



Canadian Kids Online: Mapping Children's Experiences of the Internet (view-only)

Questions About You and The Internet

When we ask about 'the internet' or 'online' below, please think how you use any device in any place. This could include your mobile phone, tablet or computer to send or receive messages and emails, to browse or to chat with friends and family, uploading or downloading, or anything else that you usually do online.

1. Are you able to access the internet when you want to or need to? Please click on a circle to select your answer.

- ☐ 1. Never
- ☐ 2. Sometimes
- ☐ 3. Often
- ☐ 4. Always

2. How often do you go online or use the internet at the following places?

[illegible]

3. How often do you go online or use the internet using the following devices?

	1. Never	2. Almost never	3. At least every month	4. At least every week	5. Daily or almost daily	6. Several times each day	7. Almost all the time
a. A mobile phone that is not a smartphone [e.g. Nokia]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. A smartphone [e.g. Apple and Samsung phones]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. A desktop computer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. A laptop or notebook computer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. A tablet [e.g. iPad and Samsung tablet]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. A games console [e.g. playstation 3]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Which websites or apps do you mostly use these days? Please click on as many boxes as you want to select your answers.

- ☐ 1. Google.com
- ☐ 2. yahoo.com
- ☐ 3. Facebook
- ☐ 4. Twitter
- ☐ 5. Snapchat
- ☐ 6. Instagram
- ☐ 7. Netflix
- ☐ 8. Wikipedia
- ☐ 9. Roblox
- ☐ 10. Minecraft

[illegible]

[illegible]



Questions About You and The Internet

8. Have you EVER had contact on the internet with someone you have not met face-to-face before? Please click on a circle to select your answer.

- ☐ 1. No
- ☐ 2. Yes
- ☐ 3. Prefer not to say

9. In the PAST YEAR, have you EVER met anyone face-to-face that you first got to know on the internet? Please click on a circle to select your answer.

- ☐ 1. No
- ☐ 2. Yes
- ☐ 3. Prefer not to say

10. If you met anyone face-to-face that you first got to know on the internet, how did you feel about it? Please click on a circle to select your answer.

- ☐ 1. I was happy
- ☐ 2. I was not happy or upset
- ☐ 3. I was a little upset
- ☐ 4. I was fairly upset
- ☐ 5. I was very upset
- ☐ 6. Prefer not to say

11. In the PAST YEAR, has anything EVER happened online that bothered or upset you in some way (e.g., made you feel uncomfortable, scared or that you shouldn't have seen it)? Please click on a circle to select your answer.

- ☐ **1. No**
- ☐ **2. Yes**
- ☐ **3. Prefer not to say**



Questions About You and The Internet

11a. In the PAST YEAR, how often did this happen? Please click on a circle to select your answer.

- ☐ 1. Just once or twice
- ☐ 2. At least every month
- ☐ 3. At least every week
- ☐ 4. Daily or almost daily
- ☐ 5. Prefer not to say

11b. Thinking now about the LAST TIME this happened to you, how upset were you about what happened? Please click on a circle to select your answer.

- ☐ 1. A little upset
- ☐ 2. Fairly upset
- ☐ 3. Very upset
- ☐ 4. Prefer not to say

11c. The last time something happened online that bothered or upset you, did you talk to anyone of these people about it? Please click on as many boxes as you want to select your answers.

- ☐ a. My mother or father (or step/foster mother or father)
- ☐ b. My brother or sister (or step/foster/half sibling)
- ☐ c. A friend around my age
- ☐ d. A teacher
- ☐ e. Someone whose job it is to help children
- ☐ f. Another adult I trust
- ☐ g. Someone else
- ☐ h. I didn't talk to anyone
- ☐ i. Prefer not to say



Questions About You and The Internet

12. In the PAST YEAR, has anyone EVER treated you in a hurtful or nasty way?

Please click on a circle to select your answer.

- ☐ 1. No
- ☐ 2. Yes
- ☐ 3. Prefer not to say

13. If someone has treated you in this way, how has it happened?

	1. No	2. Yes	3. Prefer not to say	4. No one treated me this way
a. In person face-to-face (by someone with you in the same place)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Via a mobile phone or online device (computer, tablet, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Thinking of the last time someone treated you in a hurtful or nasty way online, how did you feel? Please click on a circle to select it.

