

Health Services School Questionnaire

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**School Health Policies and Practices Study 2012
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Health Services School Questionnaire

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Special Instructions

NOTE: THROUGHOUT THIS QUESTIONNAIRE, TEXT THAT APPEARS IN ALL CAPITAL LETTERS WILL NOT BE READ ALOUD TO RESPONDENTS.

THIS QUESTIONNAIRE WILL BE ADMINISTERED USING COMPUTER ASSISTED PERSONAL INTERVIEW TECHNOLOGY. THE INTERVIEWER WILL READ THE QUESTIONS ALOUD AND TYPE RESPONSES TO THE QUESTIONS INTO THE LAPTOP COMPUTER. THE INTERVIEW PROGRAM WILL 1) DISPLAY THE CORRECT TENSE OF VERBS, 2) PROVIDE ALTERNATE ANSWERS TO QUESTIONS (E.G., NOT APPLICABLE, I DON'T KNOW), 3) NAVIGATE COMPLEX SKIP PATTERNS, AND 4) PERFORM OTHER USEFUL FUNCTIONS. THE PROGRAMMING SPECIFICATIONS FOR THE INTERVIEW ARE NOT INCLUDED IN THIS PRINTED VERSION OF THE QUESTIONNAIRE.

Student Health Records

1. What is your job title at the school? (In which role do you spend more time?)

- | | |
|---|--|
| 1) Principal | 12) Social Worker |
| 2) Asst. Principal/Other School Administrator | 13) Psychologist |
| 3) School Secretary | 14) Other Mental Health/Social Services Provider |
| 4) Physical Ed Teacher | 15) Nurse |
| 5) Athletic Director | 16) Health Aide |
| 6) Health Ed Teacher | 17) Physician |
| 7) Other Teacher | 18) Other Health Services Provider |
| 8) Food Service Manager | 19) SBHC Health Services Staff |
| 9) Commercial Food Service Provider | 20) SBHC Mental Health/Social Services Staff |
| 10) Other School Food Service Staff | |
| 11) Guidance Counselor | 50) Other Staff |

SHOW CARD 1

The first questions ask about student records.

As I read the items on this card, please tell me if each is obtained by your school and kept in any type of student record.

2. Does your school obtain and keep...

- | | Yes | No |
|---|-----|----|
| a.....A physical health history?..... | | |
| ..... | 2 | |
| b.....An emotional or mental health history?..... | | |
| ..... | 2 | |
| c.....Tuberculosis screening results?..... | | |
| ..... | 2 | |
| d.....Other screening records, such as vision or hearing? | | |
| 1..... | 2 | |
| e.....Medication needs? 1 2 | | |
| f.....Dietary needs or restrictions?..... | | |
| ..... | 2 | |
| g.....Severe food or other allergies?..... | | |
| ..... | 2 | |
| h.....Physical activity restrictions?..... | | |
| ..... | 2 | |

Student Health Records

i.....Asthma action plans?1 2

j.....Emergency contact information?.....2

k.....An authorization for emergency treatment?.....1.....2

l.....Insurance coverage information?.....2

(Q2 Continued)

m.....Student weight status, such as body mass index, or BMI?
1.....2

n.....Reasons for student absences.....1
2

3. During the past 12 months, has your school requested any student health information, including immunization records, from a healthcare provider?

Yes.....1

No.....2 →SKIP TO THE
INTRODUCTION TO Q6

4. During the past 12 months, has any healthcare provider refused to share student health information, including immunization records, with your school?

Yes.....1

No.....2 →SKIP TO THE
INTRODUCTION TO Q6

5. Did any healthcare provider refuse to share this information because a HIPAA, or Health Insurance Portability and Accountability Act, authorization had not been obtained from the student's parents?

Yes.....1

No.....2

Required Immunizations

The next questions are about immunizations.

IF THIS IS A MIDDLE OR HIGH SCHOOL, SKIP TO THE INSTRUCTIONS BEFORE Q7.

6. Please tell me if each of the following immunizations are required for entry into kindergarten or first grade.

	Yes	No
a. A second measles vaccine.....	1.....	2
b.....A polio vaccine....	1	2
c.....A pertussis vaccine.	1	2
d.....A tetanus vaccine. .	1	2
e.....A hepatitis A vaccine	1	2
f.....A hepatitis B vaccine	1	2
g.....A chicken pox or varicella vaccine.....		
.....	2	

ANSWER Q7 FOR MIDDLE AND HIGH SCHOOL ONLY. OTHERWISE, SKIP TO Q8.

7. Please tell me if each of the following immunizations are required for entry into your school.

	Yes	No
a. A second measles vaccine.....	1.....	2
b.....A hepatitis A vaccine	1	2
c.....A hepatitis B vaccine	1	2
d.....A chicken pox or varicella vaccine.....		
.....	2	
e.....A tetanus-diphtheria-pertussis, or TdAP, vaccine		
1.....	2	
f.....A meningococcal conjugate vaccine.....		
.....	2	
g.....A human papillomavirus, or HPV, vaccine		
.....	1.....	2

8. Which of the following statements best describes your school’s practices related to whether students are excluded from attending classes if they have not received the required immunizations for entry into your school? Please do not include students who are exempt from immunization requirements for medical, religious, or philosophical reasons.

Students who have not received the required immunizations for school entry are immediately excluded from attending classes.....1 →SKIP TO Q10

Students who have not received the required immunizations for school entry are allowed to attend classes for a specified number of days and then excluded.....2

This school does not exclude students from attending classes if they have not received the required immunizations for school entry.....3 →SKIP TO Q10

9. How many days can students who have not received the required immunizations attend class?

_____ Days

10. Does your school require students to receive an influenza vaccine annually?

Yes.....1

No.....2

11. Does your school allow students to be exempted from required immunizations for...

	Yes	No
a. Medical reasons?.....1.....2		
b.....Religious reasons?. 1	1	2
c.....Personal beliefs?...1	1	2

Tuberculosis Testing

The next question asks about requirements for tuberculosis, or TB, screening for students prior to school entry. By “screening,” I mean the identification of students meeting certain risk criteria, for example those born or recently living in other countries. Students meeting these criteria would then be referred for TB testing or required to provide evidence of medical clearance.

12. Please tell me which one of the following statements best describes the requirement for tuberculosis or TB screening of students prior to school entry.

