**Questionnaire for Youth Aged 12 to 25 Years**

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| **Carefully read the following information before answering the questions.** If you are 14 to 25 years old, you could win a prize worth up to $100. Answer this survey to help the health care network to better know your needs better.The results of the survey will enable the organisation of services in a place dedicated to overall health in Sherbrooke. That space will provide services specifically adapted to youth.It should take between 5 and 10 minutes to answer the survey. Under no circumstance will your name be revealed. Your answers will not be associated with your name.You have until January 16, 2020, to answer this survey. We thank you for your time.  ☐ **I freely and willingly** accept to participate in this research project. |

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| In this questionnaire, the expression "**health service**" includes the overall health services related to physical, sexual, emotional and mental health, as well as relationships and healthy lifestyles (sleep, food, etc.) **provided by the overall organizations in Sherbrooke** (school, CLSC, community organizations, etc.). |

1. **In general, the existing health services in Sherbrooke meet my overall needs: (Check only one answer.)**

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| [ ]  **Seldom** |
| [ ]  **Occasionally** |
| [ ]  **Often** |
| ☐ **Very well** |

1. **If a place dedicated to the overall health of youth aged 14 to 25 years bringing together several professionals opened in Sherbooke, would you be interested in going there? (Check only one answer.)**

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| [ ]  Yes, certainly |
| [ ]  Yes, I might |
| [ ]  No, I don't think so |
| [ ]  No, certainly not |
| Where would you like that place to open in Sherbrooke? : (text area) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **At which time would you be more likely to go to the new space dedicated to overall health?** Check all answers that apply to you. (Check your available options.)

|  |  |
| --- | --- |
| [ ]  Mornings (7:00 a.m. to 11:00 a.m.) | [ ]  Weekdays |
| [ ]  Afternoons (11:00 a.m. to 4:00 p.m.)  | [ ]  Weekends |
| [ ]  Evenings (4:00 p.m. to 10:00 p.m.) |  |
| [ ]  Nights (10:00 p.m. to 6:00 a.m.) |  |

1. **What is the maximum amount of time you would accept to drive or travel by public transportation to get to that place?** Travel from your home, school, or workplace. **(Check only one answer.)**

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| --- | --- |
| [ ]  5 to 10 minutes | [ ]  I only walk. |
| [ ]  10 to 15 minutes | [ ]  I don't know. |
| [ ]  15 to 20 minutes |  |

1. **Over the past year, which services did you use in Sherbrooke?** Check all answers that apply to you. (Check your available options.)

|  |  |
| --- | --- |
| [ ]  Emergency | [ ]  Youth Clinic |
| [ ]  CLSC (social worker, psychoeducator, etc.) | [ ]  Family physician, medical clinic |
| [ ]  Pharmacist | [ ]  Psychologist |
| [ ]  Service offered at my school | ☐ Psychiatrist |
| [ ]  Helpline or talkline | [ ]  Other service(s). Specify: \_\_\_\_\_\_\_\_\_\_ |
| ☐ Support and self-help group | [ ]  I have not used any service in Sherbrooke. |
| [ ]  Temporary support service | [ ]  I don't remember. |
| ☐ Dentist | [ ]  I would rather not answer. |
| ☐ Optometrist |  |
| [ ]  Community or public organization (e.g., Tremplin, CALACS, Carrefour Jeunesse Emploi, etc.) |  |

1. **Over the past year, for which reason(s) did you consult the service(s) in Sherbrooke?** Check all answers that apply to you. (Check your available options.)

|  |  |
| --- | --- |
| [ ]  Accident or injury  | [ ]  Tobacco use/vaping |
| ☐ Illness or chronic problem | [ ]  Drug or alcohol consumption |
| [ ]  Family relationships | [ ]  Online gaming and gambling |
| [ ]  Stress or anxiety symptoms  | [ ]  School |
| [ ]  Love life | [ ]  Housing |
| [ ]  Birth control, pregnancy, sexual health | [ ]  Budgeting and financial problems |
| [ ]  Violence, bullying, sexual abuse | [ ]  Labour market |
| [ ]  Lifestyle habits (nutrition, sleep, etc.) | ☐ Routine check-up |
| [ ]  Mental health (e.g., depression, schizophrenia, borderline personality disorder, etc.) | [ ]  Other reason(s). Specify: |
|  | [ ]  I would rather not answer |

1. **What do you appreciate most from staff** when you consult a health service (e.g., a quality, an attitude)? (text area)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What do you appreciate least from staff** when you consult a health service? (text area)

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1. **Would you feel comfortable receiving support or assistance from a youth who shares a similar life experience with you** (peer help)? (Check only one answer.)

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| --- |
| [ ]  **Yes**, I would be comfortable. |
| [ ]  I **might** be comfortable if I had more information.  |
| [ ]  I **definitely** would not be comfortable. |
| ☐ No, I **would not** be comfortable. |
| ☐ I don't know. |

1. **What is it that makes you feel comfortable in a physical space** that you go to for a service (e.g., facilities, waiting room, decoration, etc.)? (text area)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **If you required a health service, what might motivate you to use the general health place for youth?** Check all answers that apply to you. (check your available options)

[ ]  Many services in a single location

[ ]  Phone consultations

[ ]  Online platform (e.g., video briefs on specific subjects)

[ ]  Online chatting with a health or social worker

[ ]  Tele-health (e.g., Skyping with a worker)

[ ]  Discussion groups, workshops, conferences

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (text area)

1. **Sociodemographic information**

|  |  |
| --- | --- |
| Postal code: \_\_\_\_\_\_\_\_\_\_ | Age: \_\_\_\_\_\_**(drop-down list 14 to 25 years old inclusively)** |

1. Gender identity (Check all applicable answers.):

[ ]  Woman

[ ]  Man

[ ]  I self-identify as: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  I refuse to answer

1. **Occupation(s) (check all answers that apply to you)**

|  |  |
| --- | --- |
| [ ]  Student | [ ]  Sick leave |
| [ ]  Employed | [ ]  Maternity/paternity leave |
| [ ]  Looking for work | [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. ***If you would like to be a health services ambassador and continue to share your ideas through meetings with other youth in Sherbrooke, then leave us your name and phone number. We will contact you. (Your team at the CIUSSS de l’Estrie – CHUS.) (Name and phone number)***

***Thank you for sharing your opinions regarding services offered to youth in Sherbrooke.***

***To participate in the contest to win a $100 gift certificate at Carrefour de L’Estrie, click here.***

<https://questionnaire.simplesondage.com/f/s.aspx?s=924f34d4-8530-4772-8cf5-d7b31b3ae2f8>