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Canadian Campus  
Wellbeing Survey

Bien-être sur les  
campus canadiens

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## Survey Content 2019





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## Survey Instructions and Consent

# Canadian Campus Wellbeing Survey

### **SURVEY INSTRUCTIONS**

You are invited to complete the Canadian Campus Wellbeing Survey for post-secondary students.

This survey asks about different aspects of your wellbeing and health behaviours and will take approximately 15-20 minutes to complete.

The survey is voluntary and your responses are confidential. You may choose whether you would like to participate and skip any questions that you prefer not to answer or stop at any time.

Your answers are valuable and will help to inform policies and practices that support student health and wellbeing at post-secondary institutions.

### **CONSENT TO COLLECT DATA**

By completing this survey you are giving your informed consent to the collection of the information in the Canadian Campus Wellbeing Survey. Your data will be anonymized and stored in a data registry. The data registry is solely under the custodianship of the Canadian Campus Wellbeing Survey and may only be accessed through case-level datasets prepared by Canadian Campus Wellbeing Survey analysts for approved researchers and third-parties for research purposes.



## Student Experience

This section will ask you about your experiences and opinions about your post-secondary institution.

Based on your experience at your institution, please rate your level of agreement with the following statements.

	Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree
I feel that I belong on campus.						
At my institution, I am respected regardless of my personal characteristics, identity or background (e.g., gender, ethnicity, international status, disability, etc.).						
My institution is a respectful environment.						
My institution values diversity.						
At my institution, I feel that students' mental and emotional wellbeing is a priority.						
At my institution, I feel that the campus climate encourages free and open discussion about mental and emotional health.						
At my institution, the administration is listening to the concerns of students when it comes to mental health and wellbeing.						
I have a group, community, or social circle at school where I feel I belong (feel at home, known, connected to, support in my identity).						

How safe or unsafe do you feel on campus during the day?

- Very safe
- Safe
- Somewhat safe
- Somewhat unsafe
- Unsafe
- Very unsafe
- Not applicable

How safe or unsafe do you feel on campus at night?

- Very safe
- Safe
- Somewhat safe
- Somewhat unsafe
- Unsafe
- Very unsafe



- Not applicable

## Academic Achievement

This section will ask you about your opinions and experiences as a student.

Please rate your level of agreement with the following statements:

	Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree
My institution provides a supportive learning environment.						
My institution uses teaching strategies designed to support learners.						
My institution provides opportunities for students to explore their full potential.						
I am confident that I will be able to finish my academic program no matter what challenges I may face.						

## Mental Health Assets

This section will ask you about your overall wellbeing.

Below are some statements about feelings and thoughts. Please choose the box that best describes your experience of each **over the last 2 weeks**.

	None of the time	Rarely	Some of the time	Often	All of the time
(i) I've been feeling optimistic about the future					
(ii) I've been feeling useful					
(iii) I've been feeling relaxed					
(iv) I've been feeling interested in other people					
(v) I've had energy to spare					
(vi) I've been dealing with problems well					
(vii) I've been thinking clearly					
(viii) I've been feeling good about myself					
(ix) I've been feeling close to other people					
(x) I've been feeling confident					



(xi) I've been able to make up my own mind about things					
(xii) I've been feeling loved					
(xiii) I've been interested in new things					
(xiv) I've been feeling cheerful					

In general, how would you rate ...?

	Poor	Fair	Good	Very good	Excellent
(i) Your ability to handle unexpected and difficult problems (a family or personal crisis)					
(ii) Your ability to handle day-to-day demands in your life (work, family responsibilities)					
(iii) Your physical health					
(iv) Your mental health					

## Mental Health Deficits

This section will ask you about potential sources of stress for you, and your feelings.