TB screening is required prior to school entry for all students.....1

TB screening is not required prior to school entry for any students.....2

Now I’m going to ask about the requirements for tuberculosis or TB testing for students prior to school entry. By “testing,” I mean a clinical test for TB.

13. Please tell me which one of the following three statements best describes the requirement for tuberculosis or TB testing of students prior to school entry.

TB testing is required prior to school entry based on the results of TB screening.....1

TB testing is required prior to school entry for all students.....2

TB testing is not required prior to school entry for any students.....3

14. Which of the following three statements best describes your school’s requirements for periodic TB testing after school entry? Please do not include TB testing that might be done after exposure to TB at school or a school-sponsored event. For the purposes of this question, “periodic” means that the test is repeated at regular intervals (e.g., annually) or at a specific time (e.g., at the beginning of 5th grade).

Periodic TB testing is required for all students.....1

Periodic TB testing is required only for students previously identified through screening.....2

Periodic TB testing is not required for any students.....3

IF Q13 IS 3 AND Q14 IS 3, SKIP TO THE INTRODUCTION TO Q17.

IF Q14 IS 3 AND Q13 IS 1 OR 2, SKIP TO Q16. OTHERWISE, CONTINUE TO Q15.

15. Which of the following three statements best describes your school's requirements for how often (these) students are tested? Again, please do not include TB testing that might be done after exposure to TB at school or a school-sponsored event.

(These) students are tested in one particular grade.....1

(These) students are tested in more than one grade, but not every year.....2

Or, (these) students are tested every year.....3

16. Which method is required to be used to provide evidence of a negative TB test?

Skin test not otherwise specified.....1

Other skin test.....2

Chest x-ray.....3

Blood test (i.e., interferon-gamma release assays).....4

No specific testing method is required.....5

Procedures for Student Medication

Now I'd like to ask you a few questions about your school's procedures regarding medication administration to students at school. I will be asking about prescription and over-the-counter drugs separately.

17. Who is allowed to administer prescription medications to students?

MARK ALL THAT APPLY

- School nurse.....1
- School physician.....2
- School health aide.....3
- Teachers.....4
- Other school staff, such as principals
or secretaries.....5
- No teachers or staff are allowed
to administer prescription medications.....6

18. Who is allowed to administer over-the-counter medications to students?

MARK ALL THAT APPLY

- School nurse.....1
- School physician.....2
- School health aide.....3
- Teachers.....4
- Other school staff, such as principals
or secretaries.....5
- No teachers or staff are allowed
to administer over-the-counter medications.....6

IF Q17 OR Q18 IS 3, 4, OR 5 CONTINUE. OTHERWISE, SKIP TO Q25.

19. When someone other than a school nurse or school physician administers prescription medications to students, are these individuals required to be licensed or certified to administer medications?

- Yes.....1
- No.....2

20. When someone other than a school nurse or school physician administers over-the-counter medications to students, are such staff required to be licensed or certified to administer medications?
- Yes.....1
No.....2
21. Are all staff who administer prescription medications to students required to be trained to administer medications?
- Yes.....1
No.....2
22. Are all staff who administer over-the-counter medications to students required to be trained to administer medications?
- Yes.....1
No.....2

SHOW CARD 2

23. Looking at this card, please tell me what documentation is required before school nurses, teachers, or any other school staff may administer prescription medications to a student.
MARK ALL THAT APPLY
- Written instructions from the physician
or prescriber.....1
Written request from the parent or guardian.....2
Written information on possible side-effects.....3
None of these.....4
24. Looking at this card, please tell me what documentation is required before school nurses, teachers, or any other school staff may administer over-the-counter medications to a student.
MARK ALL THAT APPLY
- Written instructions from the physician.....1
Written request from the parent or guardian.....2
Written information on possible side-effects.....3
None of these.....4

Procedures for Student Medication

25. At your school, would a student ever be permitted to carry and self-administer...

	Yes	No
a. A prescription quick-relief inhaler?.....	1.....	2
b.....An epinephrine auto-injector, such as an EpiPen		
1.....	2	
c.....Insulin or other injected medications?.....		
.....	2	
d.....Any other prescribed medications?.....		
.....	2	
e.....Any over-the-counter medications?.....		
.....	2	

Funding/Medicaid

The next question asks about funding for standard health services at your school. For the purposes of this question, “standard” means services offered to all students at your school.

26. At your school, how are standard health services funded?
MARK ALL THAT APPLY

School district budget.....	1
Medicaid.....	2
State Children’s Health Insurance Program, or SCHIP.....	3
Private insurance.....	4
Public grants.....	5
Private grants.....	6
Other.....	7

The next question asks about whether your school serves as a Medicaid provider by providing standard health services to students.

27. Does your school serve as a Medicaid provider by providing health services to students?

Yes.....	1
No.....	2

School-Based Health Centers

The following questions ask about health services offered at school-based health centers—that is, health centers on school property where enrolled students can receive primary care, including diagnostic and treatment services. These services are usually provided by a nurse practitioner or physician’s assistant. Some school-based health centers offer mental health and social services, which are usually provided by a psychologist, social worker, or other mental health or social services professional. In answering these questions, please do not include traveling or mobile health centers.

28. Does your school have a school-based health center that offers health services to students?

Yes.....1

No.....2

29. Does your school have a school-based health center that offers mental health and social services to students?

Yes.....1

No.....2

Promotion

The next question asks about promotion of standard health services that might occur at your school. By “standard,” I mean services offered to all students in your school.

30. During the past 12 months, has your school...

	Yes	No
a. Met with a parents’ organization, such as the PTA, to discuss standard school health services?.....	1.....	2
b.....Provided families of all students with information on standard school health services?.....	1.....	2
c.....Invited family members of all students to tour the standard school health services facilities?.....	1.....	2
d.....Collected suggestions from students about school health services?.....	1.....	2
e.....Collected suggestions from students’ families about school health services?.....	1.....	2

Communication

The next questions ask about communication that might occur during an infectious disease outbreak (such as flu) at your school.

