



## Generation Health Study Survey Administrator Questionnaire

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **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 regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (####-####). Do not return the completed form to this address.

The purpose of this questionnaire is to assess physical education, nutrition, tobacco, violence, and health programs and policies in your school. Follow the instructions for each question, checking the response that best represents your answer. Thanks for your cooperation. Your answers will be kept confidential.

### INSTRUCTIONS FOR COMPLETING THE SURVEY

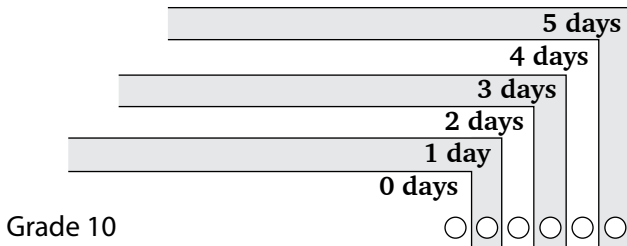
- Read all the printed answers before marking your choice.
- Mark the circle for the one answer that best fits your situation.
- Use a No. 2 pencil.
- Make heavy marks that fill the circle for your answer.
- Erase cleanly any answer you wish to change.
- Please do not make stray marks of any kind.

The following **four questions** ask about physical education and after school physical activity programs.

**1a. Is physical education (PE) required for students in grade 10 in this school?**

- No (SKIP TO QUESTION 2)
- Yes
- Don't know (SKIP TO QUESTION 2)

**1b. Please indicate the number of days per week in which physical education (PE) classes are required in your school for grade 10:** *(Please mark one circle. If PE is not required for the entire school year, please estimate average for full school year, e.g., 3 days/week for 1/3 of school year = 1 day/week average across full school year.)*



**1c. Please indicate how much time per week is allocated to physical education (PE) classes that are required in your school for grade 10:** *(If PE is not required for the entire school year, please indicate the number of hours per week during those weeks it is required.)*

Grade 10 \_\_\_hours \_\_\_minutes (per week)

**2. Does this school offer 10th-grade students opportunities to participate in intramural activities or physical activity clubs?**

*(Mark one circle.)*

- No
- Yes

**3. Which of these facilities for physical activity exist in the indoor school area, the school yard (within 200 meters), or in the school neighborhood (200 yards to 2000 yards)?**

*(Mark "no" or "yes" for each item.)*

	Do students have access to this in unstructured school time? (Breaks, free hours)	
	No	Yes
a. Gymnasium, sport hall	<input type="radio"/>	<input type="radio"/>
b. Swimming facilities	<input type="radio"/>	<input type="radio"/>
c. Football and/or soccer field	<input type="radio"/>	<input type="radio"/>
d. Court space with permanent improvements for other ball activities	<input type="radio"/>	<input type="radio"/>
e. Areas for boarding/skating	<input type="radio"/>	<input type="radio"/>
f. Open field space with no markings	<input type="radio"/>	<input type="radio"/>
g. Playground equipment	<input type="radio"/>	<input type="radio"/>
h. Activity trails	<input type="radio"/>	<input type="radio"/>
i. Green fields/parks/nature reserve	<input type="radio"/>	<input type="radio"/>
j. Wooded areas	<input type="radio"/>	<input type="radio"/>
k. Water (sea, river, lake)	<input type="radio"/>	<input type="radio"/>

**4. Does the school organize physical activities for 10th-graders during the school day outside Physical Education classes?** *(Please mark one circle for each line.)*

	Yes, 3-5 days per week			
	Yes, 1-2 days per week		Yes, 2-3 days per month	
	No			
a. Before school hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. In lunchtime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. In breaks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. After school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Other times during the school day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following six questions ask about nutrition-related policies and practices at this school.

