

## **Survey of High School Students' Views on Mental and Physical Health**

The National Institute for Youth Education is conducting this survey 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 yourself.
- (3) There is no right or wrong answer to any question. Just **CIRCLE THE ANSWER** or **WRITE DOWN 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", please specify your answer in the parentheses, (Please do not add answers unless parentheses are provided.)

Thank you very much in advance for your participation.

### **Question 1 Are you male or female?**

1. Male
2. Female

### **Question 2 What grade are you in?**

1. 10<sup>th</sup>
2. 11<sup>th</sup>
3. 12<sup>th</sup>

### **Question 3 Do you like exercising or playing sports? (Please circle ONE that applies)**

1. I like exercising and playing sports very much.
2. I kind of like exercising and playing sports.
3. I don't like exercising and playing sports much.
4. I don't like exercising and playing sports at all.

### **Question 4 Do you participate in any sports club at school or in your community? (Please circle ONE that applies)**

1. Yes
2. No

### **Question 5 How often have you done outdoor activities such as camping, mountain climbing or hiking in the past year? (Please circle ONE that applies)**

1. More than 5 times
2. 1-4 times
3. Never

### **Question 6 In the past week, with the exception of PE classes at school, how many days did you exercise for more than 30 minutes to the point you perspired? If you haven't exercised even one day, please write "0".**

( ) days

### **Question 7 Around what time do you usually get up on weekdays?**

**(Please circle ONE that applies)**

1. Before 6 AM
2. Between 6 AM and 6:30 AM
3. Between 6:30 AM and 7 AM
4. Between 7AM and 7:30 AM
5. Between 7:30 AM to 8 AM
6. After 8AM

**Question 8** Around what time do you usually go to bed on weeknights?

(Please circle ONE that applies)

1. Before 10 PM
2. Between 10 PM and 11 PM
3. Between 11 PM and midnight.
4. Between midnight and 1 AM
5. After 1 AM

**Question 9.** Do you think you get enough sleep every night? (Please circle ONE that applies)

1. Enough
2. Somewhat enough
3. Somewhat not enough
4. Not enough at all

**Question 10** How often do you eat breakfast? (Please circle ONE that applies)

If you only drink milk or juice for breakfast, please circle 4.

1. Every day
2. Almost every day
3. Sometimes
4. Rarely



**Question 10-1** (If you answered 3 or 4 above) What is the main reason why you don't eat breakfast? (Please circle ONE that applies)

1. I wake up late and don't have time to eat.
2. Breakfast is not ready. (If it's ready, I will eat it)
3. I don't feel like eating anything in the morning. (I don't have appetite in the morning)
4. I am on a diet.
5. Other (Please describe: \_\_\_\_\_ )

**Question 11** Where do you usually eat meals on weekdays? (Please circle ONE each for a, b, c)

**a. Breakfast**

1. At home
2. At restaurants or buy food at convenient stores and eat it outside.
3. At school cafeteria
4. Other
5. I don't eat breakfast.

**b. Lunch**

1. At home
2. Outside of school (e.g. Restaurants, food trucks in town, buy food at convenient stores or grocery stores and eat it around the stores)
3. At school (School cafeteria or bring home lunch and eat at school)
4. Other
5. I don't eat lunch.

**c. Dinner**

1. At home
2. At restaurants or buy food at convenient stores or grocery stores and eat it around the stores.
3. At school cafeteria
4. Other
5. I don't eat dinner.

**Question 12 Who do you usually eat meals with? (Please circle ONE each for a, b, c)**

	With family members	By myself	With my friends	Other	I don't eat
a. Breakfast	1	2	3	4	5
b. Lunch	1	2	3	4	5
c. Dinner	1	2	3	4	5

**Question 13 How often did you eat the following food and drink during the past week? (Please circle ONE on each line)**

	Every day	3-5 times per week	1-2 times per week	Never
a. Soft drink (soda, cola, etc.)	1	2	3	4
b. Fast food (Hamburger, etc.)	1	2	3	4
c. Instant noodles or cup noodles	1	2	3	4
d. Snack (Potato chips, chocolate, candies, etc.)	1	2	3	4
e. Vegetables	1	2	3	4
f. Dairy (Milk, yogurt cheese, etc.)	1	2	3	4
g. Meat and fish	1	2	3	4
h. Fruits	1	2	3	4

**Question 14 Do you take dietary supplements (capsules, tablet or liquid form) in addition to every day meals? (Please circle ONE that applies)**