- ☐ 1. I wasn't at all upset
- ☐ 2. I was a little upset
- ☐ 3. I was fairly upset
- ☐ 4. I was very upset
- ☐ 5. Prefer not to say
- ☐ 6. No one treated me this way

15. In the PAST YEAR, have you EVER treated someone else in a hurtful or nasty way? Please click on a circle to select it.

- ☐ 1. No
- ☐ 2. Yes
- ☐ 3. Prefer not to say

16. If you treated someone in this way, how did it happen?

	1. No	2. Yes	3. Prefer not to say	4. I never treated anyone this way
a. In person face-to-face (a person who is together with you in the same place at the same time)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Via a mobile phone or online device (computer, tablet, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Questions About You and The Internet

17. In the PAST YEAR, have you EVER SEEN any sexual images? Please click on a circle to select your answer.

- ☐ 1. No
- ☐ 2. Yes
- ☐ 3. Prefer not to say

18. The last time you saw images of this kind, where did you see them?

	1. No	2. Yes	3. Prefer not to say	4. I never saw this kind of image
a. In a magazine or book	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. On television or film	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Via a mobile phone, computer, tablet or any other online device	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. In the PAST YEAR, have you EVER RECEIVED any sexual messages? This could be words, pictures or videos. Please click on a circle to select your answer.

- ☐ 1. No
- ☐ 2. Yes
- ☐ 3. Prefer not to say

20. In the PAST YEAR, have you EVER SENT or POSTED any sexual messages? This could be words, pictures or videos about you or someone else. Please click on a circle to select your answer.

- ☐ 1. No
- ☐ 2. Yes
- ☐ 3. Prefer not to say

21. In the PAST YEAR, has any of the following happened to you on the internet?

	1. No	2. Yes	3. Prefer not to say
a. Somebody used my personal information in a way I didn't like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The device (e.g., phone, tablet, computer) I use got a virus or spyware	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I lost money by being cheated on the internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Somebody used my password to access my information or to pretend to be me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Somebody created a page or image about me that was hostile or hurtful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Questions About The Support You Receive from Other People

1. How easy is it for you to talk to your parent/carer about things that upset you?

Please click on a circle to select your answer.

- ☐ 1. Very easy
- ☐ 2. Fairly easy
- ☐ 3. Fairly difficult
- ☐ 4. Very difficult

2. How true are the following things for you? In my family and home...

	1. Not true for me	2. A bit true for me	3. Fairly true for me	4. Very true for me
a. When I speak someone listens to what I say	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. My family really tries to help me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I feel safe at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. How often do the following things apply to you?

	1. Never	2. Almost never	3. Sometimes	4. Often	5. Very often
a. My parent/carer praises me for behaving well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. My parent/carer sets rules about what I can do at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. My parent/carer sets rules about what I can do outside the home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. My parent/carer tells me when I am doing something well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. When you use the internet, how often does your parent/carer do any of these things?

	1. Never	2. Almost never	3. Sometimes	4. Often	5. Very often
a. Encourages me to explore and learn things on the internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Suggests ways to use the internet safely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Questions About The Support You Receive from Other People

5. Have you EVER done any of these things?

	1. Never	2. Almost never	3. Sometimes	4. Often	5. Very often
a. Told my parent/carer about things that bother or upset me on the internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Helped my parent/carer to do something they found difficult on the internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Does your parent/carer allow you to do the following things on the internet and if so, do you need their permission to do them?

	1. I am allowed to do this anytime	2. I am allowed to do this with permission or supervision	3. I am not allowed to do this
a. Use a web or phone camera (e.g., for Skype or video chat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Download music or films	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Visit a social networking site (e.g., Facebook [insert local terms])	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Have any teachers at your school done these things?

	1. Never	2. Almost never	3. Sometimes	4. Often	5. Very often
a. Suggested ways to use the internet safely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Encouraged me to explore and learn things on the internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Made rules about what I can do on the internet at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Have any of your friends done these things?

