

## Health Services School Questionnaire

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**School Health Policies and Practices Study 2014**  
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# Health Services School Questionnaire

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## **Special Instructions**

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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. COMMENTS APPEARING IN THE MARGIN REPRESENT ASSISTANCE AVAILABLE TO THE RESPONDENT IF ADDITIONAL CLARIFICATION IS REQUIRED ON THE QUESTION OR THE SPECIFIC TERMINOLOGY USED. WHEN ASKED, THE INTERVIEWER WILL READ THESE STATEMENTS ALOUD TO THE RESPONDENT. THE PROGRAMMING SPECIFICATIONS FOR THE INTERVIEW ARE NOT INCLUDED IN THIS PRINTED VERSION OF THE QUESTIONNAIRE.

## Job Title

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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/<br>Other School Administrator | 13) Psychologist                                     |
| 3) School Secretary                               | 14) Other Mental Health/<br>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/<br>Social Services Staff     |
| 10) Other School Food Service Staff               |  |
| 11) Guidance Counselor                            | 50) Other Staff                                      |

## Student Health Records

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### 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?.....	1.....	2.....
b. An emotional or mental health history?.....	1.....	2.....
c. Tuberculosis screening results?.....	1.....	2.....
d. Other screening records, such as vision or hearing?.....	1.....	2.....
e. Medication needs?.....	1.....	2.....
f. Dietary needs or restrictions?.....	1.....	2.....
g. Information on severe food or other allergies?.....	1.....	2.....
h. Physical activity restrictions?.....	1.....	2.....
i. Asthma action plans?.....	1.....	2.....
j. Emergency contact information?.....	1.....	2.....
k. An authorization for emergency treatment?.....	1.....	2.....
l. Insurance coverage information?.....	1.....	2.....
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

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The next questions are about immunizations.

6. Does your school require students to receive an influenza (flu) vaccine annually?

Yes.....1

No.....2

IF THIS IS A MIDDLE OR HIGH SCHOOL, SKIP TO THE INSTRUCTIONS BEFORE Q8.

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

	<b>Yes</b>	<b>No</b>
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.....	1.....	2

ANSWER Q8 FOR MIDDLE AND HIGH SCHOOL ONLY. OTHERWISE, SKIP TO Q9.

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

	<b>Yes</b>	<b>No</b>
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.....	1.....	2
e. A tetanus-diphtheria-pertussis, or Tdap, vaccine.....	1.....	2
f. A meningococcal conjugate vaccine.....	1.....	2
g. A human papillomavirus, or HPV, vaccine, for girls only.....	1.....	2

9. 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 or religious reasons or personal beliefs.

Students who have not received the required immunizations for school entry are immediately excluded from attending classes.....1 →SKIP TO Q11

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 Q11

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

\_\_\_\_\_ Days

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

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



## Tuberculosis Testing

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The next questions ask about tuberculosis (TB) screening and TB testing for students prior to school entry. For the purposes of these questions, “**screening**” means 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. TB “**testing**” refers to giving a clinical test for TB, such as a skin test.

We will first be asking about TB screening. Do **not** consider TB testing when answering this question.

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 required prior to school entry for certain students, such as those transferring into the school.....2
- TB screening is not required prior to school entry for any students.....3

The next question asks about your school’s requirements for tuberculosis (TB) **testing** for students. For the purposes of this question, “testing” refers to a clinical test for TB, such as a skin test.

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 required prior to school entry for certain students, such as those transferring into the school.....3
- TB testing is not required prior to school entry for any students.....4

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 4 AND Q14 IS 3, SKIP TO THE INTRODUCTION TO Q17.

IF Q14 IS 3 AND Q13 IS 1, 2, OR 3, 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

(These) students are tested every year.....3

**SHOW CARD 2**

16. Which method does your school accept as evidence of a negative TB test?

PPD skin test done by Mantoux method.....1

Skin test not otherwise specified.....2

Chest x-ray.....3

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

More than one testing method is acceptable.....5

## Procedures for Student Medications

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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. 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?.....            | 1..... | 2  |
| d. Any other prescribed medications?.....                 | 1..... | 2  |
| e. Any over-the-counter medications?.....                 | 1..... | 2  |
18. 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
19. 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 Q18 OR Q19 IS 3, 4, OR 5 CONTINUE TO Q20. OTHERWISE, SKIP TO Q24.