31. During the past 12 months, has your school...

	Yes	No	N/A
a.....Sent letters or emails, or posted information on a school Web site to inform students and families about an infectious disease outbreak at school?.....1.....2.....3			
b.....Sent letters or emails, or posted information on a school Web site to inform students and families about how to prevent infectious diseases, such as the flu?.....1.....2			

32. During the past 12 months, has your school...

	Yes	No	N/A
a. Sent letters or emails, or posted information on a school Web site to inform faculty and staff about an infectious disease outbreak at school?.....1.....2.....3			
b.....Sent letters or emails, or posted information on a school Web site to inform faculty and staff about how to prevent infectious diseases, such as the flu?.....1.....2			

Screening

The next questions ask about student health screenings that might be conducted at your school. By “student health screenings,” I mean screenings conducted for most students in the school or in certain grades in the school. Please do not include screenings conducted for special populations of students, for example, screenings conducted only for special education students. Please think about screenings done in any grade while a student attends your school.

33. Are most students from the designated grade or grades screened at your school for...

	Yes	No
a. Hearing problems?.....1.....2		
b..... Vision problems? .1 2		
c..... Oral health problems?1 2		
d..... Weight status using body mass index, or BMI? 1.....2		
e..... Scoliosis?.....1 2		
f..... Mental health problems?..... .....2		

IF THIS SCHOOL DOES NOT CONDUCT ANY HEALTH SCREENINGS FOR THE ABOVE LISTED ITEMS (Q33A–F ARE “NO”), SKIP TO THE INTRODUCTION TO Q35.

SHOW CARD 3

34. Looking at this card, please tell me what your school does when a student’s screening for [Q33A–F] indicates a potential problem.

MARK ALL THAT APPLY

- Notify the student’s parents or guardians.....1
- Notify the student’s teachers.....2
- Provide referrals to community healthcare providers.....3
- None of the above.....4

School Nurse Staffing

Now I'd like to ask about school nurses. By "school nurse," I mean any nurse, whether employed by the school, district, health department, or any other employer, who provides any standard health services to students at your school. By "standard," I mean services offered to all students in your school. Please include contracted providers, regular school staff, and volunteers.

35. Is there a school nurse who provides standard health services to students at your school?

Yes.....1

No.....2 →SKIP TO THE
INTRODUCTION TO Q46

36. How many RNs provide standard health services to students at your school?

_____ RNs

IF Q36 IS 0, SKIP TO Q38.

37. I would like to find out about the time each RN spends at your school. During the past 30 days, how many hours per week on average has/have the RN(s) spent at your school?

RN 1 _____ Hours/week

RN 2 _____ Hours/week

RN 3 _____ Hours/week

RN 4 _____ Hours/week

38. Now I would like to know how many LPNs provide standard health services at your school?

_____ LPNs

IF Q38 IS 0, SKIP TO THE INTRODUCTION TO Q40.

39. I would like to find out about the time each LPN spends at your school. During the past 30 days, how many hours per week on average has/have the LPN(s) spent at your school?

LPN 1 _____ Hours/week

LPN 2 _____ Hours/week

LPN 3 _____ Hours/week

LPN 4 _____ Hours/week

In the following questions, a school nurse can be either an LPN or an RN.

40. Does the school nurse participate in the development of Individualized Education Programs, or IEPs, when indicated?

Yes.....1

No.....2

41. Does the school nurse participate in the development of Individualized Health Plans, or IHPs?

Yes.....1

No.....2

42. Does the school nurse participate in the development of 504 plans, when indicated?

Yes.....1

No.....2

Collaboration

The next question asks about health education provided by the school nurse that is part of a class or course. I will ask about health education provided to students outside of the classroom later in the questionnaire.

43. During the past 12 months, has the school nurse talked to or taught...

Yes **No**

ANSWER A–C FOR MIDDLE AND HIGH SCHOOL ONLY.
OTHERWISE, SKIP TO THE INSTRUCTION BEFORE Q43D.

- a. A health education class at your school?.....1.....2
- b.....A physical education class?.....2
- c.....Any other class at your school?.....2

ANSWER D–F FOR ELEMENTARY SCHOOL ONLY.
OTHERWISE, SKIP TO Q44A.

- d.....Students at your school as part of a health education lesson or unit?.....1.....2
- e.....Students at your school as part of a physical education unit or class?.....1.....2
- f.....Students at your school as part of any other lesson or unit?.....1.....2

44a. During the past 12 months, has the school nurse worked on standard school health services activities with health education staff from your school?

- Yes.....1
- No.....2
- School does not have health education staff.....3

44b. What about with physical education staff?

- Yes.....1
- No.....2
- School does not have physical education staff.....3

44c. What about with nutrition or food service staff?

- Yes.....1
- No.....2
- School does not have nutrition
or food service staff.....3

44d. What about with mental health or social services staff?

- Yes.....1
- No.....2
- School does not have mental health
or social services staff.....3

IF Q28 or Q29 IS “YES,” ASK Q44E, OTHERWISE SKIP TO Q45.

44e. What about with school-based health center staff?

- Yes.....1
- No.....2

45. During the past 12 months, has the school nurse worked on standard school health services activities for students with staff or members from...

- | | Yes | No | N/A |
|--|------------|-----------|------------|
| a. A local health department?.....1.....2.....3 | | | |
| b.....A community healthcare provider?.....
2.....3 | | | |
| c.....A local hospital?.....1.....2 3 | | | |
| d.....A local mental health or social
services agency?.....1.....2.....3 | | | |
| e.....A local child welfare agency?1.....2 3 | | | |
| f.....A health organization, such as the
American Heart Association or
the American Red Cross?.....1.....2.....3 | | | |
| g.....A local service club,
such as the Rotary Club?.....1.....2.....3 | | | |
| h.....A local college or university?1.....2 3 | | | |

i.....A local business?.....1.....2

44. During the past two years, have...

	Yes	No
a. Students helped develop, communicate, or implement health services policies or activities?.....	1.....	2
b.....Students' families helped develop, communicate, or implement health services policies or activities?.....	1.....	2
c.....Teachers helped develop, communicate, or implement health services policies or activities?.....	1.....	2
d.....Other community members helped develop, communicate, or implement health services policies or activities?.....	1.....	2

Educational Requirements

The next questions ask about the education requirements for newly hired health services staff at your school.

