

2008 SCHOOL HEALTH PROFILES SCHOOL PRINCIPAL QUESTIONNAIRE

This questionnaire will be used to assess school health programs and policies across your state or school district. Your cooperation is essential for making the results of this survey comprehensive, accurate, and timely. Your answers will be kept confidential.

INSTRUCTIONS

1. **This questionnaire should be completed by the principal (or the person acting in that capacity) and concerns only activities that occur in the school listed below. Please consult with other people if you are not sure of an answer.**
2. **Please use a #2 pencil to fill in the answer circles completely. Do not fold, bend, or staple this questionnaire or mark outside the answer circles.**
3. **Follow the instructions for each question.**
4. **Write any additional comments you wish to make at the end of the questionnaire.**
5. **Return the questionnaire in the envelope provided.**

Person completing this questionnaire

Name: _____

Title: _____

School name: _____

District: _____

Telephone number: _____

To be completed by the SEA or LEA conducting the survey

School name: _____

Survey ID			
0	1	2	3
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

**2008 SCHOOL HEALTH PROFILES
PRINCIPAL QUESTIONNAIRE**

1. Are any of the following grades taught in this school? (Mark yes or no for each grade.)

	Grade	Yes	No
a.	6	0.....	0
b.	7	0.....	0
c.	8	0.....	0
d.	9	0.....	0
e.	10.....	0.....	0
f.	11.....	0.....	0
g.	12.....	0.....	0

If you answered NO to all grades in Question 1, you are finished. Please return this questionnaire.

2. Has your school ever used the School Health Index or other self-assessment tool to assess your school’s policies, activities, and programs in the following areas? (Mark yes or no for each area.)

	Area	Yes	No
a.	Physical activity	0.....	0
b.	Nutrition	0.....	0
c.	Tobacco-use prevention	0.....	0
d.	Asthma	0.....	0

3. The Child Nutrition and WIC Reauthorization Act of 2004 requires school districts participating in federally subsidized child nutrition programs (e.g., National School Lunch Program, School Breakfast Program) to establish a local school wellness policy. Do you have a copy of your district’s wellness policy? (Mark one response.)

- (a) Yes
- (b) No
- (c) Our district does not have a wellness policy

4. **Currently, does someone at your school oversee or coordinate school health and safety programs and activities?** (Mark one response.)

- Ⓐ Yes
- Ⓑ No

5. **Is there one or more than one group (e.g., a school health council, committee, or team) at this school that offers guidance on the development of policies or coordinates activities on health topics?** (Mark one response.)

- Ⓐ Yes
- Ⓑ No → **Skip to Question 7**

6. **Are each of the following groups represented on any school health council, committee, or team?** (Mark yes or no for each group.)

Group	Yes	No
a. School administration.....	0.....	0
b. Health education teachers.....	0.....	0
c. Physical education teachers.....	0.....	0
d. Mental health or social services staff.....	0.....	0
e. Nutrition or food service staff.....	0.....	0
f. Health services staff (e.g., school nurse).....	0.....	0
g. Maintenance and transportation staff.....	0.....	0
h. Student body.....	0.....	0
i. Parents or families of students.....	0.....	0
j. Community.....	0.....	0
k. Local health departments, agencies, or organizations.....	0.....	0
l. Faith-based organizations.....	0.....	0
m. Businesses.....	0.....	0
n. Local government.....	0.....	0

7. **Are any school staff required to receive professional development (such as workshops, conferences, continuing education, or any other kind of in-service) on HIV, STD, or pregnancy prevention issues and resources for the following groups?** (Mark yes or no for each group.)

Group	Yes	No
a. Ethnic/racial minority youth at high risk (e.g. black, Hispanic, or American Indian youth).....	0.....	0
b. Youth who participate in drop-out prevention, alternative education, or GED programs.....	0.....	0

8. Does this school have a student-led club that aims to create a safe, welcoming, and accepting school environment for all youth, regardless of sexual orientation or gender identity? These clubs sometimes are called gay/straight alliances. (Mark one response.)