20. When someone who is not a licensed healthcare professional administers **prescription** medications to students, are they required to be licensed or certified to administer medications?  
Yes.....1  
No.....2
21. When someone who is not a licensed healthcare professional administers **over-the-counter** medications to students, are they required to be licensed or certified to administer medications?  
Yes.....1  
No.....2
22. When someone who is not a licensed healthcare professional administers **prescription** medications to students, are they required to be trained to administer medications?  
Yes.....1  
No.....2
23. When someone who is not a licensed healthcare professional administers **over-the-counter** medications to students, are they required to be trained to administer medications?  
Yes.....1  
No.....2

IF Q18 IS 6, SKIP TO THE INSTRUCTIONS BEFORE Q25.

**SHOW CARD 3**

24. 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

IF Q18 IS 6, SKIP TO THE INSTRUCTIONS BEFORE Q25.

25. 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

## Funding/Medicaid

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### SHOW CARD 4

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 standard health services to students?

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

## School-Based Health Centers

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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

## Communication

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The next questions ask about communication with families related to standard health services. By “standard,” I mean services offered to all students in your school.

30. During the past 12 months, has anyone from 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.....

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 <b>students and families</b> 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 <b>students and families</b> about how to prevent infectious diseases, such as 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 <b>faculty and staff</b> 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 <b>faculty and staff</b> about how to prevent infectious diseases, such as flu?.....	1.....	2.....	



## Screening

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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...

	<b>Yes</b>	<b>No</b>
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. Mental health problems?.....	1.....	2

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

### SHOW CARD 5

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

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Now I'd like to ask about school nurses. By "school nurse," I mean any RN or LPN, 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.

I would like to find out about the time each RN spends at your school.

37. 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 INSTRUCTIONS BEFORE Q40.

I would like to find out about the time each LPN spends at your school.

39. 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

IF THIS IS A PRIVATE OR CATHOLIC SCHOOL, SKIP TO THE INTRODUCTION TO Q43.

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

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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 INSTRUCTIONS BEFORE Q43D.

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

Now I'm going to ask you about collaboration among health services staff and other school and local agency staff.

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
- School does not have school-based  
health center staff.....3

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

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

The next question asks whether certain groups have helped develop, communicate, or implement health services policies or activities. Examples of this might include sitting on a committee, presenting to the school board, organizing a school-located vaccination clinic, or soliciting or providing donations for school health services.

44. During the past two years, have any of the following groups helped develop, communicate, or implement health services policies or activities?

	<b>Yes</b>	<b>No</b>
a. Students.....	1.....	2
b.....	Students' families.....	1 2
c.....	Teachers.....	1 2
d.....	Other community members.	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 Q51

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



## Other Staffing

---

Now I'd like to ask about other health services staff available at your school to provide services to students.

49. Are each of the following types of staff available part-time or full-time at your school?

	Yes	No
a. Athletic trainer.....	1.....	2
b.....Occupational therapist....	1	2
c.....Physical therapist.....	1	2
d.....Respiratory therapist.....	1	2
e.....Speech therapist.....	1	2

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.

I would like to find out about the time that each physician spends at your school.

53. 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 Q60

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.

I would like to find out about the time each school health aide spends at your school.

57. 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 questions ask about the health services facilities and equipment that are available at your school.

58. Does your school have a health 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...

	<b>Yes</b>	<b>No</b>
a. A cot?.....	1	2
b.....Disposable face masks for sick students?.....		
.....	2	
c.....A fit-tested N95 respirator for each school health services staff member?.....	1	2
d.....A sink with soap and running water?.....		
.....	2	
e.....Hand sanitizer?.....	1	2
f.....Gloves?.....	1	2

62. Where do students wait to receive health services if the nurse or other health services provider is not available?

MARK ALL THAT APPLY

Main office.....1  
 Designated health room waiting area.....2  
 Hallway.....3  
 Classroom.....4  
 Some other location.....5

IF Q60 OR Q61 IS “NO,” ASK Q65A-C. OTHERWISE, SKIP TO Q65D.