45. At your school, what is the minimum level of education required for a newly hired school nurse?

Associate's degree in nursing.....1

Undergraduate degree in nursing.....2

Graduate degree in nursing.....3

Other (Specify).....4

No specific education requirement.....5

School does not have school nurses.....6

→SKIP TO THE
INTRODUCTION TO Q52

46. What is the minimum licensure requirement for a newly hired school nurse?

A Licensed Practical Nurse's, or LPN's, license.....1

A Registered Nurse's, or RN's, license.....2

No specific licensure requirement.....3

47. What is the minimum certification requirement for a newly hired school nurse?

A national school nurse certification from
the National Board for Certification
of School Nurses.....1

State school nurse certification.....2

No specific certification requirement.....3

48. Are all school nurses required to earn continuing education credits on health services topics?

Yes.....1

No.....2

→SKIP TO THE
INTRODUCTION TO Q52

49. How often are all school nurses required to earn continuing education credits on health service topics?

- Every year.....1
- Every 2 to 3 years.....2
- Every 4 to 5 years.....3
- More than every 5 years.....4
- Other time frame5
- No specified time.....6

Other Staffing

Now I'd like to ask about school physicians.

50. Is there a part-time or full-time school physician who provides standard health services to students at your school?

Yes.....1

No.....2

51. Is there a school physician who can be called to consult as needed during the school day?

Yes.....1

No.....2

IF THERE IS NOT A PART-TIME OR FULL-TIME SCHOOL PHYSICIAN (Q52 IS "NO"),
SKIP TO THE INTRODUCTION TO Q56.

52. How many part-time or full-time school physicians provide standard health services to students at your school?

_____ Physicians

IF Q54 IS 0, SKIP TO THE INTRODUCTION TO Q56.

53. I would like to find out about the time that each physician spends at your school. During the past 30 days, how many hours per week on average has the physician spent at your school?

Physician 1 _____ Hours/week

Physician 2 _____ Hours/week

Physician 3 _____ Hours/week

Physician 4 _____ Hours/week

The next questions ask about school health aides.

54. Are there school health aides who help provide standard health services to students at your school?

Yes.....1

No.....2

→SKIP TO THE
INTRODUCTION TO Q59

55. Are school health aides at your school required to work under the supervision of an RN or physician at all times?

Yes.....1

No.....2

56. How many school health aides provide standard health services to students at your school?

_____ School health aides

IF Q58 IS 0, SKIP TO THE INTRODUCTION TO Q60.

57. I would like to find out about the time each school health aide spends at your school. During the past 30 days, how many hours per week on average has/have the school health aide(s) spent at your school?

School health aide 1 _____ Hours/week

School health aide 2 _____ Hours/week

School health aide 3 _____ Hours/week

School health aide 4 _____ Hours/week

Facilities and Equipment

The next question is about the health services facilities and equipment that are available at your school. I am going to read a list of facilities and equipment that may be available for health services staff in your school to use.

58. Does your school have a sick room, nurse’s office, or other area reserved for providing standard health services?

Yes.....1

No.....2 →SKIP TO Q64

59. Does this room, office, or area have a separate area that can be used to isolate students who might have a contagious illness?

Yes.....1

No.....2 →SKIP TO Q64

60. What is the maximum number of students that can be isolated at one time?

_____ Students

61. Does this room, office, or area have...

	Yes	No
a. A cot?.....1.....2	1.....	2
b.....Face masks for sick students?.....2		2
c.....A fit-tested N95 respirator for each school health services staff member?.....1.....2	1.....	2
d.....Hand sanitizer?....1 2	1	2
e.....Gloves?.....1 2	1	2

62. Where do students wait to receive health services if the nurse or other health services provider is busy?

MARK ALL THAT APPLY

- Main office.....1
- Designated sick room waiting area.....2
- Hallway.....3
- Some other location.....4

63. You answered that students can wait to receive health services in the [FILL WITH SELECTED RESPONSES FROM Q64]. Adding up the maximum number of students who can be waiting in each area, what is the maximum number of students that can wait at one time?

_____ Students

IF Q60 IS NO, THEN ASK Q66A-C. OTHERWISE, START WITH Q66D.

64. Does your school have...

	Yes	No
a. A cot?.....	1.....	2.....
b.....Face masks for sick students?.....	.....	2.....
c..... A fit-tested N95 respirator for each school health services staff member?.....	1.....	2.....
d.....An answering machine or voice mail reserved for health services staff?.....	1.....	2.....
e.....A fax machine reserved for health services staff?.....	1.....	2.....
f.....A computer with Internet access reserved for health services staff?.....	1.....	2.....
g.....A refrigerator reserved for standard health services?.....	1.....	2.....
h.....A freezer reserved for standard health services?.....	1.....	2.....
i.....A medical supply cabinet with a lock?.....	.....	2.....

Facilities and Equipment

- j.....A separate medicine cabinet with a lock?.....
2
- k.....An electronic or beam balance scale?.....
2
- l.....A spring balance scale, such as a typical bathroom scale?
 1.....2

(Q66 Continued)

- | | Yes | No |
|--|------------|-----------|
| m.....A portable first aid kit?.....
.....2 | | |
| n.....A sharps container?..... | 1 | 2 |
| o.....A stethoscope?..... | 1 | 2 |
| p.....An audiometer?..... | 1 | 2 |
| q.....A vision tester, eye chart, cards, or anything else
to measure vision?..... | 1..... | 2 |
| r.....A stadiometer?..... | 1 | 2 |
| s.....Measuring tape, wall chart, or anything else
to measure height?..... | 1..... | 2 |
| t.....A blood pressure gauge and cuff?.....
.....2 | | |
| u.....A pen light?..... | 1 | 2 |
| v.....An otoscope or ophthalmoscope?.....
.....2 | | |
| w.....A peak-flow meter, not just for a specific student's use?
1..... | 2 | |
| x.....A scoliometer?..... | 1 | 2 |
| y.....A glucose meter, not just for a specific student's use?
1..... | 2 | |
| z.....A tympanometer?..... | 1 | 2 |
| aa.....A nebulizer, not just for a specific student's use?
1..... | 2 | |
| bb.....An albuterol inhaler, not just for a specific student's use?
1..... | 2 | |
| cc.....A self-inflating resuscitating device such as an ambu bag?
1..... | 2 | |

Facilities and Equipment

- dd.....A c-spine immobilizer or neck brace?.....
.....2
- ee.....An epinephrine auto-injector such as an EpiPen®,
not just for a specific student’s use?.....1.....2
- ff.....Suction equipment, not necessarily electric?
.....1.....2
- gg.....Oxygen, not just for a specific student’s use?
.....1.....2
- hh.....A pulse oximeter?..1 2
- ii.....An automated external defibrillator?.....
.....2

65. Are the supplies needed to apply standard or universal precautions, including disposable gloves and bandages, available...