Please indicate the degree to which the following factors pose, or have posed, an obstacle **to your academic progress**:

	A major obstacle	A minor obstacle	Not an obstacle
(i) Financial pressures or work obligations			
(ii) Personal or family problems			
(iii) Your academic performance at your post-secondary institution			
(iv) Course availability/scheduling			
(v) Lack of good academic advising			
(vi) Difficulties with academic workload			
(vii) Language/cultural barriers			
(viii) Difficulties associated with a disability or chronic health condition			

These questions concern how you have been feeling over the past 30 days. Choose the answer that best represents how you have been feeling. **During the last 30 days....**

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
--	------------------	----------------------	------------------	------------------	-----------------



(i) How often did you feel tired out for no good reason?					
(ii) How often did you feel nervous?					
(iii) How often did you feel so nervous that nothing could calm you down?					
(iv) How often did you feel hopeless?					
(v) How often did you feel restless or fidgety?					
(vi) How often did you feel so restless you could not sit still?					
(vii) How often did you feel depressed?					
(viii) How often did you feel that everything was an effort?					
(ix) How often did you feel so sad that nothing could cheer you up?					
(x) How often did you feel worthless?					

*You have completed the first section of the survey. Your responses are valuable. We remind you that your responses will be kept confidential. Responses to this survey will not identify any individual student and will not be linked in any way to student records.*

In the past 12 months, have you ever seriously contemplated suicide?

- Yes
- No
- I prefer not to answer

→ If answered yes to above:

In the past 12 months, have you ever made a plan to seriously attempt suicide?

- Yes
- No
- I prefer not to answer



If you need support, you can reach out to Crisis Services Canada (<http://www.crisisservicescanada.ca>) and connect with someone Toll-Free, 24 hours a day, 7 days a week at 1-833-456-4566

## Health Service Utilization/Help Seeking

This section will ask you about your knowledge and opinions about health services available on- and off-campus.

### How much do you agree with the following statements?

If I needed to seek professional help for my mental or emotional health, I would know where to go **on campus**.

- Strongly agree
- Agree
- Somewhat agree
- Somewhat disagree
- Disagree
- Strongly disagree

If I needed to seek professional help for my mental or emotional health, I would know where to go **off campus**.

- Strongly agree
- Agree
- Somewhat agree
- Somewhat disagree
- Disagree
- Strongly disagree

If I needed to seek professional help for my physical health, I would know where to go **on campus**.

- Strongly agree
- Agree
- Somewhat agree
- Somewhat disagree
- Disagree
- Strongly disagree
- Not applicable

If I needed to seek professional help for my physical health, I would know where to go **off campus**.

- Strongly agree
- Agree
- Somewhat agree





- Somewhat disagree
- Disagree
- Strongly disagree

There is a good support system on campus for students going through difficult times.

- Strongly agree
- Agree
- Somewhat agree
- Somewhat disagree
- Disagree
- Strongly disagree
- I don't know

Are you aware of mental health outreach efforts on your campus (such as educational programs, awareness events, anti-stigma campaigns, screening days)?

- Yes
- No

Do you use campus health services for your primary care (such as routine check-ups with a doctor)?

- Yes
- No

If you were experiencing serious emotional distress, whom would you talk to about this? *Select all that apply.*

- Professional clinician (e.g., psychologist, counsellor, or psychiatrist)
- Roommate
- Friend (who is not a roommate)
- Significant other
- Family member
- Religious counsellor or other religious contact
- Support group (e.g., student peer support, online support group)
- Professor or instructor
- Other non-clinical source (please specify below): \_\_\_\_\_
- I don't have anyone to talk to about this
- I prefer not to talk to anyone about this

## Physical Health/Health Behaviours

This section will ask you about your sleep habits and other activities.



## Sleep

During the past week, what time have you usually turned out the light and gone to sleep on weekdays?

- 24hrs in 30min intervals

During the past week, what time have you usually woken up in the morning on weekdays?

- 24hrs in 30min intervals

During the past week, what time have you usually turned out the light and gone to sleep on weekends?

- 24hrs in 30min intervals

During the past week, what time have you usually woken up in the morning on weekends?