- 5a. Are 10th graders allowed to leave campus during their lunch period?
- No (SKIP TO QUESTION 6)
  - Yes

- 5b. Which of the following off-campus food sources are close enough for students to walk or drive to during lunch?
- Fast food restaurants
  - Other restaurants, cafeterias, or diners
  - Supermarkets, convenience stores, or other stores
  - Off-campus lunch wagons or push carts
  - Other food sources (Specify)
- 

6. How often do school organizations sell pizza or other main entrée items during lunch?
- Every day
  - Three to four times a week
  - One to two times a week
  - Less than once a week
  - Never
  - School district forbids organizations from selling food during lunch periods
  - Don't know

7. Does your school's cafeteria offer any of the following options?

	Every day	3-4 times a week	1-2 times a week	Less than once a week	Never
a. Salad bar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Whole grains (i.e., whole grain bread, brown rice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Vegetarian entrées	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Can students purchase any of the following items from vending machines or at the school store, cafeteria, or snack bar? (Please mark one circle for each line.)

	No	Yes, some days	Yes, daily
a. Chocolate candy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Other kinds of candy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Salty snacks that are not low in fat, such as regular potato chips	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Salty snacks that are low in fat, such as such as pretzels, baked chips, or other low fat chips	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Fruits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Soft drinks, sports drinks, or fruit drinks that are not 100% juice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. 100% fruit juice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Bottled water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Whole milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Skim (non-fat) or low-fat milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Chocolate milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Warm drinks (coffee, tea, hot cocoa)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Yogurt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Regular cookies, crackers, cakes, pastries, or other non-low-fat baked goods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Low-fat cookies, crackers, cakes, pastries, or other low-fat baked goods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Pizza	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Does this school... (Mark "no" or "yes" for each item.)

	No	Yes
a. Offer a la carte <b>breakfast</b> items to students?	<input type="radio"/>	<input type="radio"/>
b. Participate in the USDA reimbursable <b>School Breakfast Program</b> ?	<input type="radio"/>	<input type="radio"/>
c. Offer any other <b>breakfast</b> meals to students?	<input type="radio"/>	<input type="radio"/>

10. Does this school... (Mark "no" or "yes" for each item.)

	No	Yes
a. Offer a la carte <b>lunch</b> items to students?	<input type="radio"/>	<input type="radio"/>
b. Participate in the USDA reimbursable <b>School Lunch Program</b> ?	<input type="radio"/>	<input type="radio"/>
c. Offer any other <b>lunch</b> meals to students?	<input type="radio"/>	<input type="radio"/>

11. On a typical day, about how many students are eligible for free/reduced price meals? (Write in the number of students or percentage.)

\_\_\_\_\_ number of students  
or  
\_\_\_\_\_ percentage (%) of students

The following two questions ask about tobacco use policy at this school.

12. Has this school adopted a policy prohibiting tobacco use by faculty and staff? (Mark one response.)

- No (SKIP TO QUESTION 14)  
 Yes

13. Does that policy specifically prohibit tobacco use by faculty and staff in any of the following locations? (Mark "no" or "yes" for each item.)

	No	Yes
a. In school buildings	<input type="radio"/>	<input type="radio"/>
b. On school grounds	<input type="radio"/>	<input type="radio"/>
c. In school buses or other vehicles used to transport students	<input type="radio"/>	<input type="radio"/>
d. At off-campus, school-sponsored events	<input type="radio"/>	<input type="radio"/>

The next two questions are about staff and student development.

14. During the past three years, did the school facilitate staff development (such as workshops, conferences, courses, continuing education, or any other kind of in-service training) on the following topics? (Please mark all that apply but at least one circle for each line.)

	Yes, for the cafeteria personnel			
	Yes, for the teachers			
	Yes, for the principal (school leadership)			
	No			
a. Nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. ICT (information and communication technology/computer use)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. In the past 3 years, which of the following programs/projects have your school participated in? (Mark "no" or "yes" for each item.)

