



INFOSECA Questionnaire for Parents/Guardians: Safe Fall-Safe Schools Program

This questionnaire is intended to obtain information regarding your child who is enrolled in the Primary/Secondary Education center and participating in the Safe Fall-Safe Schools research project. Through this questionnaire, we aim to gather information from the father/mother/legal guardian about the falls their child has experienced, the knowledge and importance they attribute to fall-related training, and their physical activity habits.

The questionnaire is completely ANONYMOUS. Please answer with the utmost HONESTY. It will not take more than 5 minutes to complete.

School name: _____ STUDENT CODE: _____

Type of School: Public Independent Private

Town: _____ Province: _____

Mark with an X the selected option in each case.

1. Gender (father/mother or guardian): Man Woman Other
2. Age (father/mother or guardian): _____
3. What grade your child is in?: _____
4. Your child falls down often? YES NO
5. Has your child suffered a fall requiring medical attention in the last two years?
 - YES. Indicate how many: _____
 - NO (Go directly to question 11 on the next page)
6. What was the last fall your child had that required medical attention? Please tick the options to describe it.
 - a. Type of fall:
 - Dizziness
 - Accidental
 - Caused by a third party (animals, other person, etc.)
 - Cannot say
 - Other
 - b. Mechanics of falling:
 - Forward
 - Backwards
 - Sideways
 - Head first
 - Sitting
 - On hands
 - On arms
7. Where was the last fall your child suffered that required medical attention?
 - In a public open space (park, street, etc.)
 - At school
 - At home
 - In another place



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8. When was the last fall your child suffered that required medical attention?

- Part of the day:
 - Morning
 - Afternoon
 - Evening
- Day of week:
 - From Monday to Friday
 - During the weekend
- Period of the course:
 - During school term
 - School holiday period

9. What were the immediate consequences of your child's last fall that required medical attention?

- None
- Superficial wound or contusion
- Fracture and other serious consequences
- Head trauma

10. Has your child's lifestyle changed as a result of a fall?

- YES
- NO

11. Did you know that in the year 2021 the World Health Organisation has identified falls as the second leading cause of accidental or unintentional injury deaths worldwide?

- YES
- NO

12. Do you think it is important for schools to include specific training on how to learn to fall in the safest possible way, minimising the possible consequences of falling??

- YES
- NO

13. In the event of an unexpected fall, would you know how to fall in order to try to minimise the damage sustained in the fall? If yes, please explain the guidelines you consider most important:

- YES
- NO

14. Have you received any specific training on falls?

- YES
- NO

If yes, please describe the training according to the items indicated:

- Through a public body. Details which: _____
- Through a private organisation. Details which: _____
- Through videos. Details which: _____
- Through books or journals. Details which: _____
- Others. Details which: _____



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We are also interested in your child's physical activity.

The World Health Organisation defines physical activity as any bodily movement that involves an increase in energy consumption. Physical activity refers to all movement, including movement during leisure time, to move to certain places, etc. Common physical activities include walking, cycling, cycling, pedalling, sports, recreational activities and games, all of which can be undertaken at any level of ability and can be enjoyed by everyone.

Intense physical activities refer to those that involve intense physical effort and make you breathe much harder than normal, such as running, swimming, playing football, skipping rope, fast cycling, etc.

How many hours per week of intense physical activity does your child usually engage in? (Please circle)

0 1 2 3 4 5 6 7 or more

Moderate physical activities are those that require moderate physical exertion that makes you breathe somewhat more intensely than normal, brisk walking, cycling at a regular speed, aerobic dancing....

How many hours per week of moderate physical activity does your child usually engage in? (Please circle)

0 1 2 3 4 5 6 7 or more

How many days a week does your child usually engage in moderate or vigorous physical activity? (Please circle).

0 1 2 3 4 5 6 7

How many hours per week does your child usually spend sitting during leisure time? Watching TV, tablet, reading, etc.? (Please circle).

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 or more

Please review the questionnaire to ensure that it is completed correctly

Thank you for your time