- 24hrs in 30min intervals

During the past week, how would you rate your sleep quality overall (how well you sleep)?

- Very good
- Fairly good
- Fairly bad
- Very bad

## Physical Activities

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the **last 7 days**. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, at home, to get from place to place, and in your spare time for recreation, exercise or sport.

Think about all the **vigorous** activities that you did in the **last 7 days**. **Vigorous** physical activities refer to activities that take hard physical effort and make you **sweat and breathe much harder** than normal.

Think *only* about those physical activities that you did for at least 10 minutes at a time.

During the **last 7 days**, on how many days did you do **vigorous** physical activities like heavy lifting, running, or fast bicycling?

- 0 days - I did not do any vigorous physical activities in the last 7 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days (everyday)



→ If answered 1-7 days to above:

How much time did you usually spend doing **vigorous** physical activities on one of those days?

For example: If you did 30 minutes of vigorous physical activity on one of those days, you will need to insert 0 in the hour box and 30 in the minute box.

- # hours per day (0-10 hrs)
- # minutes per day (0-59 mins)

Think about all the **moderate** activities that you did in the **last 7 days**. **Moderate** physical activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal, but you are still able to have a conversation. This intensity is like "walking when you're late for a class or meeting". Think *only* about those physical activities that you did for at least 10 minutes at a time.

During the **last 7 days**, on how many days did you do **moderate** physical activities like carrying light loads, bicycling at a regular pace or brisk walking?

- 0 days - I did not do any moderate physical activities in the last 7 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days (everyday)

→ If answered 1-7 days to above:

How much time did you usually spend doing **moderate** physical activities on one of those days?

For example: If you did 1 hour and 50 minutes of moderate physical activity on one of those days, you will need to insert 1 in the hour box and 50 in the minute box.

- # hours per day (0-10 hrs)
- # minutes per day (0-59 mins)

Within the last 12 months, have you participated in organized sports at any of the following levels?  
*Select all that apply.*

- Varsity
- Club/community sports
- Intramurals
- I don't participate in organized sports



## Sedentary Behaviour

The following questions are about activities you did in the **last 7 days while sitting, reclining or lying down**. Do not count the time you spent in bed sleeping or napping.

On a typical **weekday** in the past week, how much time did you spend sitting, reclining or lying down and ...

(i) Watching TV or using a computer, tablet or smartphone **during your free time?**

- Include time spent texting, watching DVDs, videos, playing computer games, Xbox, PlayStation, iPod, YouTube, Facebook or other social networking tools, emailing and using the Internet.

- Do not include time spent on a computer at work or at school.

For example: If you typically used your computer for 6.5 hours on the weekdays, you will need to insert 6 in the hour box and 30 in the minute box.

- # hours per day (0-24 hrs)
- # minutes per day (0-59 mins)

(ii) Sitting while driving in a car, bus, or train?

For example: If you typically sat on the bus for 45 minutes on the weekdays, you will need to insert 0 in the hour box and 45 in the minute box.

- # hours per day (0-24 hrs)
- # minutes per day (0-59 mins)

During the last 7 days, how much time did you usually spend sitting **during the full day?**

- Include time spent at school or work, at home, while doing course work, and during leisure time. This may include time spent sitting at a desk, visiting friends, reading or sitting or lying down to watch television.

For example: If you typically sat for 9 hours each day, you will need to insert 9 in the hour box and 0 in the minute box.

- # hours per day (0-24 hrs)
- # minutes per day (0-59 mins)

## Sexual Health Behaviours

The next few questions are about sexual behaviours. You are asked these questions because sexual behaviours can have very important and long-lasting effects on personal health. Your responses will remain confidential.

Have you ever had sexual intercourse?

- Yes
- No
- I prefer not to answer

→ If answered yes to above:



Do you or your partner(s) usually use a condom or other protective barrier (e.g., dam, glove) when you have sexual intercourse?