	1. Never	2. Almost never	3. Sometimes	4. Often	5. Very often
a. Suggested ways to use the internet safely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Encouraged me to explore and learn things on the internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Questions About Online Privacy

1. Has someone ever read a privacy policy or online terms of use agreement with you and explained what it means? Please click on as many boxes as you want to select your answers.

- ☐ a. Yes, my parent(s) or another person in my family
- ☐ b. Yes, a teacher/guidance counsellor
- ☐ c. Yes, a librarian
- ☐ d. Yes, a coach, instructor, or community leader (for example, Girl Guides, Boy Scouts)
- ☐ e. Yes, someone else
- ☐ f. No, but I have read one by myself
- ☐ g. No, no one has read one to me and I have not read one myself

2. Please click on the circle that indicates the extent to which you agree or disagree with the following statements.

	1. Strongly disagree	2. Moderately disagree	3. Slightly disagree	4. Neither agree nor disagree	5. Slightly agree	6. Moderately agree	7. Strongly agree
a. I know about my privacy rights.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I feel I have less protection of my personal information in my daily life than I want to have.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I feel confident that I have enough information to know how new technologies might affect my personal privacy.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I feel I can control how my personal information is collected and used by organizations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Please click on the circle that indicates how concerned you will be with each situation listed below.

	1. Not at all concerned	2. Slightly concerned	3. Moderately concerned	4. Very concerned
a. You receive a text or instant message from a company you have communicated with in the past.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1. Not at all
concerned

2. Slightly concerned

3. Moderately
concerned

4. Very concerned

b. You receive a text or instant message from a company whose web page you recently visited.

☐☐☐☐

c. You receive a text or instant message and have no idea how the company got your address.

☐☐☐☐

d. A company requests your cell number or email address only to send information of interest.

☐☐☐☐

e. A notice in an app or on a web page states that information collected is used by other divisions of that company.

☐☐☐☐

f. A notice in an app or on a web page states that information collected on that web page may be sold to other companies.

☐☐☐☐



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Questions About Online Privacy

4. Please click on the circle that indicates how concerned you will be with each situation listed below.

1. Not at all
concerned

2. Slightly concerned

3. Moderately
concerned

4. Very concerned

a. You are asked
to provide your
name to access an
app or a site's
home page.

☐☐☐☐

b. You are asked
to provide your
home address
to access an app
or a site's home
page.

☐☐☐☐

c. You are asked to
provide your
student number to
access an app or a
site's home page.

☐☐☐☐

d. You receive a
text or e-mail
about a new
product from a
company you
currently do
business with.

☐☐☐☐

1. Not at all
concerned

2. Slightly concerned

3. Moderately
concerned

4. Very concerned

e. You receive a text or e-mail about a new product from a company you know but don't do business with.

☐☐☐☐

f. You receive a text or e-mail about a new product from a company you've never heard of.

☐☐☐☐

5. Have you ever used the privacy settings on an app or a social networking site (for example, Instagram) to block someone from seeing something you have posted? Please click on as many boxes as you want to select your answers.

- ☐ a. Yes, I have blocked a friend
- ☐ b. Yes, I have blocked my parent(s) or people in my family
- ☐ c. Yes, I have blocked my teacher or principal
- ☐ d. Yes, I have blocked strangers
- ☐ e. Yes, I have blocked someone I stopped being friends with
- ☐ f. Yes, I have blocked my ex-boyfriend/girlfriend
- ☐ g. Yes, I have blocked someone I know but I'm not friends with
- ☐ h. I have a social networking page but I've never used the privacy settings
- ☐ i. Yes, I have blocked someone not listed here
- ☐ j. I do not have a social networking page.



6. Would you share your password to your social networking account, your email account or your cell phone with these people? Please click on as many boxes as you want to select you answers.

- ## 7. Please tell me if you do any of the following.

a. Adjust privacy settings on my apps or websites to limit the amount of personal information that you share with others.

[illegible]



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Questions About You

1. What is your gender? Please click on a circle to select your answer.

- ☐ Girl
- ☐ Boy
- ☐ Other

2. How old are you? Please move the slider with your mouse to show your age in the box.

9 years old

17 years old

3. Thinking about the home where you live all or most of the time, tell us all the people who live there. Please click on as many boxes as you want to select your answers.

