



Halton Youth Survey

The Halton Youth Survey is one way to help us learn what students, like you, think about and are doing about a variety of issues and topics. Halton students in Grades 7 and 10 are invited to complete the survey every three years.

Your answers will be completely private and confidential. Individual responses will not be seen by anyone at your school, including your teachers and parents. We only publish information for large groups of students.

This is not a test!

There are no right or wrong answers. Do not spend too much time on any one question – select the answer that first comes to mind. Read each question carefully and answer to the best of your ability. Please be honest and accurate. If you are not comfortable answering a question, leave it blank and go on to the next one.

1. **To begin, please enter your six digit postal code (no spaces or dashes)**

Postal codes will **NOT** be used to identify individual students.

Your six digit postal code will assist us in grouping all Halton students by neighbourhood.

2. **School board:**

- CATHOLIC BOARD, Halton Catholic District School Board (HCDSB)
- PUBLIC BOARD, Halton District School Board (HDSB)

3. **Name of your school:**

Please select a school from the list below.

Section A: About You

The first few questions are about you and the way you live.

4. What grade are you in?

- Grade 7
- Grade 10

5. Are you?

- Female
- Male

6. Where do you live?

- Oakville
- Burlington
- Milton
- Halton Hills (Georgetown, Acton)

7. Were you born in Canada?

- Yes
- No

8. Were your parents born in Canada?
- Both parents were born in Canada
 - One parent was born in Canada
 - Neither parent was born in Canada
 - Don't Know

9. What language do you speak most often at home?
- English
 - French
 - Other (please specify) _____

10. Do you identify yourself as Aboriginal (Métis, Inuit, or First Nations)?
- Yes
 - No
 - Don't Know

Section B: Your Community

11. For each of the following statements, check the box that best describes the way you interact in your community.

	Not at All or Rarely	Somewhat or Sometimes	Very or Often	Extremely or Almost Always
a) I help to make my community a better place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I try to help solve social problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I serve others in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I can make a difference in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I live in a safe neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) My neighbours care about me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) I volunteer or help WITHOUT pay in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Do you live within easy walking distance of the following places in your community?

	Yes	No
a) Public park or athletic field	<input type="checkbox"/>	<input type="checkbox"/>
b) Your school	<input type="checkbox"/>	<input type="checkbox"/>

13. In the **PAST 12 MONTHS**, how often have you:

	Never	Less than once a month	Once a month	2-3 times a month	Once a week	More than once a week
a) Played on a sports team (e.g., basketball, hockey, soccer, volleyball)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Participated in a music, dance, drama, or other arts program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Been to your local library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Attended religious services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Attended a youth program (e.g., drop-in program)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. In the **PAST 12 MONTHS** have you:

	Yes	No
a) Damaged or destroyed anything that didn't belong to you (for example damaged a bicycle, car, school furniture, broken windows or written graffiti)	<input type="checkbox"/>	<input type="checkbox"/>
b) Carried a weapon for the purpose of defending yourself or using it in a fight	<input type="checkbox"/>	<input type="checkbox"/>
c) Sold any drugs	<input type="checkbox"/>	<input type="checkbox"/>
d) Been part of a group that broke the law by stealing, hurting someone, damaging property, etc.	<input type="checkbox"/>	<input type="checkbox"/>

Section C: Your School

We would like to know how you feel about your school, how you do in school, and the things you do at school.

15. How do you feel about school?

- I love school
- I like school quite a bit
- I don't really care either way
- I don't like school very much
- I hate school

16. Are you proud of your school?

- Very proud
- Somewhat proud
- Not really proud
- Not at all proud

17. What grades do you usually get in school?

- Mostly A's (80-100%)
- Mostly B's (70-79%)
- Mostly C's (60-69%)
- Mostly D's (50-59%)
- Below 50%

18. How important is it to you to do the following in school?

	Not at all Important	Not very Important	Somewhat Important	Very Important
a) Make friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Get good grades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Participate in extra-curricular activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Learn new things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Always show up for class on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Express your opinions in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Take part in student council or other similar groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. **Last year**, how many times did you skip class/school WITHOUT permission?

- Never
- 1-5 times
- 6-10 times
- 11 times or more

20. How many credits did you receive in **grade 9**? (Grade 10 question ONLY)

- 5 or less
- 6-7 credits
- 8 or more credits

21. Please indicate how much you agree or disagree with each of the following statements.

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
a) Most teachers have high expectations of me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Most teachers are interested in me as a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Most teacher(s) notice when I am doing a good job and let me know about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) School will help me get where I want to go in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Please indicate how much you agree or disagree with each of the following statements.

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
a) My school is a friendly and welcoming place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) My school building is an inviting place to learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I feel accepted by students in my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I feel accepted by adults in my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. How safe do you feel at school?