- Yes
- No
- I don't know
- I prefer not to answer

Do you find your sexual relationship(s) with your partner(s) satisfactory?

- Never
- Hardly ever
- Occasionally
- Usually
- Always
- I prefer not to answer

## Substance Use

The following questions will ask about your experience with alcohol and drug use. All the information that you provide will remain strictly confidential.

### Alcohol Use

For the purpose of this survey, a **drink** means:

- 341 ml or 12 oz. of beer or cooler (bottle, can, or draft)
- 142 ml or 5 oz. of wine
- 43 ml or 1.5 oz. of liquor or spirit (straight or mixed)

**Include** light beer.

**Exclude** de-alcoholised beer or coolers (0.5% alcohol) or cocktails such as Virgin Mary or Shirley Temple.



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The physiological effects of alcohol vary by biological sex. For this question, refer to the number of drinks that corresponds with your biological sex at birth.

During the **past 30 days**, how often have you had *4 or more drinks (female sex)* OR *5 or more drinks (male sex)* on one occasion?



“On one occasion” means at the same time or within a couple of hours of each other.

- Daily or almost daily
- 2 to 5 times a week
- Once a week
- 2 to 3 times in the past 30 days
- Once in the past 30 days
- Not in the past 30 days
- I don't know
- I prefer not to answer

## Cannabis Use

The next questions are about **cannabis**. In this survey when we use the term **cannabis**, **this includes marijuana (e.g., weed, pot), hashish, hash oil or any other products made from the cannabis plant, but not synthetic cannabinoids.**

When we ask about use, this includes using cannabis in its dry form or when mixed or processed into another product such as an edible, an extract, a concentrate, including hashish, a liquid, or other product.

Cannabis use may include use for medical and/or non-medical purposes.

In the **past 12 months**, have you used cannabis?

- Yes
- No
- I don't know
- I prefer not to answer

→ If answered yes to above:

In the **past 30 days**, how often did you use cannabis?

- Not in the past 30 days
- 1 day in the past 30 days
- 2 or 3 days in the past 30 days
- 1 or 2 day(s) per week
- 3 or 4 days per week
- 5 or 6 days per week
- Daily
- I don't know
- I prefer not to answer

## Other Drugs

The next series of questions is about your use of various pain relievers.

For the purpose of this survey, “pain relievers” are products that contain opioids such as codeine or

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morphine, or related drugs. Most of these products require a prescription, although some do not.

**Exclude** drugs such as Regular Tylenol or Extra Strength Tylenol, Aspirin, Advil, Motrin or their generic equivalents.

**Include** prescribed or non-prescribed drugs such as Tylenol 1, 2, 3, and 4, or 292s.

In the **past 12 months**, have you used any pain relievers?

**Exclude:** Regular Tylenol or Extra Strength Tylenol, Aspirin, Advil, Motrin or their generic equivalents

- Yes
- No
- I don't know
- I prefer not to answer

→ If answered yes to above:

During the **past 12 months**, have you used pain relievers for reasons other than for pain relief? For example, to help you sleep, to feel better, to improve your mood, to cope with stress, for the experience, for the feeling they caused, to feel numb, or for any other reason.

- Yes
- No
- I don't know
- I prefer not to answer

During the **past 12 months**, were the pain relievers you have used prescribed for you?

For this question, please only consider those pain relievers that require a prescription, do not consider codeine products available from a pharmacist without a prescription such as Tylenol® #1 or 292s®.

Consider pain relievers given to you while you were admitted in **hospital** as being prescribed.

- Yes, they all were prescribed
- Some were prescribed and others were not
- No, none were prescribed
- I don't know
- I prefer not to answer

## Stimulants

The next few questions are about your use of various stimulants. For the purpose of this survey, “stimulants” are products that require a prescription such as Ritalin, Concerta, Adderall or Dexedrine to help people who have attention or concentration problems such as ADHD.

**Exclude** over-the-counter medications.

In the **past 12 months**, have you used any stimulants?

