

## Iowa Teenage Workers Survey

1. Did you work for pay this summer at the job that you got the work permit for? **Y or N**
2. How many weeks did you work for pay this summer? \_\_\_\_
3. How many hours did you work each week? \_\_\_\_
4. Most of the time, how safe did you feel on your job this summer?
  - Very Safe
  - Safe Enough
  - Not Very Safe
  - Very Unsafe
5. When you started your job did anyone at work tell you or show you how to keep from getting hurt at work? **Y or N**
6. Did you ever notice anything dangerous or unsafe at your job? **Y or N** Did you...
  - Tell your supervisor
  - Tell a co-worker
  - Tell a parent or guardian
  - Tell a teacher
  - Fix it yourself
  - Fill out a complaint form at your job
  - Report it to a government agency
  - Do nothing about it
  - Do something else? What?
7. At work this summer, did you ever...
  - Use a ladder or scaffolding
  - Drive a car or truck for work
  - Use a box crusher
  - Use a food slicer
  - Use a dough rolling machine
  - Use power tools
  - Use a deep fat fryer
  - Use a forklift
  - Use a power mower
8. At work this summer, did anyone ever ask you to do something that you thought was dangerous? **Y or N** Did you...
  - Refuse to do it?
  - Talk to your parent or guardian
  - Talk to your boss about it
  - Do it anyway
  - Quit your job
  - Do something else? What?

9. Did you get hurt at work this summer seriously enough to get medical attention or lose time from work? **Y or N** If **N**, please skip to question 17. If **Y**, please go to question 11.

10. What kind of injury did you get?

- Cut or scrape
- Bruise
- Burn
- Sprain or strain, pulled muscle or tendon
- Head injury
- Broken or crushed bone
- Electric shock
- Multiple injuries
- Other

11. What were you doing when you got hurt? \_\_\_\_\_

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12. Was your boss or supervisor nearby when you got hurt? **Y or N**

13. Did you go to a doctor or hospital because of the injury? **Y or N**

14. Did you lose a day or more from work because of the injury? **Y or N**

15. Did the injury prevent you from sports or other fun activities for a day or more?  
**Y or N**

16. Did something ever happen at work this summer where you almost got hurt or got hurt just a little? For example, if you slipped and fell, but didn't break a bone. **Y or N**

17. Did anyone outside of work ever give you information about how to keep from getting hurt at work? **Y or N** Who?

- Vocational teacher?
- Non-vocational teacher?
- School nurse?
- Counselor?
- Parent or other relative?
- Other adult outside of school?
- Other? Who?

**Thank you very much for taking the time to answer the questions. We appreciate your help! Please submit completed form to:**

**Margret Meade, Compliance Assistance Specialist**  
**Iowa OSHA**  
**1000 E Grand Ave.**  
**Des Moines, Iowa 50319**  
[meade.margret@dol.gov](mailto:meade.margret@dol.gov)