- Very safe
- Somewhat safe
- Not really safe
- Not at all safe

Bullying

Bullying is when one or more people tease, hurt or upset another person on purpose, again and again. It is also bullying when someone is left out of things on purpose. Bullying may involve physical or verbal attacks, internet or electronic bullying, damage to property, etc.

24. **SINCE** the beginning of the school year, how often have you been bullied **AT SCHOOL**?

- Never
- 1-3 times
- 4 or more times
- Don't know

25. **SINCE** the beginning of the school year, how often have you been bullied **OUTSIDE OF SCHOOL**?

- Never
- 1-3 times
- 4 or more times
- Don't know

Section D: Your Friends

We would like to know some things about you and your friends.

26. Please answer the following statements about your friends.

	False	Mostly False	Sometimes True/ Sometimes False	Mostly True	True
a) I have many friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I get along easily with others my age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Others my age want me to be their friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Most others my age like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. How many of your close friends:

	None	Some or Few	Most or All	Don't Know
a) Like school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Get along with their parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Smoke cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Use drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section E: Your Family

28. For each of the following statements, use the choice that best describes the way your parent(s) (or stepparent(s), foster parent(s) or guardian(s)) in general have acted towards you in the **past 6 months**.

	Never	Rarely	Sometimes	Often	Always
a) My parents smile at me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) My parents want to know exactly where I am and what I am doing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) My parents praise me (say nice things about me)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) My parents let me go out any evening I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) My parents tell me what time to be home when I go out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) My parents listen to my ideas and opinions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) My parents and I solve a problem together whenever we disagree about something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) My parents make sure I know I am appreciated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) My parents speak of the good things that I do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) My parents find out when I get into trouble.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) My parents seem proud of the things I do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) My parents take an interest in where I am going and who I am with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) I spend quality time at home with my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section F: Health

We would like to ask you questions about how you take care of your body, and how you see yourself and your environment.

29. How often do you eat or drink the following:

	Less than once a day	Once a day	Twice a day	3 times a day	4 times a day	5 or more times a day
a) Fruit juice or vegetable juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Vegetables including salad (not juice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Fruits (not juice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. In the **LAST 7 DAYS**, how often did you drink a can of high-energy caffeine drink, such as Redbull, Rockstar, Full Throttle, Monster, etc.?

- 1 time in the last 7 days
- 2 to 4 times in the last 7 days
- 5 to 6 times in the last 7 days
- Once each day
- More than once each day
- Did not drink a high-energy drink in the last 7 days, but did drink one in the last 12 months
- Did not drink a high-energy drink in the last 7 days or in the last 12 months

31. In a usual school week (Monday to Friday) how often do you eat breakfast?

- Rarely/Never
- 1-2 days per week
- 3-4 days per week
- All 5 days

32. In a usual school week (Monday to Friday) how often do you eat a meal with at least one adult member of your family?

- Rarely/Never
- 1-2 days per week
- 3-4 days per week
- All 5 days

33. In a usual school week (Monday to Friday) how often do you walk (or bike or rollerblade) to or from school?

- Rarely/Never
- 1-2 days per week
- 3-4 days per week
- All 5 days

34. a. How tall are you without your shoes on? _____ Feet _____ Inches **OR** _____ Metres
_____ Centimetres

b. How much do you weigh without your shoes on? _____ Pounds **OR** _____ Kilograms

Physical activity is any activity that increases your heart rate and makes you breathe hard some of the time. Physical activity can be done in sports, school activities, while playing, or for transportation.

Some examples of physical activity are running, brisk walking, rollerblading, biking, dancing, skateboarding, swimming, soccer, basketball and football.

For the next question, add up all the time you spend in physical activity each day.

35. In the **LAST 7 DAYS**, on how many days were you physically active for a total of **AT LEAST 60 MINUTES** per day?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

36. In the **PAST 12 MONTHS** have you been injured seriously enough to require medical attention by a doctor, nurse or dentist? (such as a broken bone, bad cut or burn, head injury, etc)

- Yes
 No

Section G: Mental Health

37. The following are questions about how you may feel about yourself. Please check the box that best describes you.

	Never	Rarely	Sometimes	Often	Always
a) Spiritual or religious values play an important role in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Spiritual or religious values help me to find meaning in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I deal with frustrations in positive ways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I overcome challenges/problems in positive ways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I feel good about myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I feel I am a person of worth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) I am able to do most things as well as other people can	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Sometimes I feel I can't do anything right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) I feel I do not have much to be proud of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Sometimes I think I am no good at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) I feel in control of my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) I feel good about my future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. During the **LAST 7 DAYS** how often have you:

	Never	Rarely	Sometimes	Often	Always
a) Felt sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Felt lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Felt depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Felt like crying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. In the **PAST 12 MONTHS**, how often have you:

