

Form Approved
OMB No: 0920-0445
Expiration Date: 11/30/2008

**Health Services
State Questionnaire**

Sample Copy-Do Not Complete

**School Health Policies and Programs Study 2006
Attn: Beth Reed, Project Manager
126 College Street
Burlington, VT 05401
Tel: (802) 863-9600 - Fax: (802) 863-8974**

Health Services State Questionnaire

	Questions
Student Health Records.....	1
Required Immunizations.....	2 - 6
Tuberculosis Testing	7 - 10
Procedures for Student Medication.....	11 - 18
Approach to Students or Staff with HIV or AIDS	19 - 20
Medicaid	21
Collaboration.....	22 - 23
Evaluation	24
Injury Reports	25 - 26
Standard Precautions.....	27
Illness Reports.....	28 - 29
Screening.....	30 - 39
Other Services.....	40 - 46
Staffing Characteristics.....	47 - 60
Model Policies	61
School-Based Health Center Services	62 - 64
Services at Other Sites	65
Health Services Coordinator	66 - 75

Public reporting burden for this collection of information is estimated to average 40 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, Mailstop D-74, Atlanta, GA 30333; Attention PRA (0920-0445).

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 TELEPHONE INTERVIEW TECHNOLOGY. THE INTERVIEWER WILL READ THE QUESTIONS ALOUD AND TYPE RESPONSES TO THE QUESTIONS INTO THE 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.

1. This questionnaire focuses on your state's policies and practices regarding health services.
2. When I use the word "policy," I mean any law, rule, regulation, administrative order, or similar kind of mandate issued by the state board of education, state legislature, or other state agency with authority over schools in your state. I am most interested in what is required by the state, not what is recommended or contained in non-binding guidance documents, unless the question specifically asks about recommendations.
3. If a state policy is worded in such a way that it requires districts or schools to develop and adopt their own policies on a given topic, for the purpose of this questionnaire please consider it the same as a statewide requirement.
4. I recognize that the state may sometimes grant policy exceptions or waivers, but please answer each question based on what is considered the general policy and standard practice.
5. Please do not consider district or school practices or policies when answering the questions. We will ask about district and school practices and policies when we collect information from districts and schools across the country.

Student Health Records

The first question asks about information that might be found in student records.

1. Has your state adopted a policy stating that schools will obtain and keep the following information in any type of student record?

	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. Immunization status	1	2
f. Medication needs	1	2
g. Dietary needs or restrictions	1	2
h. Severe food or other allergies	1	2
i. Physical activity restrictions	1	2
j. Asthma action plans.....	1	2
k. Emergency contact information.....	1	2
l. An authorization for emergency treatment	1	2
m. Insurance coverage information.....	1	2

Required Immunizations

Now I'd like to ask you about your state's policies regarding student immunizations.

2. Has your state adopted a policy stating that students entering kindergarten or first grade will have...

	Yes	No
a. A measles-containing vaccine, such as MMR?	1.....	2.....
b. A polio vaccine, such as IPV?	1.....	2.....
c. A diphtheria vaccine?	1.....	2.....
d. A tetanus vaccine?	1.....	2.....
e. A haemophilus influenzae type b or Hib vaccine?	1.....	2.....
f. An influenza vaccine?	1.....	2.....
g. A hepatitis B vaccine?	1.....	2.....
h. A chicken pox or varicella vaccine?	1.....	2.....

3. Has your state adopted a policy related to whether students are excluded from attending classes if they have not received the required immunizations for entry into kindergarten or first grade?

Yes 1
 No..... 2 →SKIP TO Q5

Please choose the one statement that best describes your state's policies related to whether students are excluded from attending classes if they have not received the required immunizations for entry into kindergarten or first grade. Please do not include students who are exempt from immunization requirements for medical, religious, or philosophical reasons.

4. Based on policies adopted by your state, are students who have not received the required immunizations for entry into kindergarten or first grade...

