

Survey on High School Students' Views on Safety

The National Institution for Youth Education is conducting this survey on High School Students' Views On Safety in several countries, including the United States, Japan, China and Korea.

The goal of this survey is to utilize the findings from the survey for future education.

Instructions for answering the survey

- (1) All answers are completely anonymous. **DO NOT SIGN YOUR NAME ON THIS QUESTIONNAIRE.**
- (2) Please answer every question by yourself.
- (3) There is no right or wrong answer to any question. Just **CIRCLE THE ANSWER** or **WRITE THE NUMBER** that best describes your opinion or situation.
- (4) Each question indicates the number of circles needed. Please follow the instructions.
- (5) Based on your answer, you may be instructed to skip some questions. Please follow the instructions.
- (6) When you choose "Other" in parentheses, please specify your answer in it.

Thank you very much in advance for your participation.

Q1: Have you ever experienced the following: Please circle ALL that apply.

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|---|--|
| 1. Getting hit by a car | 2. Getting hit by a bicycle while walking |
| 3. Hitting someone while riding your bicycle | 4. Almost drowning in the ocean, river or lake |
| 5. Almost drowning in a pool | 6. Falling down/on the stairs |
| 7. Falling from a high place such as a tree or a ladder | |
| 8. Being bitten by an animal such as a dog or a snake | |
| 9. Being bitten by a bee or a venomous insect | 10. Getting a rash from a plant or a tree |
| 11. Being injured by touching a chemical compound | 12. None of the above |

Q2: Have you had any of the following injuries or illnesses in the past year? Please circle ALL that apply.

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|--|---|-----------------------------|---------------------|
| 1. Scrape | 2. Cut | 3. Stab wounds | 4. Bruises, sprains |
| 5. Fracture, dislocation | 6. Muscle/tendon damage such as muscle strain | | |
| 7. Burns | 8. Head trauma, concussion | 9. Heat stroke, dehydration | |
| 10. Food poisoning | 11. Electric shock | 12. Gas poisoning | 13. Other |
| 14. I have not had any injuries nor illnesses in the past year | | | |

Q3: How many times have you been treated for injuries or illnesses at a doctors' office or a hospital in the past year? Please circle ONE that applies.

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|----------|---------|-----------------|----------------------|
| 1. Never | 2. Once | 3. 2 to 3 times | 4. More than 4 times |
|----------|---------|-----------------|----------------------|

Q4 Have you been absent from school because of injuries or illnesses the past year? What is the longest that you have been absent from school consecutively? Please circle ONE that applies.

1. Never 2. 1 to 3 days 3. About 4 to 7 days 4. About 10 days
5. More than 14 days

Q5 Where have you had the worst injury or illness in the past year? Please circle ONE that applies.

1. Inside of the school classroom 2. At the school gymnasium or auditorium
3. On the school grounds or athletic field 4. On the streets near the school
5. At home 6. On the streets near my house
7. At the park or an open space near my house 8. Amusement park or theme park
9. On a mountain, at the ocean, a river or a lake 10. At a youth educational facility
11. Other (Please specify _____)
12. I have not had any injuries nor illnesses in the past year.

Q6 Have you ever experienced the following? Please circle ONE on each statement.

	Many times	Some-times	Seldom or Never
a. I have been talked bad about right in front of me or mocked	1	2	3
b. I have been left out socially	1	2	3
c. I have been videoed in secret	1	2	3
d. I have been threatened	1	2	3
e. My money or possessions have been <u>stolen</u>	1	2	3
f. I have been <u>robbed</u> of money or possessions	1	2	3
g. I have been assaulted physically.	1	2	3

Q7 Have you ever experienced the following while using the internet? Please circle ONE on each statement.

	Many times	Some-times	Seldom or Never
a. My personal information (my name, my contact information, schools I graduated from) have been abused on the internet	1	2	3
b. My photos and videos have been abused on the internet	1	2	3
c. I have been talked bad about me on the internet	1	2	3

d. I have been threatened on the internet	1	2	3
e. I have received a fraudulent bill on the internet	1	2	3
f. I have been bullied by a group of people on the internet	1	2	3
g. My ID and password has been stolen on the internet	1	2	3
h. I have suffered damages resulting from shopping on the internet	1	2	3
i. I have experienced sexual harassment on the internet	1	2	3

Q8 Do you usually do the following? Please circle ONE on each statement.