	Never	Rarely	Sometimes	Often	Always
a) Felt you had too many problems in your life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Thought about harming yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Seriously thought about suicide (taking your own life)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section H: Tobacco, Alcohol and Other Drugs

40. Have you ever smoked cigarettes? (Even just a few puffs)

- Yes
 No (if no, skip to question 44)

41. Have you ever smoked a whole cigarette?

- Yes
 No (if no, skip to question 44)
 Don't Know

42. How often do you currently smoke cigarettes?

- Less than once a week
 At least once a week, but not every day
 Every day
 I do not smoke (if I do not smoke, Skip to question 44)

43. How many times have you tried to quit smoking cigarettes in the **LAST 12 MONTHS**?

- 0 (did not try to quit)
 1
 2
 3
 4 or more times

44. In the **LAST 12 MONTHS**, have you had a drink of beer, wine, liquor or other alcoholic beverage?

- Yes
 No (if no, skip to question 46)
 Don't know

45. How often in the **LAST 12 MONTHS** have you had 5 or more alcoholic drinks on one occasion?

- Never
 Less than once a month
 Once a month
 2-3 times a month
 Once a week
 More than once a week

46. In the **LAST 12 MONTHS**, how often did you use CANNABIS (also known as marijuana, weed, grass, pot, hashish)?

- I have never used it
 I have used it, but not in the last 12 months
 I have used it in the last 12 months

47. In the **LAST 12 MONTHS**, how often did you use PAIN RELIEF PILLS **WITH A PRESCRIPTION** (such as Percocet, Percodan, Tylenol #3, Demoral, OxyContin, codeine) or because a doctor told you to take them?
WE DO NOT MEAN REGULAR TYLENOL, OR ASPIRIN THAT ANYONE CAN BUY IN A DRUGSTORE.

- I have never used them
- I have used them, but not in the last 12 months
- I have used them in the last 12 months

48. In the **LAST 12 MONTHS**, how often did you use PAIN RELIEF PILLS **WITHOUT A PRESCRIPTION** (such as Percocet, Percodan, Tylenol #3, Demoral, OxyContin, codeine) or without a doctor telling you to take them?
WE DO NOT MEAN REGULAR TYLENOL, OR ASPIRIN THAT ANYONE CAN BUY IN A DRUGSTORE.

- I have never used them
- I have used them, but not in the last 12 months
- I have used them in the last 12 months

49. HOW difficult would it be for you to get the following if you wanted some?

	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy	Don't Know
a) Cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section I: About You

50. How far did your MOTHER go in school?

- Did not attend high school
- Did not graduate high school
- Graduated from high school
- Graduated from trade school
- Graduated college
- Graduated university
- Don't know
- Not applicable

51. How far did your FATHER go in school?

- Did not attend high school
- Did not graduate high school
- Graduated from high school
- Graduated from trade school
- Graduated college
- Graduated university
- Don't know
- Not applicable

52. How much spending money do you have in an average week (including work pay, allowance, etc)?
- No money
 - \$1-\$30
 - \$31-\$60
 - \$61-\$100
 - More than \$100

Section J: Grade 7 Immunization (Supplemental for GRADE 7 students only)

Between September and December public health nurses run 2 clinics in schools for Grade 7 students to vaccinate (by needle) against two diseases: Hepatitis B and meningitis. The first clinic is for Hepatitis B vaccine and the second is for meningitis vaccine.

53. Did you, or will you, get your 2 vaccines (needles) **this fall** AT SCHOOL?
- Yes, both at school (if 'yes', then skip out)
 - Hepatitis B only (the first vaccine, usually given Sept to Oct)
 - Menactra only (the second vaccine, for meningitis, usually given in November)
 - Only one vaccine at school but I don't know if it is Hepatitis B or Menactra
 - No, not getting either of these vaccines at school
 - Did not know vaccines are available at school (if 'did not know', then skip out)
 - Don't know (if 'don't know', then skip out)

54. Please select the most important reason for **not** getting one or both vaccines at school:
- I already got (will get) the vaccine(s) somewhere else (skip out)
 - There was/is a medical reason why I could not (skip out)
 - My parents don't want me to get the vaccine(s)
 - I don't want to get the vaccine(s)
 - I missed vaccine day at school (skip out)
 - I forgot to bring a signed consent form (skip out)
 - Other reason (skip out)
 - Don't know (skip out)

55. If you OR your parents do not want you to get vaccinated please select the most important reason(s):
- Not sure the vaccine(s) work
 - Worried about possible side effects
 - Scared of needles
 - Religious, cultural or personal beliefs
 - Don't think it is important (won't get the diseases anyway)
 - Other students are not getting vaccinated
 - Other reason

Thank you for your participation in this survey.

If you are experiencing any problems that you would like to talk to someone about, or to get more information, please call the Kids Help Phone at 1-800-668-6868 or visit

www.KidsHelpPhone.ca