1. Often      2. Sometimes      3. Not so often      4. Never

**Question 15 How often do you experience the following. (Please circle ONE that applies for each line)**

	Always	Sometimes	Rarely
a. I talk to my family while eating meals with them.	1	2	3
b. I use my cell phone while I eat.	1	2	3
c. I care about nutritional balance when I eat.	1	2	3
d. I chew well.	1	2	3
e. I eat snacks between meals.	1	2	3
f. I skip meal(s).	1	2	3

**Question 16 Do you care about your health? (Please circle ONE that applies)**

1. I care about it      2. I somewhat care about it      3. I don't care much about it      4. I don't care about it.

**Question 17 Do you have any food related problems or worries? (Please circle ALL that apply)**

- 1. I am a picky eater.
- 2. I eat at irregular times.
- 3. I eat too much,
- 4. I am anorexic.
- 5. I worry about the safety of food.
- 6. There is too much information about food and I don't know what to believe.
- 7. Nobody prepares meals for me at home.
- 8. Other (Please describe: \_\_\_\_\_ )
- 9. I don't have any food related problems or worries.

**Question 18 How often do you feel tired when you don't do physical activities such as exercise or sports? (Please circle ONE that applies)**

- 1. Often
- 2. Sometimes
- 3. Not so often
- 4. Never

**Question 19 Were any of the following a habit when you were in Elementary or Jr. High School? Are they habits now? (Please circle Yes or No in each box)**

	I did it when I was a...		3) I do it now
	1) Elementary school student	2) Jr. High school student	
a. Eat breakfast every day.	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
b. Not sleep too late.	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
c. Exercise regularly.	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
d. Wash your hands before eating.	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
e. Not being picky about food.	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No

**Question 20 What is your current height and weight?**

- a. Your height: (        ) ft. (        ) in.
- b. Your weight: (        ) lb.

**Question 21 What is your body type? (Please circle ONE that applies)**

- 1. Rather skinny
- 2. Slim
- 3. Average
- 4. Chubby
- 5. Rather fat

**Question 22 How satisfied are you with your body type? (Please circle ONE that applies)**

- 1. Satisfied
- 2. Somewhat satisfied
- 3. Not so satisfied
- 4. Not at all satisfied

**Question 23 Have you made efforts to lose weight during the past year? (Please circle ONE that applies)**

- 1. Yes ( Go to Q23-1 )
- 2. No (Go to **Q 24**)

**Question 23-1 What diet methods have you used? (Please circle ALL that apply)**

- 1. Eat less
- 2. Exercise regularly
- 3. Fasted more than 24 hours
- 4. Diet pills
- 5. Throw up all after eating
- 6. Eat only certain kinds of food such as apples and eggs
- 7. Other

**Question 24 What is your eyesight without glasses or contact lenses? (Please circle ONE that applies)**

- 1. Better than 20/20
- 2. Worse than 20/20 but better than 20/30
- 3. Worse than 20/30 but better than 20/60
- 4. Worse than 20/60

**Question 25 Are you making the following efforts to protect your vision?  
(Please circle ALL that apply)**

- 1. Not using cellphone or computers too long.
- 2. Not reading books or use your cellphone in the dark
- 3. Eye exercises
- 4. Looking at distant objects such as trees.
- 5. Use eye drops
- 6. Other (Please describe: \_\_\_\_\_ )
- 7. I don't do anything special to protect my vision.

**Question 26 What do you think the state of your health is? (Please circle ONE that applies)**

- 1. Healthy
- 2. Somewhat healthy
- 3. Not so healthy
- 4. Not healthy at all

**Question 27 In the past year, how many days cumulatively were you absent from school because of the health reasons? (Please circle ONE that applies)**

- 1. None
- 2. 1-5 days
- 3. About 1 week
- 4. About 10 days
- 5. More than 2 weeks

**Question 28 How often do you go to see a doctor for a physical checkup?  
(Please circle ONE that applies)**

- 1. Once a year
- 2. Once every two years
- 3. Once in more than three years
- 4. Never had physical checkup

**Question 29 In your opinion, how much are your parents (or guardians) interested in your health? (Please circle ONE that applies)**

- 1. Very interested
- 2. Somewhat interested
- 3. Not so interested
- 4. Not interested

**Question 30 Have you felt any of the following feelings recently? Please circle ONE on each line.**

	Often	Sometimes	Rarely	Never
a. Lonely	1	2	3	4
b. Depressed	1	2	3	4
c. Edgy and emotionally unstable	1	2	3	4
d. Irritated.	1	2	3	4
e. Sleeplessness	1	2	3	4
f. Unable to focus	1	2	3	4
g. I feel like I want to punch and hurt someone.	1	2	3	4
h. I feel like I want to throw or break something.	1	2	3	4
i. I feel like I wanted to blame someone or scream.	1	2	3	4