	No	Yes
a. Physical activity program	<input type="radio"/>	<input type="radio"/>
b. Nutrition program	<input type="radio"/>	<input type="radio"/>
c. Bullying and/or violence prevention program	<input type="radio"/>	<input type="radio"/>
d. Anti-smoking program (e.g.: smoke-free classes)	<input type="radio"/>	<input type="radio"/>
e. Alcohol and/or drugs program	<input type="radio"/>	<input type="radio"/>
f. Sex education program	<input type="radio"/>	<input type="radio"/>

16. Does your school have a written plan for responding to violence at the school? (Mark one response.)

- No  
 Yes

The following two questions ask about student health screenings that might be conducted at this school. Please think about screenings done in any grade while a student attends this school.

17. Are most students from this school screened at the school for any of the following? (Mark "no" or "yes" for each item.)

	No	Yes
a. Height and weight (or body mass)	<input type="radio"/>	<input type="radio"/>
b. Hearing problems	<input type="radio"/>	<input type="radio"/>
c. Vision problems	<input type="radio"/>	<input type="radio"/>
d. Oral health problems	<input type="radio"/>	<input type="radio"/>

18. Please indicate what the school does when a student's screening indicates a potential problem. (Mark "no" or "yes" for each item.)

	No	Yes
a. Notify the student's parents or guardians	<input type="radio"/>	<input type="radio"/>
b. Notify the student's teachers	<input type="radio"/>	<input type="radio"/>
c. Not applicable—no health screenings	<input type="radio"/>	

The following two questions ask about mental health and social services provided at this school. Please include both contracted providers and regular school staff.

19. Are there part-time or full-time guidance counselors, psychologists, or social workers who provide standard mental health or social services to students at this school? (Mark one response.)

No (SKIP TO QUESTION 21)

Yes

20. During the past 30 days, how many hours per week in total have the guidance counselors, psychologists, and/or social workers spent at this school? (Mark one response.)

Fewer than 5 hours

5 to 10 hours

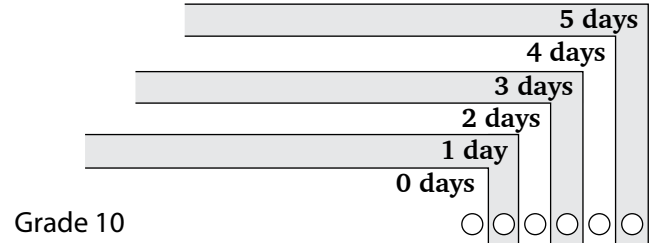
11 to 15 hours

16 to 20 hours

21 hours or more

The following two questions ask about health education programs in this school.

21. Please indicate the number of days per week in which health education (HE) classes are required in your school for grade 10: (Please mark one circle. If HE is not required throughout the school year; please estimate average for full school year; e.g., 3 days/week for 1/3 of school year = 1 day/week average across full school year.)



22. During this school year, which of the following topics have been included in a required health education course in grade 10? (Mark "no" or "yes" for each item.)

	No	Yes
a. Accident or injury prevention	<input type="radio"/>	<input type="radio"/>
b. Alcohol or other drug use prevention	<input type="radio"/>	<input type="radio"/>
c. Dental and oral health	<input type="radio"/>	<input type="radio"/>
d. Emotional and mental health	<input type="radio"/>	<input type="radio"/>
e. Growth and development	<input type="radio"/>	<input type="radio"/>
f. Physical activity and fitness	<input type="radio"/>	<input type="radio"/>
g. Tobacco use prevention	<input type="radio"/>	<input type="radio"/>
h. Bullying prevention	<input type="radio"/>	<input type="radio"/>
i. Fighting prevention	<input type="radio"/>	<input type="radio"/>
j. Homicide prevention	<input type="radio"/>	<input type="radio"/>
k. Nutrition and dietary behavior	<input type="radio"/>	<input type="radio"/>
l. HIV (Human immunodeficiency virus) prevention	<input type="radio"/>	<input type="radio"/>
m. Human sexuality	<input type="radio"/>	<input type="radio"/>
n. Pregnancy prevention	<input type="radio"/>	<input type="radio"/>
o. STI (sexually transmitted infection) prevention	<input type="radio"/>	<input type="radio"/>
p. Suicide prevention	<input type="radio"/>	<input type="radio"/>

