

Youth Activity Survey Form

Name of Participating Institution, Society or Buddhist Monastery

Date

A) Lifestyle Activities

1. What type of indoor sports and activities do you like doing? (List them down)

2. What type of outdoor sports and activities do you like doing? (List them down)

3. Do you spend more time with members of your family than with your friends? Yes / No

If yes, what activities do you do together? _____

If no, why? _____

4. What are things you and your friends would do when you get together? (List them down)

5. Do you use fast food places as meeting points with your friends? Yes / No

If yes, list the places down you use as meeting places _____

6. Do you visit your local shopping centers often? Yes / No (Tick appropriate ones below)

Daily

A few times per week

Once a week

Weekends only

Once a month

Only when groceries are needed

7. How long do you spend in the shopping center on the average? _____ hours

8. How much time do you spend watching television per day? _____ hours

9. What type programs or shows do you often watch on television? (List them down)

10. How many movies have you seen this year? _____ times

11. What are the movies that you have seen this year? (List them down)

12. Do you own your own computer? Yes / No (Tick appropriate ones below)

If yes, you are using a Personal machine or Shared computer.

If personal, is it a Desktop, Notebook, or you own Both.

13. Where do you visit the most when you surf the internet? (Tick appropriate ones below)

Blog or social networks

News sites

Learning sites (for homework)

Gaming sites

Streaming Video and Audio

Chat-rooms, IM or Skype

List some sites you often visit _____

Participation In The Institution, Society or Temple

14. How long have you been with your Institution, Society or Buddhist monastery? _____ years
15. How did you come to be with your organization? (Tick appropriate ones below)
- Parents Friends School Advertisements
- Others (please specify _____)
16. How often you visit your organization this year? (Tick appropriate ones below)
- Daily Weekly Monthly Occasionally On Major Activities
17. How do you find the location of the organization? (Tick appropriate ones below)
- Inconvenient with bad transportation Convenient with good public transportation
- I have my own transportation I must arrange for pickup by family or friends
18. Do you find your organization providing good facilities and activities for your use? Yes / No
- If no, why? _____
- _____
- _____
19. What programs or activities have you participated before in your organization? (List them down)
- _____
- _____
- _____
- _____
20. Does your organization provide you with more spiritual activities than social ones? Yes / No
21. Do you find your organization provides sufficient activities catering to your social needs? Yes / No
22. Are there any activities you want to see being improved upon? Yes / No
- If yes, why? _____
- _____
- _____
23. What other forms of activities you like to see it being hosted in your organization? (List them)
- _____
- _____
- _____

Buddhist Knowledge and Practices

24. Do you think of yourself as a Buddhist? Yes / No

If no, why? _____

25. Do you participate in Buddhist ceremonies and rituals? Yes / No

If no, why? _____

26. On the scale of 1 (low) to 5 (high) ...

(Please Rate Yourself)

- | | |
|---|-------------------------------|
| a) Do you read publications on Buddhism regularly? | None ① ② ③ ④ ⑤ Very Often |
| b) How do you rate your knowledge of Buddhism? | None ① ② ③ ④ ⑤ Excellent |
| c) Do you know about the history and evolution of Buddhism? | None ① ② ③ ④ ⑤ Excellent |
| d) Do you know about the Life Story of the Buddha? | None ① ② ③ ④ ⑤ Excellent |
| e) Can you give a simple 10 minutes talk about Buddhism? | None ① ② ③ ④ ⑤ Very Confident |
| f) Do you visit Buddhist monastery regularly? | None ① ② ③ ④ ⑤ Very Often |
| g) Can you discuss with people about Buddhism? | None ① ② ③ ④ ⑤ Very Confident |
| h) Can you chant some of the simple sutras? | None ① ② ③ ④ ⑤ Excellent |
| i) Do you know the practices of full and new moon? | None ① ② ③ ④ ⑤ Excellent |
| j) Do you know differences between the various Buddhist traditions? | None ① ② ③ ④ ⑤ Excellent |
| k) How often do you listen to live or recorded sermons or discourses? | None ① ② ③ ④ ⑤ Very Often |
| l) Do you perform merit-making or offerings often? | None ① ② ③ ④ ⑤ Very Often |
| m) Do you know how to respect and treat a monastic? | None ① ② ③ ④ ⑤ Excellent |
| n) Do you know how to setup a simple Buddhist altar? | None ① ② ③ ④ ⑤ Excellent |