	Yes	No
a. In all classrooms?.....	1.....	2
b.....In the gymnasium, on playgrounds, or on playing fields?.....	1.....	2
c.....On school buses or in other vehicles used to transport students?.....	1.....	2

Health Services Records and Reports

66. At your school, is there a system to keep track of why students are absent?

Yes.....1

No.....2

67. At your school, is there a system to track student visits to the school nurse?

Yes.....1

No.....2 →SKIP TO Q71

68. Is this system linked to other student information, such as absentee records?

Yes.....1

No.....2

69. During the past 12 months, has your school reviewed health services records to identify students with chronic problems or possible outbreaks at school?

Yes.....1

No.....2

School does not keep health services records.....3

Injury Reports

The next questions ask about your school’s policy regarding students who are seriously injured on school property. By “seriously injured,” I mean an injury requiring emergency medical services or EMS response or immediate care by a physician or other healthcare professional.

70. Has your school adopted a policy stating that a school staff member will complete a report after a student is seriously injured on school property?

Yes.....1

No.....2 →SKIP TO Q75

71. Does your school have a standard student injury report form?

Yes.....1

No.....2 →SKIP TO Q75

72. During the past 12 months, has your school reviewed student injury reports to identify hazardous school areas or activities or ways to prevent injuries?

Yes.....1

No.....2

Illness Reports

73. Does your school report notifiable diseases among students to the state or local health department?

Yes.....1

No.....2

The next question asks about students who experience a serious illness at school. By “serious illness,” I mean one requiring EMS response, or immediate care by a physician or other healthcare professional.

74. After a student experiences a serious illness at school, does a school staff member complete an illness report?

Yes.....1

No.....2

→SKIP TO THE
INTRODUCTION TO Q78

75. During the past 12 months, has your school reviewed student illness reports to identify ways to prevent further occurrences of serious illness?

Yes.....1

No.....2

The next questions ask about school practices for keeping students home when they are sick.

76. At your school, are students with a fever above a certain temperature sent home?

Yes.....1

No.....2

→SKIP TO Q80

77. What is that temperature?

78. Does your school have rules regarding how long a student must stay home with an infectious illness?

Yes.....1

No.....2

Health Services Provision

The next questions ask about services that may be provided to students.

SHOW CARD 4

79. As I read the list of services printed on this card, please tell me if each is provided to students as part of standard health services at your school. Does your school provide...

	Yes	No
a. First aid?.....	1.....	2
b.....CPR?.....	1	2
c.....Administration of medications?.....	2	
d.....Seasonal influenza vaccine?.....	2	
e.....Immunizations other than seasonal influenza?		
1.....	2	
f.....Identification or school-based management of acute illnesses?.....	1.....	2
g.....Identification or school-based management of chronic health conditions, such as asthma or diabetes?.....	1.....	2
h.....Tracking students with chronic health conditions?		
1.....	2	
i.....Case management for students with chronic health conditions, such as asthma or diabetes?.....	1.....	2
j.....Case management for students with disabilities?		
1.....	2	
k.....Administration of sports physicals?.....	2	
l.....Identification of or referrals for oral health problems?		
1.....	2	
m.....Administration of topical fluorides, such as mouthrinses, varnish, or supplements?.....	1.....	2
n.....Application of dental sealants?.....	2	

ANSWER O–Q FOR MIDDLE AND HIGH SCHOOL ONLY.
OTHERWISE, SKIP TO Q82.

Health Services Provision

o.....Prenatal care referrals?.....2
.....2

p.....Identification or treatment of STDs?.....2
.....2

q.....Contraceptives?....1 2

IF Q81A–Q ARE ALL “NO,” SKIP TO THE INTRODUCTION TO Q83.

80. Who provides [the services listed in Q81A–Q]?
MARK ALL THAT APPLY

- School nurse.....1
- School physician.....2
- School health aide.....3
- School counselor.....4
- School psychologist.....5
- School social worker.....6
- Other.....7

IF THIS IS AN ELEMENTARY SCHOOL, SKIP TO THE INTRODUCTION TO Q84.

81. Does your school make condoms available to any students?

- Yes.....1
- No.....2

ANSWER Q84 IF IMMUNIZATIONS ARE PROVIDED AT THIS SCHOOL (Q81E IS YES). OTHERWISE, SKIP TO THE INTRODUCTION TO Q87.

SHOW CARD 5

As I read the list of immunizations on this card, please tell me if each is provided to students as part of standard health services at your school.

82. Does your school provide...

- | | Yes | No |
|--|--------|----|
| a. A measles-containing vaccine, such as MMR?..... | 1..... | 2 |
| b. A polio vaccine, such as IPV?..... | 1..... | 2 |

IF THIS IS AN ELEMENTARY SCHOOL, ASK Q84C. OTHERWISE, SKIP TO Q84D.

- | | | |
|--------|---|---|
| c..... | A tetanus-diphtheria-pertussis, or DTaP, vaccine for children 7 years of age or younger?..... | |
| | 1..... | 2 |
| d..... | A tetanus-diphtheria-pertussis, or TdAP, vaccine for children over the age of 7?..... | |
| | 1..... | 2 |
| e..... | An influenza vaccine?1 | |
| | | 2 |
| f..... | A hepatitis A vaccine?..... | |
| | | 2 |
| g..... | A hepatitis B vaccine?..... | |
| | | 2 |
| h..... | A chicken pox or varicella vaccine?..... | |
| | | 2 |
| i..... | A meningococcal conjugate vaccine?..... | |
| | | 2 |
| j..... | A human papillomavirus, or HPV, vaccine?..... | |
| | 1..... | 2 |

83. During the past 12 months, has your school hosted a school-located seasonal influenza, or flu, vaccination clinic?

- | | | |
|----------|---|-----------------------------------|
| Yes..... | 1 | |
| No..... | 2 | → SKIP TO THE INTRODUCTION TO Q87 |

84. Who was eligible to receive vaccinations at this clinic?

	Yes	No
a. Students?.....	1.....	2.....
b. Faculty and staff?.....	1.....	2.....
c. Students' families?.....	1.....	2.....
d. Other community members?.....	1.....	2.....