	Always	Sometimes	Never	N/A
a. I check for exit doors at facilities such as movie theaters or hotels	1	2	3	/
b. I check for fire extinguishers and fire hydrants at facilities such as movie theaters or hotels	1	2	3	/
c. I touch electrical outlets with wet hands	1	2	3	/
d. I leave the kitchen while using hot oil in a pot or a frying pan	1	2	3	4. I do not cook
e. I check who it is before I open the door to anyone who buzzes the interphone or knocks on the door	1	2	3	/
f. I lock the door when I go out even if it will be for a short period of time	1	2	3	/
g. I put on safety gear such as a helmet when riding a bicycle.	1	2	3	4 I do not use bicycle
h. I turn on the bicycle light when I ride a bicycle at night.	1	2	3	
i. I obey traffic lights when I cross or walk across streets.	1	2	3	/
j. I use cross walks or pedestrian overpasses when I walk across streets.	1	2	3	/
k. I use seatbelts when I get in a car.	1	2	3	/
l. I run in hallways or on the stairs.	1	2	3	/
m. I use a cellphone while walking or riding bicycle.	1	2	3	4 I do not have a cellphone
n. I heed the "Do Not Enter" sign at places like the ocean or the mountains.	1	2	3	/
o. I swim at a beach or a lake without lifeguards being present.	1	2	3	4 I cannot swim

p. I eat expired food.	1	2	3	
q. I check the expiration date before buying food.	1	2	3	
r. I check labels for contained chemicals such as additives before buying food.	1	2	3	
s. I go out alone late at night.	1	2	3	
t. I associate with an individual or a group that stays out late at night or who often causes trouble.	1	2	3	
u. I tell my parents where I am going when I go out.	1	2	3	
v. I browse the internet blindly.	1	2	3	4 I do not use internet

Q9 Have you ever being taught or received instructions on the following. Please circle ALL that apply.

1. Disease prevention
2. Traffic safety
3. Evacuation drills for natural disasters such as earthquakes or hurricanes
4. Fire evacuation drills
5. Training for emergency response such as CPR
6. Prevention or treatment of injuries during exercises
7. Safety procedures for outdoor activities
8. Food safety
9. To prevent harm caused by the internet
10. Protection from harmful information that is not appropriate for youth
11. Protection from crime or violence.
12. None of the above.

Q9-SQ What is the safety education that you need most now in Q9? Please choose ONE and write the number in the parenthesis

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Q10 With the following measures, rate how necessary it is to protect your safety during the activities outside of school. Please circle ONE on each line.

	Very much necessary	Somewhat necessary	Not so necessary	Not Necessary at all
a. Safety officers	1	2	3	4
b. Create safety education programs and have people who need it participate in it.	1	2	3	4
c. Have first aid facilities or equipment to treat people who are ill or injured.	1	2	3	4

d. Place signs and fences at dangerous locations.	1	2	3	4
e. Post signs at clearly visible places on how to use the facilities, how to take precautions and where evacuation routes are.	1	2	3	4
f. Periodically repair older facilities that have safety issues.	1	2	3	4

Q11 Where do you usually get your knowledge about safety? Please circle ALL that apply.

1. School
2. Home
3. Friends
4. Extracurricular activity
5. Newspapers, magazines and books
6. TV and radio
7. Internet
8. Community events and activities
9. Other
10. I have not learned about safety from anyone/ anywhere

Q12 Have you learned about safety from any of the following? Please circle ALL that apply.

1. Listening to teachers
2. Reading instructions or from books
3. Watching movies or videos
4. Discussions
5. Simulated training
6. Other
7. I have not learned about safety from anyone/ anywhere

Q12-SQ Which answer from Q12 do you feel is the most effective method to learn about safety? Please choose ONE and write the number in the parenthesis.

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Q13 What do you think the first treatment option should be when you sprain your foot? Please circle ONE of the following.