- Ⓐ Yes
- Ⓑ No

9. Has your school adopted a policy that addresses each of the following issues for students or staff with HIV infection or AIDS? (Mark yes or no for each issue.)

Issue	Yes	No
a. Attendance of students with HIV infection.....	0	0
b. Procedures to protect HIV-infected students and staff from discrimination	0	0
c. Maintaining confidentiality of HIV-infected students and staff.....	0	0
d. Worksite safety (i.e., universal precautions for all school staff)	0	0
e. Confidential counseling for HIV-infected students	0	0
f. Communication of the policy to students, school staff, and parents	0	0
g. Adequate training about HIV infection for school staff.....	0	0
h. Procedures for implementing the policy	0	0

10. Are all staff who teach health education topics at this school certified, licensed, or endorsed by the state in health education? (Mark one response.)

- Ⓐ Yes
- Ⓑ No
- Ⓒ Not applicable (i.e., state does not offer certification, licensure, or endorsement in health education)

REQUIRED PHYSICAL EDUCATION

(Definition: Required physical education is defined as instruction that helps students develop the knowledge, attitudes, skills, and confidence needed to adopt and maintain a physically active lifestyle that students must receive for graduation or promotion from this school.)

11. Is physical education required for students in any of grades 6 through 12 in this school? (Mark one response.)

- Ⓐ Yes
- Ⓑ No → Skip to Question 14

12. Is a **required physical education course** taught in each of the following grades in this school? (Mark yes, no, or not applicable for each grade.)

	Grade	Yes	No	Not Applicable (e.g., grade not taught in this school.)
a.	6	0	0	0
b.	7	0	0	0
c.	8	0	0	0
d.	9	0	0	0
e.	10.....	0	0	0
f.	11.....	0	0	0
g.	12.....	0	0	0

13. Can students be exempted from taking **required physical education** for one grading period or longer for any of the following reasons? (Mark yes or no for each reason.)

	Reason	Yes	No
a.	Enrollment in other courses (i.e., math or science)	0.....	0
b.	Participation in school sports.....	0.....	0
c.	Participation in other school activities (i.e., ROTC, band, or chorus)..	0.....	0
d.	Participation in community sports activities	0.....	0
e.	Religious reasons	0.....	0
f.	Long-term physical or medical disability.....	0.....	0
g.	Cognitive disability	0.....	0
h.	High physical fitness competency test score.....	0.....	0
i.	Participation in vocational training.....	0.....	0
j.	Participation in community service activities.....	0.....	0

PHYSICAL EDUCATION AND PHYSICAL ACTIVITY

14. Are all staff who teach physical education at this school certified, licensed, or endorsed by the state in physical education? (Mark one response.)

- (a) Yes
- (b) No
- (c) Not applicable (i.e., state does not offer certification, licensure, or endorsement in physical education)

15. During the past two years, did any physical education teachers or specialists at this school receive professional development (such as workshops, conferences, continuing education, or any other kind of in-service) on physical education? (Mark one response.)

- (a) Yes
- (b) No

16. Are those who teach physical education at this school provided with the following materials? (Mark yes or no for each material.)

Material	Yes	No
a. Goals, objectives, and expected outcomes for physical education	0	0
b. A chart describing the annual scope and sequence of instruction for physical education	0	0
c. Plans for how to assess student performance in physical education	0	0
d. A written physical education curriculum	0	0

17. Does this school offer opportunities for all students to participate in intramural activities or physical activity clubs? (Intramural activities or physical activities clubs are any physical activities programs that are voluntary for students, in which students are given an equal opportunity to participate regardless of physical ability.) (Mark one response.)

- (a) Yes
- (b) No

TOBACCO-USE PREVENTION POLICIES

18. Has this school adopted a policy prohibiting tobacco use? (Mark one response.)

- (a) Yes
- (b) No → **Skip to Question 25**

19. Does the tobacco-use prevention policy specifically prohibit use of each type of tobacco for each of the following groups during any school-related activity? (Mark yes or no for each type of tobacco for each group.)