27. Do you believe that Buddha teachings will excel you in daily life? Yes / No

28. Do you believe Buddha's teachings (scriptures) are applicable for today's lifestyle? Yes / No

29. Do you read the scriptures to find the answers to your own problems? Yes / No

30. Do you visit someone of authority (monk or otherwise) to find a resolve to your problems? Yes / No

31. Do you put time to engage yourself into social work or volunteer for Buddhist programs? Yes / No

32. Do you believe that attending major Buddhist events will help you to accumulate good Karma? Yes / No

33. Do you find Buddhist organizations impersonal and aloof when you visit them? Yes / No

Meditation Practices

34. Have you done any meditation practices before? Yes / No

If no, why?

If yes, who?

35. Do you think that meditation can help you strengthen your mental focus? Yes / No

If no, why?

36. Do you believe that meditation can help you improve yourself in doing daily activities? Yes / No

If no, why?

37. Do you believe that meditation can help you keep your temperament under control? Yes / No

If no, why?

38. Would you go for a meditation retreat if you are given the chance to do it? Yes / No

If no, why?

39. Do think that these activities are all meditation?

(Tick appropriate ones below)

Sitting down and closing eyes only

Control observation of your breathing

Chanting of scriptures or mantras

Observing yourself doing daily chores

Repetition of an activity, i.e. running

Discussing the scriptures learned

Visualizing an object, shape or color

Maintaining sitting posture for hours

Observing yourself getting emotional

Relaxing to the sound of soothing music

Social Interaction

40. Have you been approached to talk about religion by missionaries or friends from other religious groups? Yes / No

If yes, where did you encounter them?

(Tick appropriate ones below)

- In shopping centers, cinemas, etc. On the streets or public areas, i.e. parks At fast food restaurants
- In the schools or areas around the school In public transport, i.e. buses, etc. At your home (door to door visits)
- Through events (i.e. parties, meetings, etc.) organized by your friends and acquaintances At workplace or in the office

Others places _____

41. Have you been asked to visit places of their worship by the other religious groups? Yes / No

- Taoist Temple Church Hindu Temple Mosque Others

If yes, why? _____

42. Have you been asked to attend functions, meetings or celebrations organized by other religious groups? Yes / No

- Join their worships Participate in camps Volunteer in projects
- Attend parties and other social gatherings Take part in their annual celebrations

Others _____

43. Do you know anything about these religious groups?

(Circle the appropriate ones below)

Religious Groups	Do you something about this religion?		If you answer yes, then answer the questions below							
			Do you have friends there?		Do you know the teachings?		Do you know the rituals?		Do you know their lifestyle?	
a) Sunni	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
b) Evangelicals	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
c) Protestants	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
d) Catholics	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
e) Taoism	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
f) Confucianism	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
g) Hinduism	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
h) Bahai	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
i) Mormonism	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
j) Sikhism	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
k) Sokka Gakkai	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
l) FaLun Gong	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
m) Shiite	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
n) Judaism	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
o) Sikhism	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Others (Please list them down below and answer the following questions)										
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

Participant's Data

Name (Optional) _____

Age _____

Sex (Tick one)

Male

Female

Email _____

44. Which of these best describes your present situation?

(Tick appropriate ones below)

I'm still in full time education? Yes / No

School: _____

Course: _____

I've already left school and am currently working? Yes / No

Organization: _____

Position: _____

I've completed my studies and planning for further studies? Yes / No

University: _____

Major: _____

Any Other Comments

Thank You For Your Participation