Immediately excluded from attending classes, 1
 Allowed to attend classes indefinitely, or 2
 Are they allowed to attend for a specified
 number of days and then excluded?..... 3

Required Immunizations

5. Has your state adopted a policy stating that students entering middle or junior high school will have...

	Yes	No
a. A second measles-containing 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 booster?.....	1.....	2.....

6. Has your state adopted a policy stating that students entering senior high school will have...

	Yes	No
a. A second measles-containing 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 booster?.....	1.....	2.....

Tuberculosis Testing

The next questions ask about your state's policies regarding tuberculosis or TB testing.

7. Which of the following three statements best describes your state's requirements for tuberculosis or TB testing for students prior to entry into kindergarten or first grade?

The state requires TB testing prior to school entry for all students,.....1

The state requires TB testing prior to school entry only for students meeting certain criteria, for example those born or recently living in other countries, or2

The state does not require TB testing prior to school entry for any students?.....3

8. Which of the following three statements best describes your state's requirements for routine TB testing after school entry? Please do not include TB testing that might be done during a school outbreak.

The state requires periodic TB testing for all students,1

The state requires periodic TB testing only for students meeting certain criteria, for example those born or recently living in other countries, or2

The state does not require periodic TB testing for any students?3

IF Q7 AND Q8 ARE 3, SKIP TO THE INTRODUCTION TO Q11. IF Q7 IS 1 OR 2 AND Q8 IS 3, SKIP TO Q10.

9. Which of the following three statements best describes your state's requirements for how often (these) students are tested? Again, please do not include TB testing that might be done during a school outbreak.

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

(These) students are tested in more than one grade, but not every year, or2

(These) students are tested every year?3

10. Which method are districts and schools required to use when initially screening students for TB?

- PPD skin test done by Mantoux method,.....1
- Skin test, not otherwise specified,.....2
- Chest x-ray, or.....3
- Is no specific testing method required?4

Sample Copy-Do Not Complete

Procedures for Student Medication

Now I'd like to ask you a few questions about your state's policies regarding medication administration to students at school.

11. Has your state adopted a policy related to who may administer medications to a student at school?

Yes1
No.....2 →SKIP TO Q14

12a. Has your state adopted a policy stating that a school nurse may administer medications to students?

Yes1
No.....2

12b. What about a school physician?

Yes1
No.....2

12c. What about a school health aide?

Yes1
No.....2

12d. What about teachers?

Yes1
No.....2

12e. What about other school staff, such as principals or secretaries?

Yes1
No.....2

IF Q12C, Q12D, OR Q12E ARE “YES”, CONTINUE TO Q13. OTHERWISE, SKIP TO Q14.

13. Has your state adopted a policy stating that when someone other than a school nurse or school physician administers medications to students, the administration will be delegated by the school nurse or school physician?

Yes1
No.....2

14. Has your state adopted a policy stating that schools will have written instructions from the physician or prescriber before school nurses, teachers, or any other school staff may administer medications to a student?

Yes1
No.....2
No school staff may administer medication.....3

15. Has your state adopted a policy stating that schools will have a written request from the parent or guardian before school nurses, teachers, or any other school staff may administer medications to a student?

Yes1
No.....2
No school staff may administer medication.....3

16. Has your state adopted a policy stating that schools will have written information on possible side-effects before school nurses, teachers, or any other school staff may administer medications to a student?

Yes1
No.....2
No school staff may administer medication.....3

17. Does your state permit students to carry and self-administer medications?

Yes1
No.....2

→SKIP TO THE
INTRODUCTION TO Q19A

18. Has your state adopted a policy stating that some students may 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. Other prescribed medications?.....	1.....	2.....
e. Over-the-counter medications?.....	1.....	2.....

Sample Copy-Do Not Complete

Approach to Students or Staff with HIV or AIDS

The next questions ask about state policy related to students who have human immunodeficiency virus—also known as HIV infection, or acquired immunodeficiency syndrome—also known as AIDS.

