people might not like me.	0	\circ	0	0	0
15. I worry about being teased.					



Please answer the following questions:

	Disagree a lot	Disagree a little	Don't agree or disagree	Agree a little	Agree a lot
16. In most ways my life is close to the way I would want it to be.	0	0	0	0	
17. The things in my life are excellent.	\circ	\circ	\circ	\circ	\bigcirc
18. I am happy with my life.	0	0	0	0	\circ
19. So far I have gotten the important things I want in life.	0	\circ	0	0	0
20. If I could live my life over, I would have it the same way.	0	0	0	0	0

Since the start of	this school ye	ear, how often	did you do tl	nis?	
	Not at all this school year	Once or a few times	About every month	About every week	Many times a week
21. I cheered someone up who was feeling sad.	0	0	\circ	\circ	\circ
22. I helped someone who was being picked on.	0	0	0		0
23. I helped someone who was hurt.	0	0	0	0	0



These questions are about your community and 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
24who believes that I will be a success.	0	0	0	0
25who listens to me when I have something to say.				
26who I can talk to about my problems.	\bigcirc		\circ	
27. I care about what my parents (or guardians) think of me.	\bigcirc		\bigcirc	

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		
28who really cares about me.	\circ	\circ	0	\circ		
29who believes that I will be a success.	0	\bigcirc	\circ	\circ		
30who listens to me when I have something to say.	0	0	0	0		

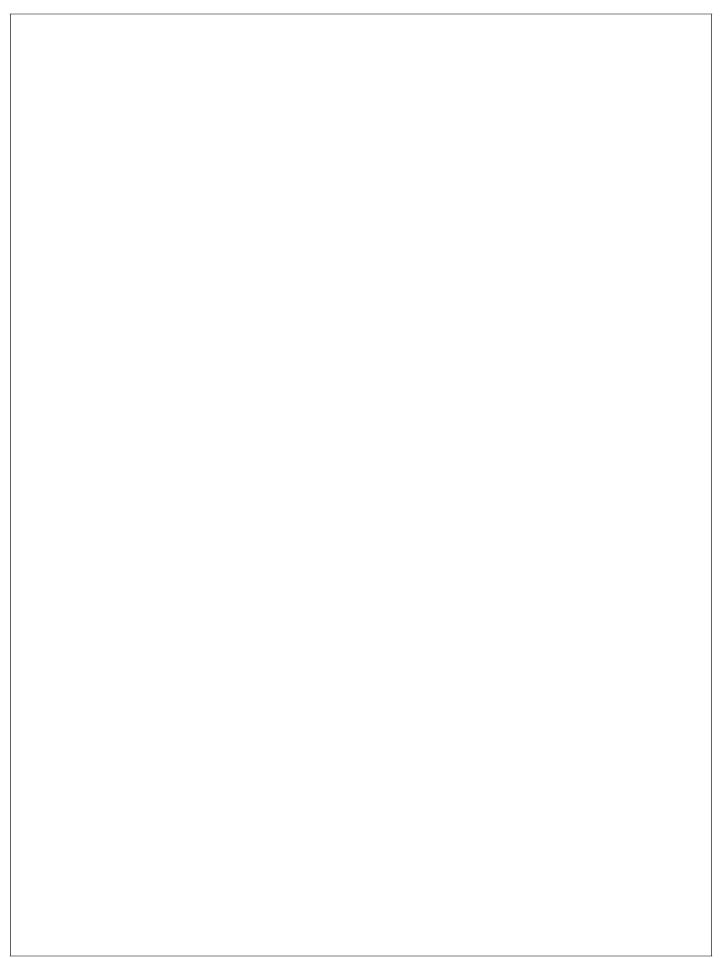


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31. Are there places in your neighbourhood/community that provide programs for kids your age, like sports (for example, swimming, soccer, hockey), art, dance, music classes, and other clubs and activities?
○ No ○ Yes ○ Don't know
32. Are there safe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



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
33. I feel part of a group of friends that do things together.	0	0	0	0	0
34. I feel that I usually fit in with other kids around me.		0			0
35. When I am with other kids my age, I feel I belong.		0			0
36. I have at least one really good friend I can talk to when something is bothering me.					0
37. I have a friend I can tell everything to.	\circ	\circ	\circ	\circ	0
38. There is somebody my age who really understands me.	0	0	0	0	





Please answer the following questions.

