

## Environmental Protection Agency SunWise School Program Teacher and School Nurses Survey

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade(s) you teach: \_\_\_\_\_

The Boston University Cancer Prevention & Control Center is working with EPA/SunWise to evaluate your experience with the teaching of the SunWise School Program. Can you kindly take a few minutes to answer the following questions? Please return this in the self-addressed stamped envelope. Your answers will go a long way toward helping us improve SunWise.

Did your class take part in any SunWise activities this past year? ( ) Yes ( ) No  
If no, in the interest of improving SunWise, can you tell us why not? \_\_\_\_\_

(Please return the survey even if you did not have a chance to teach the SunWise program this year.)

If yes, please estimate **how many students** received SunWise teaching \_\_\_\_\_

**How much class time** was spent on SunWise? \_\_\_\_\_ (# of minutes)

### I. Overall Satisfaction

1. On a scale of 1-5, with 1 being the least satisfied and 5 being the most satisfied, please rank the children's overall satisfaction with the SunWise Program.

( ) 1    ( ) 2    ( ) 3    ( ) 4    ( ) 5  
**Least satisfied -----Most satisfied**

2. On a scale of 1-5, with 1 being the least satisfied and 5 being the most satisfied, please rank your overall satisfaction with the SunWise Program.

( ) 1    ( ) 2    ( ) 3    ( ) 4    ( ) 5  
**Least satisfied -----Most satisfied**

### II. Cross-Curricular Classroom Lessons (SunWise Tool Kit)

3. Overall, the Tool Kit was at:    ( ) too low a level.    ( ) just about at the right level.    ( ) too advanced.

4. Of the following, I completed selected activities in (please check all that apply):

- |   |                                  |
|---|----------------------------------|
| <input type="checkbox"/> Science            | <input type="checkbox"/> Math    |
| <input type="checkbox"/> Physical Education | <input type="checkbox"/> English |
| <input type="checkbox"/> Social Studies     | <input type="checkbox"/> Health  |

5. What were the children's 2 favorite activities?

1. \_\_\_\_\_

2. \_\_\_\_\_

6. Does the SunWise Tool Kit effectively help students learn about the risks of overexposure to the sun?  
(Scale of 1-5, with 1 being not at all helpful and 5 being very helpful)

( ) 1    ( ) 2    ( ) 3    ( ) 4    ( ) 5  
**Not helpful ----- Very helpful**

7. Does the SunWise Tool Kit help students learn how they can effectively protect themselves from overexposure to the sun?  
(Scale of 1-5, with 1 being not at all helpful and 5 being very helpful)

( ) 1    ( ) 2    ( ) 3    ( ) 4    ( ) 5  
**Not helpful ----- Very helpful**

8. Did the SunWise Tool Kit help you learn about the risks of overexposure to the sun?  
(Scale of 1-5, with 1 being not at all helpful and 5 being very helpful)

( ) 1    ( ) 2    ( ) 3    ( ) 4    ( ) 5  
**Not helpful ----- Very helpful**

9. Did you share your materials with another faculty member? ( ) Yes    ( ) No

**III. UV Index /UV Meter/Frisbee Use**

- 10. Did your class use the SunWise Web site to gather and/or input UV Index data?  Yes  No
- 11. If you requested a hand-held UV meter, did you use it?  Yes  No  
If yes, how often? \_\_\_\_\_  
If no, why not? (please explain) \_\_\_\_\_
- 12. Was the UV Frisbee an effective teaching tool?  Yes  No  
Please describe. \_\_\_\_\_

**IV. Infrastructure Enhancements**

- 13. Did you organize any school-wide sun safety activities (out of the classroom)?  Yes  No
- 14. Please indicate which of your school’s policies changed as a result of your efforts with SunWise (check all that apply):  

	Before SunWise?	After SunWise?
14a. Were notes about sunscreen sent home to parents:	<input type="checkbox"/>	<input type="checkbox"/>
14b. Was sunscreen available in the school:	<input type="checkbox"/>	<input type="checkbox"/>
14c. Were more shade structures added to the schoolyard:	----	<input type="checkbox"/>
14d. Were more trees added to the schoolyard:	----	<input type="checkbox"/>

**V. Personal Behaviors**

- 15. Please indicate how your personal sun behaviors have changed since teaching the SunWise Program:  

	Improved	Stayed the same	Decreased
15a. Applying sunscreen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15b. Using a higher SPF sunscreen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15c. Wearing a shirt and hat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15d. Staying in the shade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15e. Staying inside between 10 AM and 4 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

  
 If any of your sun protection behaviors have decreased, why? (please explain) \_\_\_\_\_
- 16. Since teaching the SunWise Program, have you talked to your family or friends about being sun safe more often?  Yes  No

**VI. Suggestions**

- 17. What information, materials, or resources would you suggest we add, delete, or change?
  
  
  
- 18. Have you developed any enhancement activities/lessons for use with SunWise that you would be willing to share?  Yes  No  
If so, please describe and/or attach.

**VII. Future Participation**

- 19. Would you like to continue your participation in SunWise for the 2008-2009 School Year?  
 Yes  No (If yes, you will be automatically re-enrolled in SunWise.)

20. How receptive would you be to new units on:

- |  |                    |                    |                |
|--|--------------------|--------------------|----------------|
| a) dangers of tanning beds?                  | Not very receptive | Somewhat receptive | Very receptive |
| a) helping children resist need for tanning? | Not very receptive | Somewhat receptive | Very receptive |
| a) educating parents about sun protection?   | Not very receptive | Somewhat receptive | Very receptive |

**THANK YOU**

The public reporting and record-keeping burden for this collection of information is estimated to average 30 minutes per response. Burden means the total time, effort, or financial resources expended by persons to generate maintain, retain, disclose, or provide information to or for a federal agency. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments on the Agency’s need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, OIC/OEI, U. S. Environmental Protection Agency (2822), 1200 Pennsylvania Ave., NW, Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, 725 17<sup>th</sup> Street, NW, Washington, DC 20503, Attention: Desk Officer for EPA. Include the EPA ICR number and OMB control number in any correspondence.