

Survey on knowledge and attitudes toward concussion among parents of school-aged and adolescent children

Thank you for participating in our survey, which is part of the National Research Foundation of Korea's study on "Development and application of an educational program for management of mild traumatic brain injury based on a non-face-to-face education platform," and seeks to determine health information literacy and knowledge and attitudes about concussion among the general public.

The survey will take approximately 20-30 minutes to complete. Those who complete the survey will receive a credit worth 10,000 won. Your answers will be kept completely confidential, will not be used individually for any purpose, and will only be used for academic statistical analysis.

Concussion

A concussion is a temporary abnormality in brain function that occurs when an external physical shock is applied to the head, but is not accompanied by structural damage. It is also referred to as mild brain injury. The following questionnaire covers the symptoms of concussion. Please, select "Yes" if you think this is something that can happen or a symptom a person may feel after a concussion, or "No" if not.

Questions for symptoms or sign of concussion	Yes	No
1. Things smell funny		
2. Things taste funny		
3. Problems remembering things		
4. Stiffness of joints		
5. Fuzzy vision		
6. Black eye		
7. Bleeding from the ear		
8. Bleeding from the mouth		
9. Bleeding from the nose		
10. Confusion		
11. Fever		
12. Dizziness		
13. Loss of Consciousness		
14. Nausea		
15. Numbness in the arms		
16. Skin rash		
17. Weakness in neck movement		
18. Chest pain		
19. Trouble understanding things		

The survey examines general knowledge related to concussions. Choose the answer to the question that you think is most appropriate.

1. Concussion only occurs when consciousness is lost (1) Yes (2) No
2. Concussion is an injury to which of the following areas? (Choose just one)
 (1) Skull (2) Face (3) Brain (4) Neck (5) I don't know which part of the concussion is damaged.

3. Select all that you believe occur in people who return to physical activity too soon after a concussion.

- Nothing happens
- Increases the chance of having another concussion
- Skin rash occurs
- Brain damage occurs
- I'm not sure what will happen

4. Select all that you believe occur in people who have suffered multiple concussions

- Nothing happens
- Increases the chance of having another concussion
- Skin rash occurs
- Brain damage occurs
- Difficulty remembering
- I'm not sure what will happen

This survey asks about your attitudes toward concussions. Please rate the following items on a 7-point scale.

Seriousness	Never						Extremely
How serious do you think it is when a person experiences a headache and dizziness after a blow to the head or body?							
How important do you think it is for a person not to participate in physical activity when experiencing signs and symptoms of a concussion?							
How important do you think it is to be informed about how concussions happen?							
How important do you think it is to be informed about how concussions can be prevented?							
How important do you think it is to know the steps to follow if a person has a concussion?							
How important is it for a person to report possible concussion symptoms to a medical professional or caregiver?							
Generally, education about concussion is not sufficient.							

The following questions are related to concussions you have experienced in your lifetime.

1. Have you ever experienced a concussion?
(1) No (2) Yes
2. Have you ever been to the hospital due to a concussion?
(1) No (2) Yes
3. Have you ever visited a hospital as a guardian of a concussion patient?
(1) No (2) Yes
4. Have you ever received education related to concussions?
(1) No (2) Yes

This survey covers your demographic characteristics and will not be used for any purpose other than academic statistical analysis.

1. How old are you?
2. What is your gender? (1) Male (2) Female
3. What is your marital status?
(1) Single (2) Married/common-law marriage (3) Separated/widowed/divorced
4. How many family members do you live with?
(1) None (2) 1 person (3) 2 people (4) 3 or more
5. Do you have any sports-related experience or coaching experience?
(1) None (2) Yes
6. Do you have experience working in the health and medical field (doctor, nurse, dentist, midwife, oriental medicine doctor, physical therapist, occupational therapist, radiologist, clinical pathologist, plaque hygienist and dental technician, pharmacist, nursing assistant, emergency rescue technician, etc.)?
(1) No (2) Yes
7. What is your highest educational level?
(1) Below high school graduate
(2) High school graduate
(3) College student or graduate
(4) Graduate school graduate or higher
8. Which of the following best describes your occupation?
(1) Professional/free worker (e.g. doctor, lawyer, university professor, artist, religious figure, journalist, high-income freelancer)
(2) Office/technical worker (e.g. office worker at general companies, technical worker, elementary, middle, and high school teacher, web designer, computer programmer, etc.)
(3) Skilled worker (e.g. heavy equipment/truck driver, electronics/home appliance technician, lathes/woodworker, skilled worker, etc.)
(4) Self-employment (owners of small businesses with 9 or fewer employees, family workers, private taxi drivers, pharmacists, etc.)
(5) Management/administrative position (e.g., level 5 or higher civil servant, principal, corporate manager or higher)
(6) Agriculture, fishing, forestry, livestock farming, and horticulture (including family workers)
(7) Sales/service position (e.g. store clerk, salesman, insurance planner, etc.)
(8) General work (e.g. civil engineering field work, cleaning, janitor, etc.)
(9) Student
(10) Other (please specify) (_____)
9. What is your average monthly household income (not personal income)?
(1) Below 2 million won (2) 2.01~3 million won (3) 3.01~4 million won (4) 4.01~5 million won
(5) 5.01~6 million won (6) 6.01~7 million won (7) 7.01~8 million won (8) 8 million won or more

Lastly, a question about your children.

1. Please indicate the number of children you have and their ages.

(1) Number of children

(2) Child's age (please enter by birth order): Created according to the number of children.

- () years old Gender: male/female

- () years old Gender: male/female

2. Are any of your children athletes or play sports?

(1) Yes () person (2) No

3. Has your child ever had a concussion?

(1) No (2) Yes

4. Has your child ever been to the hospital due to a concussion?

(1) No (2) Yes