The next questions are about medically fragile students who are dependent on nursing services or special technologies to enhance or sustain their lives.

85. Currently, how many medically fragile students are enrolled at your school?

_____ Medically fragile students

IF THERE ARE NO MEDICALLY FRAGILE STUDENTS AT THIS SCHOOL (Q87 IS ZERO), SKIP TO THE INTRODUCTION TO Q90.

86. During the past 12 months, which of the following health services were provided to these medically fragile students as part of standard health services at your school?

	Yes	No	Services was not needed
a. Catheterizations.....	1.....	2.....	3.....
b.....Stoma care.....	1.....	2.....	3.....
c.....Tube feedings.....	1.....	2.....	3.....
d.....Respirator care.....	1.....	2.....	3.....
e.....Suctioning.....	1.....	2.....	3.....
f.....Tracheostomy care.....	1.....	2.....	3.....
g.....IV medications.....	1.....	2.....	3.....

IF ANY Q88A–Q88G IS “YES,” ASK Q89. OTHERWISE, SKIP TO Q90.

87. During the past 12 months, who provided these health services to students at your school?
MARK ALL THAT APPLY

- School nurse.....1
- School physician.....2
- School health aide.....3
- Other.....4

Other Services

The next questions ask about other ways that health services and mental health and social services staff might help students. As I ask these questions, please think about the activities of health services and mental health and social services staff such as school nurses, physicians, health aides, psychologists, social workers, and counselors, or others who provide standard health services or mental health and social services at your school. Do not include activities of teachers in the classroom. I'll find out about their activities during a different interview.

88. Does the school provide the following services to students at the school in one-on-one or small-group sessions?

	Yes	No
a. Nutrition and dietary behavior counseling.....	1.....	2
b. Physical activity and fitness counseling.....	1.....	2

ANSWER C–E FOR MIDDLE AND HIGH SCHOOL ONLY.
OTHERWISE, SKIP TO Q90F.

c.....	Pregnancy prevention	1	2
d.....	HIV prevention....	1	2
e.....	STD prevention....	1	2
f.....	Suicide prevention.	1	2
g.....	Tobacco use prevention.....		
		2	
h.....	Alcohol or other drug use prevention.....		
		2	
i.....	Violence prevention, for example bullying, fighting, or dating violence prevention.....	1.....	2
j.....	Injury prevention and safety counseling.....		
		2	

IF Q90A–Q90J ARE ALL “NO,” SKIP TO Q92. OTHERWISE, CONTINUE TO Q91.

89. Who provides [the services listed in Q90A–J] in one-on-one or small-group sessions?
MARK ALL THAT APPLY

School nurse.....	1
School physician.....	2
School health aide.....	3
School counselor.....	4
School psychologist.....	5

School social worker.....6
Other.....7

SHOW CARD 6

As I read the list of services printed on this card, please tell me if each is provided by health services or mental health and social services staff to students at the school.

90. Does the school provide...

	Yes	No
a. Instruction on self-management of chronic health conditions, such as asthma or diabetes?.....	1.....	2
b. Referrals for chronic health conditions, such as asthma or diabetes?.....	1.....	2

ANSWER C AND D FOR MIDDLE AND HIGH SCHOOL ONLY. OTHERWISE, SKIP TO E.

c.....Tobacco use cessation?.....	.....	2
d.....Alcohol or other drug use treatment?.....	.....	2
e.....Counseling after a natural disaster or other emergency or crisis situation?.....	1.....	2
f.....Crisis intervention for personal problems?.....	.....	2
g.....Identification of emotional or behavioral disorders, such as anxiety, depression, or ADHD?.....	1.....	2
h.....Counseling for emotional or behavioral disorders, such as anxiety, depression, or ADHD?.....	1.....	2
i.....Stress management?	1	2
j.....Weight management?	1	2

ANSWER K AND L FOR MIDDLE AND HIGH SCHOOL ONLY. OTHERWISE, SKIP TO M.

k.....Eating disorders treatment?.....	.....	2
l.....HIV counseling or referral .....	.....	1 2
m.....Identification of or referral for physical, sexual, or emotional abuse?.....	1.....	2

n.....Identification of or referral for students with family problems, such as parental divorce, substance abuse, or violence?.....1.....2

(Q92 continued)

Yes No

o.....Referrals for after-school programs for students, such as supervised recreation?.....1.....2

ANSWER P–R FOR MIDDLE AND HIGH SCHOOL ONLY.
OTHERWISE, SKIP TO THE INSTRUCTIONS BEFORE Q93.

p.....Referrals for child care for teen mothers?.....2

q.....Services specifically for gay, lesbian, or bisexual students?.....1.....2

r.....Job readiness skills programs?.....2

s.....Assistance with enrolling in WIC or accessing food stamps or food banks?.....1.....2

t.....Assistance with securing temporary or permanent housing?.....1.....2

u.....Assistance with enrolling in Medicaid or SCHIP
1.....2

v.....Assistance with accessing benefits for students with disabilities?.....1.....2

IF Q92A–V ARE ALL “NO,” SKIP TO THE INTRODUCTION TO Q94. OTHERWISE, CONTINUE TO Q93.

91. Who provides [the services listed in Q92A–V]?
MARK ALL THAT APPLY

- School nurse.....1
- School physician.....2
- School health aide.....3
- School counselor.....4
- School psychologist.....5
- School social worker.....6

Other.....7

Services at Other Sites

This next set of questions asks about health services delivered to students from your school at other sites not on school property, regardless of whether the services are paid for by the school system. These services may be provided by healthcare professionals who work at school-linked health centers or who have a contract, memorandum of agreement, or other similar arrangement with the district or school to provide health services to students.

92. Currently, do any organizations or healthcare professionals have a contract, memorandum of agreement, or other similar arrangement to provide health services to students from your school?

Yes.....1

No.....2 →SKIP TO Q98

SHOW CARD 7

93. Which of the organizations or healthcare professionals listed on this card have arrangements to provide health services to students from your school?

MARK ALL THAT APPLY

A school-linked health center.....1

A community health clinic
or health center.....2

A local health department.....3

A local hospital.....4

A local mental health or social
services agency.....5

A university or medical school.....6

A dental or dental hygiene school.....7

A managed care organization.....8

A private physician.....9

A private dentist.....10

SHOW CARD 8

As I read the list of services printed on this card, please tell me if there are arrangements with any organizations or healthcare professionals to provide these services to students from your school.