	Disagree a lot	Disagree a little	Don't agree or disagree	Agree a little	Agree a lot
39. I am certain I can learn the skills taught in school this year.	0	0	0	0	0
40. If I have enough time, I can do a good job on all my school work.				\bigcirc	0
41. Even if the work in school is hard, I can learn it.	0	0	\circ	0	0



Please answer the following questions:

	Disagree a lot	Disagree a little	Don't agree or disagree	Agree a little	Agree a lot
42. Staff and students treat each other with respect in this school.	0		0	0	
43. People care about each other in this school.	\circ	\bigcirc	\circ	\circ	\bigcirc
44. Students in this school help each other, even if they are not friends.	0		\bigcirc	\circ	
45. I feel like I belong in this school.	\circ	\circ	\circ	\circ	\circ
46. I feel like I am important to this school.	0	\circ	0	0	\circ
47. When I grow up, I have goals and plans for the future.		0	0	0	0



There are a lot of different ways to bully someone, but a bully has some advantages (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
48. 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	
49. Verbal bullying (for example, someone called you names, teased, embarrassed, threatened you, or made you do things you didn't want to do).						
50. Social bullying (for example, someone left you out, excluded you, gossiped and spread rumors about you, or made you look foolish).						
51. Cyberbullying (for example, someone used the computer or text messages to exclude, threaten, embarrass you, or to hurt your feelings).						



These questions ask about your physical health. Sometimes people 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 people your age in Canada.

52. In general, how would you describe your health?
O Poor O Fair O Good O Excellent
53. Who do 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 (please describe who you would talk to)



Please answer the following questions:

	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
54. How often do you eat breakfast?	\circ	0	0	0	0	0	0	0
55. How often do your parents or other adult family members eat meals with you?	\circ	\circ	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
56. How often do you eat food like pop, candy, potato chips, or something else?	0	\circ	0	\bigcirc	\bigcirc	\bigcirc	\circ	0
57. How often do you get a good night's sleep?	0	0	\circ	\circ	\circ	\circ	\circ	0



We would like to know what you did after school <code>last week</code>.

	Never	Once a week	Twice a week	3 times a week	4 times a week	5 times a week (every day)
I go home	\bigcirc	\bigcirc		\bigcirc	\bigcirc	\bigcirc
I stay at school to participate in after school activities (e.g., sports, tutoring, clubs)		0	0	0	0	0
I go to an after school program (in my school or someplace else)	0	0	0	0	0	0
I go to a friend's house	\bigcirc	\bigcirc	\circ	\circ	\circ	\bigcirc
I go to a park, playground or community centre	0	0	\bigcirc	\bigcirc	\bigcirc	0
I hang out at the mall or stores	\bigcirc	\bigcirc	\circ	\circ	\circ	\bigcirc
I go someplace else (e.g., a family member's home or other places)	0	0				0
59. During last week from <u>after school to dinner time</u> (about 3 to 6 pm), how many days did you participate in these organized activities:						

	Never	Once a week	Twice a week	3 times a week	4 times a week	5 times a week (every day)
a) Educational lessons or activities (for example, tutoring, math, language school, or something else)?	0			0		
b) Art or music lessons (for example, drawing, painting, playing a musical instrument, or something else)?	0			0		
c) Youth organizations (for example, Scouts, Girl Guides, Boys and Girls Clubs, After School Care, or something else)?					0	
d) Individual sports with a coach or instructor (for example, swimming, dance, gymnastics, tennis, skating, or something else)?	0			0	0	0
e) Team sports with a coach or instructor (for example, basketball, hockey, soccer, football, or something else)?	0			0	0	



60. Think about the activities you want to participating in them? (Check all of the thin	be doing after school. What stops you from ngs that stop you.)		
Nothing stops me.	My parents do not approve.		
I have to go straight home after school.	It costs too much.		
It is too difficult to get there.	I need to take care of brothers or sisters or do other things at home.		
The activity that I want is not offered.			
The schedule does not fit the times that I can attend.	I am afraid I will not be good enough in that activity.		
It's not safe for me to go.	☐ I'm too busy.		
I have too much homework to do.	I don't know what is available.		
	None of my friends are interested or want to go.		
Other (please specify)			



Last page!

Please answer either yes or no for the following questions.

	No	Yes
61. I plan to graduate from high school.		
62. I plan to graduate from college, university, or some other training after high school.		

Please answer the following questions:						
		Disagree a lot	Disagree a little	Don't agree or disagree	Agree a little	Agree a lot
imp to d	I feel I have ortant things o in the future ny life.	0	0	0	0	
64. whe war thin	I can say 'no' en someone ats me to do gs that are ag or gerous.					



Help for Students

Thank you for taking this survey.

Some of the questions you saw may have made you think of problems you are having, maybe with other students.

Please reach out to your parent(s) or guardian(s) if you need help. If you would prefer *not* to talk to your parents/guardians, consider talking to your teacher or principal or another adult at school. 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 Kids HELP phone at 800-668-6968

We Help is a free service that HWDSB offers to support students. It operates during school hours.

You can text 905-963-0066 during school hours or go to the board website We Help page to chat with someone.

When you submit this survey, you will be taken to the HWDSB We Help page in case you want to access supports.