Type of tobacco	<u>Students</u>		<u>Faculty/Staff</u>		<u>Visitors</u>	
	Yes	No	Yes	No	Yes	No
a. Cigarettes.....	0	0	0	0	0	0
b. Smokeless tobacco (i.e., chewing tobacco, snuff, or dip)	0	0	0	0	0	0
c. Cigars	0	0	0	0	0	0
d. Pipes	0	0	0	0	0	0

20. Does the tobacco-use prevention policy specifically prohibit tobacco use during each of the following times for each of the following groups? (Mark yes or no for each time for each group.)

Time	<u>Students</u>		<u>Faculty/Staff</u>		<u>Visitors</u>	
	Yes	No	Yes	No	Yes	No
a. During school hours	0	0	0	0	0	0
b. During non-school hours	0	0	0	0	0	0

21. Does the tobacco-use prevention policy specifically prohibit tobacco use in each of the following locations for each of the following groups? (Mark yes or no for each location for each group.)

Location	<u>Students</u>		<u>Faculty/Staff</u>		<u>Visitors</u>	
	Yes	No	Yes	No	Yes	No
a. In school buildings	0	0	0	0	0	0
b. Outside on school grounds, including parking lots and playing fields.....	0	0	0	0	0	0
c. On school buses or other vehicles used to transport students	0	0	0	0	0	0
d. At off-campus, school-sponsored events.....	0	0	0	0	0	0

22. Does your school have procedures to inform each of the following groups about the tobacco-use prevention policy that prohibits their use of tobacco? (Mark yes, no, or not applicable for each group.)

Group	Yes	No	Not Applicable
	a. Students	0	0
b. Faculty and staff.....	0	0	0
c. Visitors	0	0	0

23. **Does your school's tobacco-use prevention policy include guidelines on what actions the school should take when students are caught smoking cigarettes?** (Mark one response.)
- Ⓐ Yes
 - Ⓑ No
24. **At your school, who is responsible for enforcing your tobacco-use prevention policy?** (Mark one response.)
- Ⓐ No single individual is responsible
 - Ⓑ Principal
 - Ⓒ Assistant principal
 - Ⓓ Other school administrator
 - Ⓔ Other school faculty or staff member
25. **Which of the following help determine what actions the school takes when students are caught smoking cigarettes?** (Mark all that apply.)
- Ⓐ Zero tolerance
 - Ⓑ Effect or severity of the violation
 - Ⓒ Grade level of student
 - Ⓓ Repeat offender status
 - Ⓔ None of these

26. When students are caught smoking cigarettes, how often are each of the following actions taken? (Mark one response for each action.)

		Always or almost			
Action		Never	Rarely	Sometimes	Always
a.	Parents or guardians are notified	0	0	0	0
b.	Referred to a school counselor	0	0	0	0
c.	Referred to a school administrator.....	0	0	0	0
d.	Encouraged, but not required, to participate in an assistance, education, or cessation program	0	0	0	0
e.	Required to participate in an assistance, education, or cessation program	0	0	0	0
f.	Referred to legal authorities	0	0	0	0
g.	Placed in detention.....	0	0	0	0
h.	Not allowed to participate in extra-curricular activities or interscholastic sports	0	0	0	0
i.	Given in-school suspension.....	0	0	0	0
j.	Suspended from school	0	0	0	0
k.	Expelled from school	0	0	0	0
l.	Reassigned to an alternative school	0	0	0	0

27. Does your school post signs marking a tobacco-free school zone, that is, a specified distance from school grounds where tobacco use is not allowed? (Mark one response.)

- Ⓐ Yes
- Ⓑ No

28. During the past two years, has your school... (Mark yes or no for each activity.)

Activity		Yes	No
a.	Gathered and shared information with students and families about mass-media messages or community-based tobacco-use prevention efforts.....	0	0
b.	Worked with local agencies or organizations to plan and implement events or programs intended to reduce tobacco use	0	0

29. Does your school provide tobacco cessation services for each of the following groups? (Mark yes or no for each group.)