19. Has your state adopted a policy stating that schools will allow students who have HIV infection or AIDS to...

	Yes	No
a. Attend classes as long as they are able?.....	1.....	2.....
b. Participate in school sports as long as they are able?	1.....	2.....
c. Participate in any other school activities as long as they are able?	1.....	2.....

20. Has your state adopted a policy stating that schools will allow teachers and staff who have HIV infection or AIDS to continue working as long as they are able?

Yes 1
No..... 2

Medicaid

The next question asks about schools that serve as Medicaid providers by providing health services to students. By health services, I mean services such as nursing procedures, or occupational, physical, or speech therapy.

21. In your state, do any schools serve as Medicaid providers by providing health services to students?

Yes1
No.....2

Sample Copy-Do Not Complete

Collaboration

Now I'd like to ask you a few questions about collaboration on health services activities with other state-level staff and outside organizations.

22a. During the past 12 months, have state-level health services staff worked on school health services activities with state-level school health education staff?

Yes1
No.....2
State does not have state-level school health
education staff.....3

22b. What about with state-level physical education staff?

Yes1
No.....2
State does not have state-level physical
education staff.....3

22c. What about with state-level school nutrition or food service staff?

Yes1
No.....2
State does not have state-level school
nutrition or food service staff.....3

22d. What about with state-level school mental health or social services staff?

Yes1
No.....2
State does not have state-level school mental
health or social services staff.....3

23. During the past 12 months, have state health services staff worked on school health services activities with staff or members from...

	Yes	No
a. The state health department?	1	2
b. The state mental health or social services agency?	1	2
c. The state child welfare agency?.....	1	2
d. A state-level school nurses' association?.....	1	2
e. A state-level physicians' organization, such as the American Academy of Pediatrics?.....	1	2
f. A state-level health organization, such as the American Heart Association or the American Red Cross?	1	2
g. A state school health committee, council, or team?.....	1	2
h. Colleges or universities?.....	1	2
i. Businesses?	1	2

Sample Copy-Do Not Complete

Evaluation

The next questions ask about different aspects of school health services programs that the state might have evaluated during the past two years.

24a. During the past two years, has the state evaluated the quality of school health services programs?

Yes1
No.....2

24b. What about school health services policies?

Yes1
No.....2

24c. What about school health services staff development or in-service programs?

Yes1
No.....2

Sample Copy-Do Not Complete

Injury Reports

The next questions ask about your state’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 health care professional.

25. Has your state adopted a policy stating that schools will complete a report after a student is seriously injured on school property?

Yes1

No.....2 →SKIP TO THE
INTRODUCTION TO Q27A

26. Has your state adopted a policy stating that districts or schools will submit student injury report data to the state education agency or state health department?

Yes1

No.....2

Standard Precautions

Now I'd like to ask about your state's policy regarding the application of standard precautions and the availability of these supplies in schools in your state.

27a. Has your state adopted a policy stating that supplies for applying standard or universal precautions, including disposable gloves and bandages, will be available in all classrooms?

Yes1
No.....2

27b. What about in the gymnasium, on playgrounds, or on playing fields?

Yes1
No.....2

27c. What about on school buses or in other vehicles used to transport students?

Yes1
No.....2

Sample Copy-Do Not Complete

Illness Reports

28. Has your state adopted a policy stating that schools will report notifiable diseases among students to the state or local health department?

Yes1
No.....2

The next question asks about your state’s policy regarding 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 health care professional.

29. Has your state adopted a policy stating that schools will write a report when a student experiences a serious illness at school?

Yes1
No.....2

Sample Copy-Do Not Complete

Screening

The next questions are about state policies on student health screenings. By “student health screenings,” I mean screenings conducted for most students in the school or in certain grades at the school. Please do not include screenings conducted for special populations of students, for example screenings conducted only for special education students.

30. Has your state adopted a policy stating that districts or schools will screen students for hearing problems?

Yes1
No.....2 →SKIP TO Q32

31a. Has your state adopted a policy stating that a student’s parents or guardians will be notified when the student’s hearing screening indicates a potential problem?