94. Are there arrangements to provide...

	Yes	No
a. Primary care?.....	1.....	2
b. Prescriptions for medications?.....	1.....	2
c.....Seasonal influenza vaccine?.....	1.....	2
d.....Immunizations other than seasonal influenza?	1.....	2
e.....Identification or school-based management of acute illnesses?.....	1.....	2
f.....Identification or school-based management of chronic health conditions, such as asthma or diabetes?.....	1.....	2
g.....Case management for students with chronic health conditions, such as asthma or diabetes?.....	1.....	2
h.....Case management for students with disabilities?	1.....	2
i.....Administration of sports physicals?.....	1.....	2
j.....Oral healthcare or oral healthcare referrals?	1.....	2
k.....Administration of topical fluorides, such as mouthrinses, varnish, or supplements?.....	1.....	2
l.....Application of dental sealants?.....	1.....	2
m.....Lab tests?.....	1	2

ANSWER N-P FOR MIDDLE AND HIGH SCHOOL ONLY.
OTHERWISE, SKIP TO Q98.

n.....Prenatal care or prenatal care referrals?.....	1.....	2
--	--------	---

Services at Other Sites

o.....Identification or treatment of STDs?.....
.....2
p.....Contraceptives?....1 2

Health Services Coordinator

As I read the list on this card, please tell me if there are arrangements with any organizations or healthcare professionals to provide these services when needed to students or families from your school in one-on-one or small-group sessions.

95. Are there arrangements to provide...

	Yes	No
a. Nutrition and dietary behavior counseling?.....	1.....	2
b. Physical activity and fitness counseling?.....	1.....	2

ANSWER C, D, AND E FOR MIDDLE AND HIGH SCHOOL ONLY.
OTHERWISE, SKIP TO F.

c. Pregnancy prevention?.....	1.....	2
d. HIV prevention?.....	1.....	2
e. STD prevention?.....	1.....	2
f. Suicide prevention?.....	1.....	2
g. Tobacco use prevention?.....	1.....	2
h. Alcohol or other drug use prevention?.....	1.....	2
i. Violence prevention, for example bullying, fighting, or dating violence prevention?.....	1.....	2
j. Injury prevention and safety counseling?.....	1.....	2

96. Currently, does someone at your school oversee or coordinate standard health services?

Yes.....	1	
No.....	2	→SKIP TO Q115

97. Are you this person?

Yes.....	1	
No.....	2	→SKIP TO Q115

IF Q1 IS 15, CONTINUE. OTHERWISE, SKIP TO Q101.

98. Counting this year as a full year and including years as a school nurse at any other schools, how many years have you been a school nurse?

_____ Years

SHOW CARD 9

99. Looking at this card, please tell me who you work for.
 MARK ALL THAT APPLY

- School district.....1
- This school.....2
- A local health department.....3
- A local hospital.....4
- Other.....5

Now I'd like to ask a few questions about your educational background.

100. What is the highest grade or year of education you have completed?

- High school or GED.....1 →SKIP TO THE INTRODUCTION TO Q107
- Associate's degree.....2
- Undergraduate degree.....3
- Master's degree.....4
- Doctoral degree.....5

101. What did you major in?
 MARK ALL THAT APPLY

- Nursing.....1
- Biology or other science.....2
- Counseling, psychology, or social work.....3
- Education.....4
- Other (Specify).....5

IF Q102 IS 2, SKIP TO Q107.

102. Did you have an undergraduate minor?

- Yes.....1
- No.....2 →SKIP TO THE INSTUCTIONS BEFORE Q106

103. What did you minor in?
 MARK ALL THAT APPLY

- Nursing.....1
- Biology or other science.....2
- Counseling, psychology, or social work.....3
- Education.....4
- Other (Specify).....5

IF Q102 IS 4 OR 5, ANSWER Q106. OTHERWISE, SKIP TO Q107.

104. In what area or areas was your graduate work?
 MARK ALL THAT APPLY

- Nursing.....1
- Public health.....2
- Biology or other science.....3
- Healthcare administration or business.....4
- Counseling, psychology, or social work.....5
- Education.....6
- Other.....7

105. Do you have...

- | | Yes | No |
|----------------------------------|------------|-----------|
| a. An LPN's license?.....1.....2 | 1 | 2 |
| b. An RN's license?.....1.....2 | 1 | 2 |
| c.....A CNP's license? .1 2 | | |

106. Do you have...

- | | Yes | No | State does not offer school nurse certification |
|--|------------|-----------|--|
| a. A national school nurse certification from the National Board for Certification of School Nurses?.....1.....2 | 1 | 2 | |

b.....A state school nurse certification?.....
2.....3

The next questions ask about professional development.

SHOW CARD 10

As I read the list of topics on this card, please tell me if you received any professional development on each topic during the past two years. This might include workshops, conferences, continuing education, graduate courses, or any other kind of in-service.

107. During the past two years, have you received any professional development on...

	Yes	No
a. First aid?.....	1.....	2
b. CPR		
c.....Administration of medications?.....	.....2	
d.....Seasonal influenza vaccine?.....	.....2	
e.....Immunizations other than seasonal influenza?		
1.....	.....2	
f.....Identification or school-based management of acute illnesses?.....	.....1.....	.....2
g.....Identification or school-based management of chronic health conditions, such as asthma or diabetes?.....	.....1.....	.....2
h.....Tracking students with chronic health conditions?		
1.....	.....2	
i.....Case management for students with chronic health conditions, such as asthma or diabetes?.....	.....1.....	.....2
j.....Case management for students with disabilities?		
1.....	.....2	
k.....Sports physicals?.....	1	2
l.....Oral health problems?.....	1	2
m.....Administration of topical fluorides, such as mouthrinses, varnish, or supplements?.....	.....1.....	.....2
n.....Dental sealants?.....	1	2
o.....Prenatal care?.....	1	2
p.....Identification or treatment of STDs?.....		
.....	.....2	

q.....Contraceptives?....1 2

r.....Infectious disease prevention, such as hand hygiene
or food safety?.....1.....2