Group		Yes	No
a.	Faculty and staff.....	0	0
b.	Students	0	0

30. Does your school have arrangements with any organizations or health care professionals not on school property to provide tobacco cessation services for each of the following groups? (Mark yes or no for each group.)

Group	Yes	No
a. Faculty and staff.....	0.....	0
b. Students	0.....	0

NUTRITION-RELATED POLICIES AND PRACTICES

31. When foods or beverages are offered at school celebrations, how often are fruits or non-fried vegetables offered? (Mark one response.)

- Ⓐ Foods or beverages are not offered at school celebrations
- Ⓑ Never
- Ⓒ Rarely
- Ⓓ Sometimes
- Ⓔ Always or almost always

32. Can students purchase snack foods or beverages from one or more vending machines at the school or at a school store, canteen, or snack bar? (Mark one response.)

- Ⓐ Yes
- Ⓑ No → Skip to Question 35

33. Can students purchase each of the following snack foods or beverages from vending machines or at the school store, canteen, or snack bar? (Mark yes or no for each food or beverage.)

Food or beverage	Yes	No
a. Chocolate candy.....	0.....	0
b. Other kinds of candy.....	0.....	0
c. Salty snacks that are not low in fat, such as regular potato chips.....	0.....	0
d. Cookies, crackers, cakes, pastries, or other baked goods that are not low in fat.....	0.....	0
e. Ice cream or frozen yogurt that is not low in fat.....	0.....	0
f. 2% or whole milk (plain or flavored).....	0.....	0
g. Water ices or frozen slushes that do not contain juice.....	0.....	0
h. Soda pop or fruit drinks that are not 100% juice.....	0.....	0
i. Sports drinks, such as Gatorade.....	0.....	0
j. Foods or beverages containing caffeine.....	0.....	0
k. Fruits (not fruit juice).....	0.....	0
l. Non-fried vegetables (not vegetable juice).....	0.....	0

34. Does this school limit the package or serving size of any individual food and beverage items sold in vending machines or at the school store, canteen, or snack bar? (Mark one response.)

- Ⓐ Yes
- Ⓑ No

35. During this school year, has your school done any of the following? (Mark yes or no for each.)

	Yes	No
a. Priced nutritious foods and beverages at a lower cost while increasing the price of less nutritious foods and beverages.....	0.....	0
b. Collected suggestions from students, families, and school staff on nutritious food preferences and strategies to promote healthy eating.....	0.....	0
c. Provided information to students or families on the nutrition and caloric content of foods available.....	0.....	0
d. Conducted taste tests to determine food preferences for nutritious items.....	0.....	0
e. Provided opportunities for students to visit the cafeteria to learn about food safety, food preparation or other nutrition-related topics.....	0.....	0

36. At this school, are candy, meals from fast food restaurants, or soft drinks promoted through the distribution of products, such as t-shirts, hats, and book covers to students? (Mark one response.)

- Ⓐ Yes
- Ⓑ No

37. Does this school prohibit advertisements for candy, fast food restaurants, or soft drinks in the following locations? (Mark yes or no for each location.)

Location	Yes	No
a. In the school building.....	0.....	0
b. On school grounds including on the outside of the school building, on playing fields, or other areas of the campus	0.....	0
c. On school buses or other vehicles used to transport students	0.....	0
d. In school publications (e.g., newsletters, newspapers, web sites, or other school publications)	0.....	0

HEALTH SERVICES

38. Is there a full-time registered nurse who provides health services to students at your school? (A full-time nurse means that a nurse is at the school during all school hours, 5 days per week.) (Mark one response.)

- Ⓐ Yes
- Ⓑ No

39. Which of the following sources of school health information does your school use to identify students diagnosed with chronic health conditions such as asthma? (Mark all that apply.)