- ☐ a. Mother
- ☐ b. Father
- ☐ c. Step or foster mother
- ☐ d. Step or foster father
- ☐ e. Grandparent(s)
- ☐ f. Siblings (including half, step or foster siblings)
- ☐ g. My spouse or partner (including boyfriend/girlfriend)
- ☐ h. My child or children
- ☐ i. Parents (or relatives) of my spouse or partner
- ☐ j. I live in a foster home or children's home
- ☐ k. I live alone
- ☐ l. Someone else (please specify)

4. Which of these things apply to you? Please click on as many boxes as you want to select your answers.

- ☐ a. I am a school student
- ☐ b. I am a student in college or training
- ☐ c. I do paid employment
- ☐ d. I do unpaid work
- ☐ e. I am looking for work
- ☐ f. I help out at home

5. What country were you born in? Please type your answer in the following text box.



Questions About You

6. Do you face difficulties that mean you can't do what other children do? Please click on as many boxes as you want to select your answers.

- ☐ 1. Physical disability
- ☐ 2. Physical illness
- ☐ 3. Mental health difficulty
- ☐ 4. Behavioural difficulty
- ☐ 5. Learning difficulty
- ☐ 6. Other disability
- ☐ 7. None of these

7. Please tell me how true the following things are for you?

	1. Not true for me	2. A bit true for me	3. Fairly true for me	4. Very true for me
a. I get very angry and often lose my temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I usually do as I am told	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I worry a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I am nervous in certain new situations, I easily lose confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. I am restless, I cannot stay still for long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. I finish the work I'm doing. My attention is good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Other people my age generally like me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Other children or young people pick on me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
u. I am helpful if someone is hurt, upset or feeling ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
v. I try to be nice to other people. I care about their feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. In your day-to-day life, do any of these things happen to you?

1. Not true for me

2. A bit true for me

3. Fairly true for me

4. Very true for me

a. Other children
are treated better
than me

☐☐☐☐

b. People seem to
think I am not
smart

☐☐☐☐

c. People seem to
think they're
better than me

☐☐☐☐

d. I get called
names or insulted
by other children

☐☐☐☐



Questions About You

9. How true are the following things for you?

1. Not true for me

2. A bit true for me

3. Fairly true for me

4. Very true for me

a. My friends really try to help me

☐☐☐☐

b. I can count on my friends when things go wrong

☐☐☐☐

c. I can talk about my problems with my friends

☐☐☐☐

10. Here are some statements about the area where you live. By 'area' we refer to your neighbourhood/community. Are these true for you?

1. Not true for me

2. A bit true for me

3. Fairly true for me

4. Very true for me

a. I feel safe in the area where I live

☐☐☐☐

b. It is safe for younger children to play outside during the day

☐☐☐☐

c. You can trust people around here

☐☐☐☐

11. Here is a slider. The left end of the slider (0) is the worst possible life for you. The right end of the slider (10) is the best possible life for you. In general, where on the slider do you feel you stand at the moment? Please drag the circle with your mouse and show the number in the textbox to best describe where you stand.

Worst possible life (0) Best possible life (10)

○

12. Please select a circle if it is at least a bit true.

	a. Other children are treated better than me	b. People seem to think I am not smart	c. People seem to think they're better than me	d. I get called names or insulted by other children
a. Because of where my family is from	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Because of my skin colour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Because of my religion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Because of my height or weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Because of a disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Because of not having enough money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Because of my sexual orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Because of how I look or behave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Because of my opinions or beliefs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Questions About You

13. Does your family own a car, van or truck? Please click on a circle to select your answer.

- ☐ No, we don't own a car, van or truck.
- ☐ Yes, one car, van or truck
- ☐ Yes, more than one car, van or truck

14. During the past 12 months, how many times did you travel away with your family? Please click on a circle to select your answer.

- ☐ Not at all
- ☐ Once
- ☐ Twice
- ☐ More than twice

15. How many computers does your family have? Please click on a circle to select your answer.

- ☐ None
- ☐ One
- ☐ Two
- ☐ More than two

16. How well off do you think your family is? Please click on a circle to select your answer.

- ☐ Very well off
- ☐ Quite well off
- ☐ Average
- ☐ Not very well off
- ☐ Not at all well off