- Yes
- No
- I don't know



- I prefer not to answer

→ If answered yes to above:

During the **past 12 months**, did you use stimulants for reasons other than why they are recommended? For example, to cram for exams, to stay up all night to finish a project, to decrease your appetite, for the experience, to get high or for any other reason?

- Yes
- No
- I don't know
- I prefer not to answer

During the **past 12 months**, were **all** the stimulants you have used prescribed to you?

- Yes, they all were prescribed
- Some were prescribed and others were not
- No, none were prescribed
- I don't know
- I prefer not to answer

## Tobacco Use

The following section is about smoking tobacco.

Which of the following best applies to you?

- I smoke cigarettes (including hand-rolled) every day
- I smoke cigarettes (including hand-rolled), but not every day
- I do not smoke cigarettes at all, but I do smoke tobacco of some kind (e.g. Pipe, cigar or shisha)
- I have stopped smoking completely in the last year
- I stopped smoking completely more than a year ago
- I have never been a smoker (i.e. smoked for a year or more)
- I don't know
- I prefer not to answer

During the past 30 days, how often did you use an e-cigarette or vaping device?

- Daily or almost daily
- Less than daily, but at least once a week
- Less than weekly, but at least once in the past 30 days
- Not in the past 30 days, but from time to time
- Never
- I don't know
- I prefer not to answer





→ If answered daily, less than daily or less than weekly to above:

On how many of the past 30 days did you vape an e-liquid with nicotine?

- 0-30
- I don't know
- I prefer not to answer

On how many of the past 30 days did you vape cannabis/marijuana?

- 0-30
- I don't know
- I prefer not to answer

On how many of the past 30 days, did you vape just flavouring (without nicotine)?

- 0-30
- I don't know
- I prefer not to answer

## Food Security

These next questions are about the food eaten in the last 12 months, and whether you were able to afford the food you need. For these statements, please select whether the statement was often true, sometimes true, or never true for you in the **last 12 months**. If you are in first-year or a new student, please only think about the time since you enrolled at your current post-secondary institution.

The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more.

- Often true
- Sometimes true
- Never true
- I don't know
- I prefer not to answer

I couldn't afford to eat balanced meals.

- Often true
- Sometimes true
- Never true
- I don't know
- I prefer not to answer

Did you ever cut the size of your meals or skip meals because there wasn't enough money for food?

- Yes
- No



→ If answered yes to above:

How often did this happen?

- Almost every month
- Some months but not every month
- Only 1 or 2 months
- I don't know

Did you ever eat less than you felt you should because there wasn't enough money for food?

- Yes
- No
- I don't know

Were you ever hungry but didn't eat because there wasn't enough money for food?

- Yes
- No
- I don't know

## Demographics

This section will ask you some questions about your background and identity. By learning more about students' backgrounds and identities, we are able to gain a broader understanding of student experience from a variety of perspectives. *Your responses will be kept confidential. Results will be grouped without identifying individual students. No part of your responses to this survey will become part of your student record.*

What month were you born?

- January - December

What year were you born?

- 1950 – present year

The Canadian Census identifies the following categories in its Census of the Population. Please indicate how you self-identify.

This self-identification is not intended as an indication of one's place of origin, citizenship, language or culture and recognizes that there are differences both between and among subgroups of persons of colour. If you are of mixed-descent, please indicate this by selecting all that apply, rather than using the "other" line unless parts of your self-identification do not appear in this list.

- Indigenous peoples of Canada
- Indigenous (outside of Canada)
- Arab
- Black



- Chinese (including Mainland China, Hong Kong, Macau and Taiwan)
- Filipino
- Japanese
- Korean
- Latin, Central, or South American (e.g. Brazilian, Chilean, Columbian, Mexican)
- South Asian (e.g. Indian, Pakistani, Sri Lankan, etc.)
- Southeast Asian (e.g. Cambodian, Indonesian, Laotian Vietnamese, etc)
- West Asian (e.g. Afghan, Iranian, Syrian, etc)
- White
- If none of the above, please specify: \_\_\_\_\_

→ If answered Indigenous people of Canada to above:

Which Canadian Indigenous group do you identify with the most?