1. Massage
2. Apply medicine or a compress
3. Heat treatment
4. Ice treatment
5. Other
6. I do not know

Q14 What do you think the first treatment option should be when you burn your leg or hand and get blisters. Please circle ONE of the following.

1. Cool it with cold water
2. Apply antiseptic solution on the blisters
3. Poke the blisters to drain the water
4. Apply bandage or a band-aid
5. Other
6. I do not know

Q15 How much are you interested in the following issues? Please circle ONE on each line.

	I am interested in it	Somewhat interested in it	Not so interested in it	Not interested in it at all
a. Food safety	1	2	3	4
b. Chemical safety	1	2	3	4
c. Air pollution	1	2	3	4
d. Water contamination	1	2	3	4
e. Natural disasters such as earthquakes or hurricanes	1	2	3	4
f. Building safety	1	2	3	4

g. Safety of public transportation	1	2	3	4
h. Neighborhood safety	1	2	3	4
i. Internet safety	1	2	3	4
j. Scam asking to send money over the phone. Such as "It's me grandma, can you send me some money?".	1	2	3	4
k. School safety	1	2	3	4

Q15-SQ Please choose the top 3 issues that you are interested in from Q15 (a to k) and write the corresponding letters in the parenthesis.

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Q16 In your daily life, do you think that there has been an increase in the things that you worry about or have a feeling of danger about? Please circle ONE that applies.

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|-----------------------------|--------------------------|
| 1. Increased | 2. Somewhat increased |
| 3. Not particularly changed | 4. Decreased if anything |
| 5. Decreased | |

Q17 Do you think our current society is safe overall? Please circle ONE that applies.

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|--------------|------------------|----------------|--------------------|
| 1. Very safe | 2. Somewhat safe | 3. Not so safe | 4. Not safe at all |
|--------------|------------------|----------------|--------------------|

Q18 Have you done outdoor activities such as camping, mountain climbing or hiking in the past year? Please circle ONE that applies.

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|----------|--------------|--------------------|
| 1. Often | 2. Sometimes | 3. Seldom or Never |
|----------|--------------|--------------------|

Q19 Please circle ONE on each statement.

	Often	Sometimes	Seldom	Never
a. My parent(s) tell me to do outdoor activities.	1	2	3	4
b. My parent(s) do outdoor activities with me	1	2	3	4
c. My parents warn me about safety before I do outdoor activities.	1	2	3	4
	Strongly agree	Somewhat agree	Somewhat disagree	Disagree
d. I like outdoor activities.	1	2	3	4
e. I worry about getting injured when I do outdoor activities.	1	2	3	4
f. I worry that I may not have enough time for study if I do outdoor activities.	1	2	3	4

Q20 Have you ever done any of the following volunteer activities? Please circle ALL that you have done.

1. Cleaning of town or public facilities
2. Onsite disaster relief
3. Blood donation
4. Donating money or goods
5. Helping the elderly or handicapped
6. Other
7. Never done volunteer activities

Q21 The following statements are about yourself. Please circle ONE on each line.

	Very much agree	Somewhat agree	Somewhat disagree	Disagree
a. I like various challenges.	1	2	3	4
b. I can stay calm in tough situations.	1	2	3	4
c. I am very interested in world events and current affairs.	1	2	3	4
d. I like exercising and sports.	1	2	3	4
e. I think things through carefully.	1	2	3	4
f. I am satisfied with my life.	1	2	3	4
g. I do things of my own free will	1	2	3	4

Q22 Your gender?

1. Male
2. Female

Q23 Your grade?

1. 10th
2. 11th
3. 12th

Q24 Do you participate in any of the following clubs? Please circle all that apply.

1. Athletic club at school
2. Culture or Artistic club at school
3. Community athletic club
4. Community culture or artistic club.
5. Other clubs
6. I do not participate in any clubs.

Q25 Who do you live with on weekdays? Please circle all that apply.

1. Father
2. Mother
3. Siblings
4. Grand parents
5. Relatives
6. I live in a school dormitory
7. Other

Thank you very much for your cooperation!