Yes1
No.....2

31b. Has your state adopted a policy stating that a student’s teacher will be notified when the student’s hearing screening indicates a potential problem?

Yes1
No.....2

32. Has your state adopted a policy stating that districts or schools will screen students for vision problems?

Yes1
No.....2 →SKIP TO Q34

33a. Has your state adopted a policy stating that a student’s parents or guardians will be notified when the student’s vision screening indicates a potential problem?

Yes1
No.....2

33b. Has your state adopted a policy stating that a student’s teacher will be notified when the student’s vision screening indicates a potential problem?

Yes1
No.....2

34. Has your state adopted a policy stating that districts or schools will screen students for oral health problems?

Yes1
 No.....2 →SKIP TO Q36

35a. Has your state adopted a policy stating that a student’s parents or guardians will be notified when the student’s oral health screening indicates a potential problem?

Yes1
 No.....2

35b. Has your state adopted a policy stating that a student’s teacher will be notified when the student’s oral health screening indicates a potential problem?

Yes1
 No.....2

36. Has your state adopted a policy stating that districts or schools will screen students for height and weight or body mass problems?

Yes1
 No.....2 →SKIP TO Q38

37. Has your state adopted a policy stating that a student’s parents or guardians will be notified when the student’s height and weight or body mass screening indicates a potential problem?

Yes1
 No.....2

38. Has your state adopted a policy stating that districts or schools will screen students for scoliosis?

Yes1
 No.....2 →SKIP TO THE
 INTRODUCTION TO Q40

39a. Has your state adopted a policy stating that a student's parents or guardians will be notified when the student's scoliosis screening indicates a potential problem?

Yes1
No.....2

39b. Has your state adopted a policy stating that a student's teacher will be notified when the student's scoliosis screening indicates a potential problem?

Yes1
No.....2

Sample Copy-Do Not Complete

Other Services

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

40. Has your state adopted a policy stating that districts or schools will provide each of the following services to students when needed?

	Yes	No
a. First aid	1	2
b. Cardiopulmonary resuscitation or CPR	1	2
c. Administration of medications.....	1	2
d. Immunizations.....	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. Tracking of students with chronic health conditions	1	2
h. Case management for students with chronic health conditions, such as asthma or diabetes	1	2
i. Case management for students with disabilities	1	2
j. Administration of sports physicals.....	1	2
k. Identification of or referrals for oral health problems	1	2
l. Administration of fluoride rinses	1	2
m. Application of dental sealants.....	1	2
n. Prenatal care referrals	1	2
o. Identification or treatment of sexually transmitted diseases or STDs	1	2

41. Has your state adopted a policy stating that school nurses will participate in the development of Individualized Education Programs, or IEPs, when indicated?
- Yes1
No.....2
42. Has your state adopted a policy stating that school nurses will participate in the development of Individualized Health Plans, or IHPs?
- Yes1
No.....2
43. Has your state adopted a policy stating that school nurses will participate in the development of 504 plans, when indicated?
- Yes1
No.....2
44. Has your state adopted a policy stating that health services staff will follow “Do Not Resuscitate,” or DNR orders?
- Yes1
No.....2

The next questions are about health services that might be provided in one-on-one or small group sessions by any school staff, but not as part of classroom instruction.