63. Does your school have...

	<b>Yes</b>	<b>No</b>
a. A cot?.....	1.....	2
b.....Disposable 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
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
m.....A portable first aid kit?.....	1	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

## Facilities and Equipment

---

- 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

(Q65 continued)

	<b>Yes</b>	<b>No</b>
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	
dd.....A c-spine immobilizer or neck brace?.....		
.....	2	
ee.....An epinephrine auto-injector such as an EpiPen <sup>®</sup> , not just for a specific student’s use?.....	1	2
ff.....Suction equipment, not necessarily electric?.....		
.....	2	
gg.....Oxygen, not just for a specific student’s use?.....		
.....	2	
hh.....A pulse oximeter?.....	1	2
ii.....An automated external defibrillator, or AED?.....		
.....	2	

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

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

## Health Services Records and Reports

---

65. At your school, is there a system to document why students are absent?

Yes.....1

No.....2

66. At your school, is there a system to document student visits to the school nurse?

Yes.....1

No.....2 →SKIP TO Q71

67. Is this system electronic or computerized?

Yes.....1

No.....2

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

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

Yes.....1

No.....2

71. At your school, is there a system to document medication errors or omissions that occur at school?

Yes.....1

No.....2

## Injury Reports

---

The next questions ask about your school’s reports for 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.

72. After a student is seriously injured on school property, does a school staff member complete a report?

Yes.....1

No.....2 →SKIP TO Q77

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

Yes.....1

No.....2

74. 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

---

75. 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.

76. 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 Q80

77. 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.

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

Yes.....1

No.....2

→SKIP TO Q82

79. What is that temperature?

\_\_\_\_\_

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

Yes.....1

No.....2

The next questions ask about your school’s response to head lice.

81. At your school, are students found to have head lice sent home?

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

82. Does your school have rules regarding how long students must stay home when they have head lice?

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

## Provision of Health Services

---

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

### SHOW CARD 6

83. 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?.....	1.....	2.....
d. Seasonal influenza (flu) vaccine?.....	1.....	2.....
e. Immunizations other than seasonal influenza (flu)?.....	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?.....	1.....	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?.....	1.....	2.....

ANSWER O–Q FOR MIDDLE AND HIGH SCHOOL ONLY.  
OTHERWISE, SKIP TO INSTRUCTIONS BEFORE Q86.

o. Prenatal care referrals?.....	1.....	2.....
p. Identification, treatment of, or referral for STDs?.....	1.....	2.....
q. Contraceptives?.....	1.....	2.....

IF Q85A–Q ARE ALL “NO,” SKIP TO THE INSTRUCTIONS BEFORE Q87.

84. Who provides [the services listed in Q85A–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 (Specify).....7

IF THIS IS AN ELEMENTARY SCHOOL, SKIP TO THE INSTRUCTIONS BEFORE Q88.

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

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

ANSWER Q88 IF IMMUNIZATIONS ARE PROVIDED AT THIS SCHOOL (Q85E IS YES). OTHERWISE, SKIP TO Q89.

**SHOW CARD 7**

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.

86. Does your school provide...

	<b>Yes</b>	<b>No</b>
a. A measles vaccine?.....	1.....	2
b.....A polio vaccine?.....	1	2
c.....An influenza (flu) vaccine?.....	1	2
d.....A hepatitis A vaccine?.....	1	2
e.....A hepatitis B vaccine?.....	1	2
f.....A chicken pox or varicella vaccine?.....	2	
.....	2	

IF THIS IS AN ELEMENTARY SCHOOL, ASK Q88G AND Q88H, THEN SKIP TO Q89. IF THIS IS A MIDDLE OR HIGH SCHOOL, SKIP TO Q88H.

g.....A diphtheria-tetanus-pertussis, or Dtap, vaccine for children 7 years of age or younger?.....	1.....	2
h.....A tetanus-diphtheria-pertussis, or Tdap, vaccine for children over the age of 7?.....	1.....	2
i.....A meningococcal conjugate vaccine?.....	2	
.....	2	
j.....A human papillomavirus, or HPV, vaccine?.....	2	
.....	2	

87. 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 Q91

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

	<b>Yes</b>	<b>No</b>
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.