**Question 31 How often have you felt stressed during the past year?**

**(Please circle ONE that applies)**

1. Often    2. Sometimes    3. Rarely (Go to **Q32**)    4. Never (Go to **Q32**)



**Question 31-1 (If you answered 1 or 2 above) What was(were) the reason(s) of your stress? (Please circle ALL that apply)**

1. Relationship with my parents (or guardians)    2. Relationship with my siblings  
 3. My looks (height , figure, features )    4. My health    5. Money  
 6. Relationship with my friends    7. Relationship with my girlfriend or boyfriend  
 8. Relationship with my teachers    9. My career and academic options after high school  
 10. My grades or studies    11. Sexual issue  
 12. Other (Please describe: \_\_\_\_\_ )

**Question 31-2 What do you do when you feel stress?**

**(Please circle ALL that apply)**

1. Live with it    2. Sleep    3. Exercise    4. Play with friends  
 5. Play games    6. Listen to music or watch movies  
 7. Read books    8. Take it out on others or things    9. Talk about it with others  
 10. Eat something    11. Other (Please describe: \_\_\_\_\_ )

**Question 32 What do you think about yourself ? Please circle ONE on each line.**

	Agree	Somewhat agree	Somewhat disagree	Disagree
a. I am a valuable person.	1	2	3	4
b. I cooperate well with others.	1	2	3	4
c. I am satisfied with myself.	1	2	3	4
d. I think I can do pretty much anything if I make an effort.	1	2	3	4
e. I think I can overcome hardships.	1	2	3	4
f. I can control myself even I'm angry or excited.	1	2	3	4
g. I am not good at many things.	1	2	3	4
h. I feel like nothing seems to turn out well for me.	1	2	3	4
i. I have a(some) friend(s) that I can open my mind.	1	2	3	4
j. I am confident with my physical strength.	1	2	3	4

**Question 33 How much do you agree with the following statements ?  
(Please circle ONE on each line)**

	Agree	Somewhat agree	Somewhat disagree	Disagree
a. My parents (or guardians) truly understand me.	1	2	3	4
b. My parents (or guardians) listen to my problems.	1	2	3	4
c. My parents (or guardians) scold me sometimes.	1	2	3	4
d. My parents (or guardians) praise me sometimes.	1	2	3	4
e. I like being with my parents (or guardians)	1	2	3	4
f. I have a(some) teacher(s) who understand(s) me and accept(s) me at my school.	1	2	3	4
g. I have a(some) teacher(s) that I can ask for advice on any issue.	1	2	3	4
h. I feel uneasy when I don't go along with my friends.	1	2	3	4
i. I worry what my friends think about me.	1	2	3	4
j. I enjoy being with my friends.	1	2	3	4
k. I like being alone.	1	2	3	4
l. I have someone who can help me when things are tough.	1	2	3	4

**Question 34 How many hours do you usually use the internet on weekdays?  
(Please circle ONE)**

1. More than 4 hours
2. Between 3 hours and 4 hours
3. Between 2 hours to 3 hours
4. Between 1 hour to 2 hours
5. Less than 1 hour
6. I don't use the internet on weekdays.

**Question 35 How many hours do you use the internet on weekends and holidays?  
(Please circle ONE)**

1. More than 15 hours
2. Between 10 hours to 15 hours
3. Between 5 hours to 10 hours
4. Between 3 hours to 5 hours
5. Between 2 hours to 3 hours
6. Between 1 hour to 2 hours
7. Less than 1 hour
8. I don't use the internet on weekends and holidays much.

**Question 36 How much do you agree with the following statements ?  
(Please circle ONE on each line)**

	Agree	Somewhat agree	Somewhat disagree	Disagree
a. I often use my cell phone while I am walking.	1	2	3	4
b. Sometime I spend too much time using the internet and I don't get enough sleep.	1	2	3	4
c. I have spent too much money on games or apps.	1	2	3	4
d. I get upset when someone nags me or interrupts me while I use the internet.	1	2	3	4
e. I try to reduce my internet use, but it's hard to do.	1	2	3	4

**Question 37 What do you think your family's financial situation is ?  
(Please circle ONE that applies)**

1. Wealthier than many families
2. Wealthier than average
3. Average
4. Poorer than average
5. Poorer than many families

**Question 38 Who do you live with now? (Please circle ALL that apply)**

1. Father
2. Mother
3. Grandparents
4. Siblings
5. Relatives
6. Schoolmates at a dormitory
7. Other (Please describe: \_\_\_\_\_ )

***Thank you very much for your cooperation!***