SHOW CARD 11

108. Which of these topics would you like to receive further professional development on?
 MARK ALL THAT APPLY

- First aid.....1
- CPR.....2
- Administration of medications.....3
- Seasonal influenza vaccine.....4
- Immunizations other than seasonal influenza.....5
- Identification or school-based management
 of acute illnesses.....6
- Identification or school-based management
 of chronic health conditions,
 such as asthma or diabetes.....7
- Tracking students with chronic
 health conditions.....8
- Case management for students
 with chronic health conditions,
 such as asthma or diabetes.....9
- Case management for students
 with disabilities.....10
- Sports physicals.....11
- Oral health problems.....12
- Administration of topical fluorides,
 such as mouthrinses, varnish,
 or supplements.....13
- Dental sealants.....14
- Prenatal care.....15
- Identification or treatment of STDs.....16
- Contraceptives.....17
- Infectious disease prevention,
 such as hand hygiene or food safety.....18
- None of these.....19

SHOW CARD 12

As I read the list of topics on this card, please tell me if you received any professional development on each topic during the past two years. This might include workshops, conferences, continuing education, graduate courses, or any other kind of in-service.

109. During the past two years, have you received any professional development on...

	Yes	No
a. Nutrition and dietary behavior counseling?.....	1.....	2
b. Physical activity and fitness counseling?.....	1.....	2
c.....Pregnancy prevention?.....	.....	2
d.....HIV prevention?...1	2	
e.....STD prevention?...1	2	
f.....Suicide prevention?.1	2	
g.....Tobacco use prevention?.....	.....	2
h.....Alcohol or other drug use prevention?.....	.....	2
i.....Violence prevention, for example bullying, fighting, or dating violence prevention?.....	1.....	2
j.....Injury prevention and safety counseling?.....	.....	2

110. Which of these topics would you like to receive further professional development on?

MARK ALL THAT APPLY

- Nutrition and dietary behavior counseling.....1
- Physical activity and fitness counseling.....2
- Pregnancy prevention.....3
- HIV prevention.....4
- STD prevention.....5
- Suicide prevention.....6
- Tobacco use prevention.....7
- Alcohol or other drug use prevention.....8

Violence prevention, for example bullying,
fighting, or dating violence prevention.....9
Injury prevention and safety counseling.....10
None of these.....11

SHOW CARD 13

As I read the list of topics on this card, please tell me if you received any professional development on each topic during the past two years. This might include workshops, conferences, continuing education, graduate courses, or any other kind of in-service.

111. During the past two years, have you received any professional development on...

	Yes	No
a. Teaching self-management of chronic health conditions, such as asthma or diabetes?.....	1.....	2
b. Referrals for chronic health conditions, such as asthma or diabetes?.....	1.....	2
c.....Tobacco use cessation?.....	.....2	
d.....Alcohol or other drug use treatment?.....	.....2	
e.....Counseling after a natural disaster or other emergency or crisis situation?.....	1.....	2
f.....Crisis intervention for personal problems?.....	.....2	
g.....Emergency preparedness?.....	.....2	
h.....Identification of emotional or behavioral disorders, such as anxiety, depression, or ADHD?.....	1.....	2
i.....Counseling for emotional or behavioral disorders, such as anxiety, depression, or ADHD?.....	1.....	2
j.....Stress management?.....	1	2
k.....Weight management?.....	1	2
l.....Eating disorders treatment?.....	.....2	
m.....HIV counseling, testing and referral? .....	.....1	2
n.....Identification of or referral for physical, sexual, or emotional abuse?.....	1.....	2
o.....Identification of or referral for students with family problems, such as parental divorce, substance abuse, or violence?.....	1.....	2

- p.....After-school programs for students,
such as supervised recreation?.....1.....2
- q.....Child care options for teen mothers?.....
.....2
- r.....Services specifically for gay, lesbian, or bisexual students?
1.....2

(Q113 continued)

- | | Yes | No |
|--|------------|-----------|
| s.....Enrolling in WIC or accessing
food stamps or food banks?..... | 1..... | 2 |
| t.....Securing temporary or permanent housing?
..... | 1..... | 2 |
| u.....Enrolling in Medicaid or SCHIP?.....
..... | 2 | |
| v.....Accessing benefits for students
with disabilities?..... | 1..... | 2 |
| w.....Job readiness skills programs?.....
..... | 2 | |
| x.....Infectious disease, outbreak detection and response?
1..... | 2 | |
| y.....Federal laws that protect the privacy of student health
information, for example HIPAA or FERPA?..... | 1..... | 2 |
| z.....Accurately measuring student height and weight?
1..... | 2 | |
| aa.....Calculating student weight status using body mass index,
or BMI?..... | 1..... | 2 |

112. Which of these topics would you like to receive further professional development on?

MARK ALL THAT APPLY

- Teaching self-management
of chronic health conditions,
such as asthma or diabetes.....1
- Referrals for chronic health conditions,
such as asthma or diabetes.....2
- Tobacco use cessation.....3
- Alcohol or other drug use treatment.....4

Counseling after a natural disaster
or other emergency or crisis situation.....5

Crisis intervention for personal problems.....6

Emergency preparedness.....7

Identification of emotional or behavioral
disorders, such as anxiety, depression,
or ADHD.....8

Counseling for emotional or behavioral
disorders, such as anxiety, depression,
or ADHD.....9

(Q114 continued)

Stress management.....10

Weight management.....11

Eating disorders treatment.....12

HIV counseling, testing, and referral.....13

Identification of or referral for physical,
sexual, or emotional abuse.....14

Identification of or referral for students
with family problems, such as parental
divorce, substance abuse, or violence?.....15

After-school programs
for students, such as supervised recreation.....16

Child care options for teen mothers.....17

Services specifically for gay, lesbian,
or bisexual students.....18

Enrolling in WIC
or accessing food stamps or food banks.....19

Securing temporary or permanent housing.....20

Enrolling in Medicaid
or SCHIP.....21

Accessing benefits
for students with disabilities.....22

Job readiness skills programs.....23

Infectious disease, outbreak detection
And response.....24

Federal laws that protect the privacy
of student health information,
for example HIPAA or FERPA.....25

Accurately measuring student height
and weight.....26

Calculating student weight status using
body mass index, or BMI.....27

None of these.....28

113. My supervisor may wish to call you to ask about how I conducted this interview. Would you please tell me a telephone number where we might reach you starting with the area code?

() -

- 1) Daytime or
- 2) Evening/Weekend

Thank you very much for taking the time to complete this interview.