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

\_\_\_\_\_ Medically fragile students

IF THERE ARE NO MEDICALLY FRAGILE STUDENTS AT THIS SCHOOL (Q91 IS ZERO), SKIP TO THE INTRODUCTION TO Q94.

90. 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?

	<b>Yes</b>	<b>No</b>	<b>Service was not needed</b>
a. Catheterizations.....	1.....	2.....	3
b.....	Stoma care.....	1.....	2 3
c.....	Tube feedings.....	1.....	2 3
d.....	Ventilator care.....	1.....	2 3
e.....	Suctioning.....	1.....	2 3
f.....	Tracheostomy care.....	1.....	2 3
g.....	IV medications.....	1.....	2 3

IF ANY Q92A–Q92G IS “YES,” ASK Q93. OTHERWISE, SKIP TO THE INTRODUCTION TO Q94.

91. 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 (Specify).....4

## Provision of 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.

92. 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.....	2	2

ANSWER C–E FOR MIDDLE AND HIGH SCHOOL ONLY.  
OTHERWISE, SKIP TO Q94F.

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.....	2
i.....	Violence prevention, for example bullying, fighting, or dating violence prevention.....	1.....2
j.....	Injury prevention and safety counseling.....	2

IF Q94A–Q94J ARE ALL “NO,” SKIP TO THE INTRODUCTION TO Q96. OTHERWISE, CONTINUE TO Q95.

93. Who provides [the services listed in Q94A–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 (Specify).....	7



**SHOW CARD 8**

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.

94. Does the school provide...

	<b>Yes</b>	<b>No</b>
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?....1 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.....Identification of or referral for eating disorders?.....1.....2		
l.....HIV counseling, testing, and referral?.....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		

## Provision of Other Services

---

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

(Q96 continued)

	Yes	No
ANSWER P–R FOR MIDDLE AND HIGH SCHOOL ONLY. OTHERWISE, SKIP TO S.		
p.....Referrals for child care for teen mothers?.....		
.....	1	2
q.....Services specifically for gay, lesbian, or bisexual students?.....	1	2
r.....Job readiness skills programs?.....		
.....	1	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.....	1	2
v.....Assistance with accessing benefits for students with disabilities?.....	1	2

IF Q96A–V ARE ALL “NO,” SKIP TO THE INTRODUCTION TO Q98. OTHERWISE, CONTINUE TO Q97.

95. Who provides [the services listed in Q96A–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 (Specify).....7

## Services Provided 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.

96. 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 Q102

### SHOW CARD 9

97. 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, medical school, or nursing school.....6

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

A managed care organization.....8

A private physician.....9

A private dentist.....10

**SHOW CARD 10**

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.

98. Are there arrangements to provide...

	<b>Yes</b>	<b>No</b>
a. Primary care?.....	1.....	2
b.....Prescriptions for medications?.....	.....	2
c.....Seasonal influenza (flu) vaccine?.....	.....	2
d.....Immunizations other than seasonal influenza (flu)?	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?.....	.....	2
j.....Oral healthcare or oral healthcare referrals?.....	.....	2
k.....Administration of topical fluorides, such as mouthrinses, varnish, or supplements?.....	1.....	2
l.....Application of dental sealants?.....	.....	2
m.....Lab tests?.....	1	2

ANSWER N-P FOR MIDDLE AND HIGH SCHOOL ONLY.  
OTHERWISE, SKIP TO THE INTRODUCTION TO Q101.

n.....Prenatal care or prenatal care referrals?.....	.....	2
o.....Identification, treatment of, or referral for STDs?	1.....	2
p.....Contraceptives?.....	1	2

**SHOW CARD 11**

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 to students or families from your school in one-on-one or small-group sessions.