- First Nations
- Métis
- Inuit
- I prefer not to answer

Were you born in Canada?

- Yes
- No
- I prefer not to answer

→ If answered no to above:

What was the earliest year you attended school in Canada?

- K – 12 or currently enrolled as an international student

Were either of your parents/guardians born outside of Canada?

- Yes
- No
- I prefer not to answer

Where do you currently live?

- University or college residence
- Other on-campus housing
- Off-campus
- I do not have stable housing (e.g., couch-surfing, living in a vehicle, facing eviction)
- I prefer not to answer



→ If answered off-campus, no stable housing, or prefer not to answer to above:

How do you commute to campus? *Select the mode of transport you use most often.*

- Vehicle (alone)
- Vehicle (with others/carpool)
- Walk
- Bicycle
- Public transit
- Other (please specify) \_\_\_\_\_
- Not applicable (distance ed., co-op)

How long is your commute to campus (one-way)?

- 0-30 minutes
- 31-60 minutes
- Over 60 minutes

What is your average grade to date (cumulative grade)? Please choose the range that best describes your grades across all of the courses you have taken. If you have not yet received grades from your current institution, report average grade from previous school (e.g., high school).

- 90-100% (A+)
- 85 - 89% (A)
- 80-84% (A-)
- 76-79% (B+)
- 72-75% (B)
- 68-71% (B-)
- 64-67% (C+)
- 60-63% (C)
- 55-59% (C-)
- 50-54% (D)
- 0-49%

I prefer not to answer

Are you currently or were you over the last month in a co-op placement, practicum, residency, or study abroad term?

- Yes
- No

What is the average number of hours you work per week during the school year (paid employment only)?



- 0-40

To what extent, if at all, have you experienced financial stress due to your tuition and living expenses while at your current post-secondary institution?

- A great deal of financial stress
- Quite a bit of financial stress
- Some financial stress
- Very little financial stress
- No financial stress at all

What is your gender identity?

- Woman
- Non-binary
- Two-Spirit
- Man
- I prefer not to answer

Are you someone with trans experience (meaning that your gender identity does not align with your sex assigned at birth)? *Select one.*

- Yes
- No
- I prefer not to answer

Do you identify as:

- Heterosexual/Straight
- Gay/Lesbian
- Bisexual/Pansexual
- Asexual
- Queer
- Questioning/Unsure
- If none of the above, please specify: \_\_\_\_\_
- I prefer not to answer

How would you characterize your current relationship status?

- Single
- In a relationship
- Married, in a domestic partnership, or engaged
- Divorced or separated
- Widowed



- Other, please specify: \_\_\_\_\_

Do you have any of the following disabilities or ongoing medical conditions that have affected your everyday functioning? *Select all that apply.*

- Physical disability
- Blind/Visually impaired
- Deaf/Hard of Hearing
- Mental Health Condition
- Neurological (learning disability, ASD, Traumatic Brain Injury, ADHD, etc.)
- Chronic Health Condition (Crohn's, HIV, etc.)
- Another condition not listed above
- Not applicable - I don't have a disability or ongoing medical condition
- I prefer not to answer

→ If selected at least one disability or other above:

Do you currently receive accommodation for this disability or ongoing medical condition at your institution?

- Yes
- No
- I prefer not to answer

What is the highest level of formal education obtained by your **parent(s)/guardian(s)**?

- High school or less (e.g. GED, high school diploma, primary or elementary completion, etc.)
- Completed a college program (e.g. Apprenticeship, certificate or college diploma, etc.)
- Completed a university degree (e.g. Bachelor)
- Completed a graduate or other professional degree (e.g. Master, PhD)
- I don't know
- I prefer not to answer
- Not applicable