- Ⓐ This school does not identify students diagnosed with chronic health conditions such as asthma
- Ⓑ Student emergency cards
- Ⓒ Medication records
- Ⓓ Health room visit information
- Ⓔ Emergency care plans
- Ⓕ Physical exam records
- Ⓖ Notes from parents
- Ⓗ Other

40. **At your school, how many students with known asthma have an asthma action plan on file? (Students with known asthma are those who are identified by the school to have a current diagnosis of asthma as reported on student emergency cards, medication records, health room visit information, emergency care plans, physical exam forms, parent notes, and other forms of health care clinician notification.)**
(Mark one response.)

- (a) This school has no students with known asthma.
- (b) All students with known asthma have an asthma action plan on file.
- (c) Most students with known asthma have an asthma action plan on file.
- (d) Some students with known asthma have an asthma action plan on file.
- (e) No students with known asthma have an asthma action plan on file.

41. **At your school, which of the following information is used to identify students with poorly controlled asthma? (Mark all that apply.)**

- (a) This school does not identify students with poorly controlled asthma.
- (b) Frequent absences from school
- (c) Frequent visits to the school health office due to asthma
- (d) Frequent asthma symptoms at school
- (e) Frequent non-participation in physical education class due to asthma
- (f) Students sent home early due to asthma
- (g) Calls from school to 911, or other local emergency numbers, due to asthma

42. **Does your school provide the following services for students with poorly controlled asthma? (Mark yes or no for each service.)**

Service	Yes	No
a. Providing referrals to primary healthcare clinicians or child health insurance programs	0.....	0
b. Ensuring an appropriate written asthma action plan is obtained	0.....	0
c. Ensuring access to and appropriate use of asthma medications, spacers, and peak flow meters at school	0.....	0
d. Offering asthma education for the student with asthma and his/her family	0.....	0
e. Minimizing asthma triggers in the school environment.....	0.....	0
f. Addressing social and emotional issues related to asthma	0.....	0
g. Providing additional psychosocial counseling or support services as needed	0.....	0
h. Ensuring access to safe, enjoyable physical education and activity opportunities	0.....	0
i. Ensuring access to preventive medications before physical activity	0.....	0

43. Does this school have a designated and secure storage location for medications, including quick-relief asthma medications? (A secure location is one that is locked or inaccessible to everyone except the school nurse or her designee.)

- Ⓐ Yes
- Ⓑ No → Skip to Q45

44. Is this location accessible at all times by the school nurse or her designee?

- Ⓐ Yes
- Ⓑ No

45. How often are school staff members required to receive training on recognizing and responding to severe asthma symptoms? (Mark one response.)

- Ⓐ More than once per year
- Ⓑ Once per year
- Ⓒ Less than once per year
- Ⓓ No such requirement

46. Has your school adopted a policy stating that students are permitted to carry and self-administer asthma medications?

- Ⓐ Yes
- Ⓑ No → Skip to Q49

47. Does your school have procedures to inform each of the following groups about your school's policy permitting students to carry and self-administer asthma medications? (Mark yes or no for each group.)

Groups	Yes	No
a. Students	0	0
b. Parents/families.....	0	0

48. At your school, who is responsible for implementing your school's policy permitting students to carry and self-administer asthma medication? (Mark one response.)

- Ⓐ No single individual is responsible
- Ⓑ Principal
- Ⓒ Assistant principal
- Ⓓ School nurse
- Ⓔ Other school faculty or staff member

FAMILY AND COMMUNITY INVOLVEMENT

49. During the past two years, have students' families helped develop or implement policies and programs related to the following topics? (Mark yes or no next to each topic.)

	Topic	Yes	No
a.	HIV, STD, or teen pregnancy prevention	0.....	0
b.	Tobacco-use prevention	0.....	0
c.	Physical activity	0.....	0
d.	Nutrition and healthy eating	0.....	0
e.	Asthma	0.....	0

50. During the past two years, have community members helped develop or implement policies and programs related to the following topics? (Mark yes or no next to each topic.)

	Topic	Yes	No
a.	HIV, STD, or teen pregnancy prevention	0.....	0
b.	Tobacco-use prevention	0.....	0
c.	Physical activity	0.....	0
d.	Nutrition and healthy eating	0.....	0
e.	Asthma	0.....	0

Thank you for your responses. Please return this questionnaire.