99. Are there arrangements to provide...

- |  | <b>Yes</b> | <b>No</b> |
|--|------------|-----------|
| a. Nutrition and dietary behavior counseling?.....   | 1.....     | 2         |
| b.....Physical activity and fitness counseling?..... |            | 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?.....   |        | 2 |
| i.....Violence prevention, for example bullying, fighting, or dating violence prevention?..... | 1..... | 2 |
| j.....Injury prevention and safety counseling?.....  |        | 2 |

## Health Services Coordinator

---

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

- Yes.....1  
No.....2 →SKIP TO Q119

101. Are you this person?

- Yes.....1  
No.....2 →SKIP TO Q119

IF Q1 IS 15, CONTINUE. OTHERWISE, SKIP TO Q105.

102. 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 12

103. 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.

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

- High school or GED.....1 →SKIP TO Q111  
Associate's degree.....2  
Undergraduate degree.....3  
Master's degree.....4  
Doctoral degree.....5

105. 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 Q106 IS 2, SKIP TO Q111.

106. Did you have an undergraduate minor?

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

→SKIP TO THE INSTUCTIONS  
BEFORE Q110

107. 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 Q106 IS 4 OR 5, ANSWER Q110. OTHERWISE, SKIP TO Q111.

108. 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



109. Do you have...

	<b>Yes</b>	<b>No</b>
a. An LPN's license?.....	1.....	2
b.....An RN's license?.....	1	2
c.....A CNP's license?.....	1	2

110. Do you have...

	<b>Yes</b>	<b>No</b>	<b>State does not offer school nurse certification</b>
a. A national school nurse certification from the National Board for Certification of School Nurses?.....	1.....	2	
b. A state school nurse certification?.....	1.....	2.....	3
c. An ANCC certification?.....	1.....	2	
d. Any other certifications? (Specify).....	1.....	2	

The next questions ask about professional development.

**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...

	<b>Yes</b>	<b>No</b>
a. First aid?.....	1.....	2
b.....CPR or use of AED equipment?.....	.....	2
c.....Administration of medications?.....	.....	2
d.....Seasonal influenza (flu) vaccine?.....	.....	2
e.....Immunizations other than seasonal influenza (flu)?		
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, treatment of, or referral for STDs?		
1.....	.....	2
q.....Contraceptives?.....	1	2
r.....Infectious disease prevention, such as hand hygiene		
or food safety?.....	1.....	2

**SHOW CARD 14**

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

MARK ALL THAT APPLY

- First aid.....1
- CPR or use of AED equipment?.....2
- Administration of medications.....3
- Seasonal influenza (flu) vaccine.....4
- Immunizations other than seasonal influenza (flu).....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, treatment of, or referral for STDs.....16
- Contraceptives.....17
- Infectious disease prevention, such as hand hygiene or food safety.....18
- None of these.....19

**SHOW CARD 15**

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.

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

	<b>Yes</b>	<b>No</b>
a. Nutrition and dietary behavior counseling?.....	1	2
b.....Physical activity and fitness counseling?.....		
.....	2	
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?.....		
.....	2	
i.....Violence prevention, for example bullying, fighting, or dating violence prevention?.....	1	2
j.....Injury prevention and safety counseling?.....		
.....	2	

114. 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 16**

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.

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

	<b>Yes</b>	<b>No</b>
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?....	1	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?..	1	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.....Identification of or referral for eating disorders?.....	1.....	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

s.....Enrolling in WIC or accessing  
food stamps or food banks?.....1.....2

(Q117 continued)

	Yes	No
t.....Securing temporary or permanent housing?.....		
.....	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

116. 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
- Stress management.....10
- Weight management.....11

Identification of or referral for eating disorders.....12  
HIV counseling, testing, and referral.....13



**(Q118 continued)**

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

117. 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.