45. Has your state adopted a policy stating that districts or schools will provide...

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

46. Has your state adopted a policy stating that districts or schools will provide...

	Yes	No
a. Instruction on self-management of chronic health conditions, such as asthma or diabetes?.....	1.....	2.....
b. Tobacco use cessation?.....	1.....	2.....
c. Alcohol or other drug use treatment?.....	1.....	2.....
d. Crisis intervention for personal problems?.....	1.....	2.....
e. Identification of emotional or behavioral disorders, such as anxiety, depression, or ADHD?.....	1.....	2.....
f. Counseling for emotional or behavioral disorders, such as anxiety, depression, or ADHD?.....	1.....	2.....
g. Stress management?.....	1.....	2.....
h. Weight management?.....	1.....	2.....
i. Eating disorders treatment?.....	1.....	2.....
j. HIV counseling, testing, and referral?.....	1.....	2.....
k. Identification of or referral for physical, sexual, or emotional abuse?.....	1.....	2.....
l. Referrals for after-school programs such as day-care or supervised recreation?.....	1.....	2.....
m. Services for gay, lesbian, or bisexual students?.....	1.....	2.....
n. Referrals for child care for teen mothers?.....	1.....	2.....

- o. Assistance with enrolling in WIC, or accessing food stamps or food banks?.....1.....2
- p. Assistance with enrolling in Medicaid or SCHIP?1.....2
- q. Assistance with accessing benefits for students with disabilities?1.....2

Sample Copy-Do Not Complete

Staffing Characteristics

The next questions ask about your state's education requirements for newly hired health services staff.

47. Based on policies adopted by your state, what is the minimum level of education required for a newly hired school nurse?

Associate's degree in nursing1
 Associate's degree in any field2
 Undergraduate degree in nursing3
 Undergraduate degree in any field4
 Graduate degree in nursing5
 Graduate degree in any field6
 No specific requirements described7

- 48a. Based on policies adopted by your state, will a newly hired school nurse have a Licensed Practical Nurse's or LPN's license?

Yes1
 No2

- 48b. What about a Registered Nurse's or RN's license?

Yes1
 No2

49. Based on policies adopted by your state, will a newly hired school nurse have...

	Yes	No	N/A
--	-----	----	-----

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

IF Q49B IS 2, SKIP TO THE INTRODUCTION TO Q51.

50. Has your state adopted a policy stating that school nurses will earn continuing education credits on school health services topics to maintain state certification?

Yes1
 No2

Now I'd like to ask about your state's policies for staffing schools with health services staff.

51. Has your state adopted a policy specifying a maximum student-to-school nurse ratio?
Yes1
No.....2

52. Has your state adopted a policy stating that each school will have at least one full-time school nurse?
Yes1
No.....2

53. Has your state adopted a policy stating that each school district will have someone to oversee or coordinate health services?
Yes1
No.....2

54. Has your state adopted a policy stating that each school will have someone to oversee or coordinate health services at the school?
Yes1
No.....2

The next questions ask about staff development that may have been offered to school nurses during the past two years. This might include workshops, conferences, continuing education, graduate courses, or any other kind of in-service.

55. During the past two years, has your state provided funding for or offered staff development to school nurses on...

	Yes	No
a. First aid?.....	1	2
b. CPR?	1	2
c. Administration of medications?.....	1	2
d. Immunizations?.....	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. Tracking of students with chronic health conditions?	1	2
h. Case management for students with chronic health conditions, such as asthma or diabetes?.....	1	2
i. Case management for students with disabilities?	1	2
j. Sports physicals?.....	1	2
k. Oral health problems?	1	2
l. Administration of fluoride rinses?	1	2
m. Application of dental sealants?.....	1	2
n. Prenatal care?	1	2
o. Identification or treatment of STDs?	1	2
p. Infectious disease prevention, for example hand hygiene or food safety?.....	1	2

56. During the past two years, has your state provided funding for or offered staff development to school nurses on...

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

Sample Copy-Do Not Complete

57. During the past two years, has your state provided funding for or offered staff development to school nurses on...

	Yes	No
a. Teaching self-management of chronic health conditions, such as asthma or diabetes?	1	2
b. Tobacco use cessation?	1	2
c. Alcohol or other drug use treatment?	1	2
d. Crisis intervention for personal problems?	1	2
e. Emergency preparedness?	1	2
f. Identification of emotional or behavioral disorders, such as anxiety, depression, or ADHD?	1	2
g. Counseling for emotional or behavioral disorders, such as anxiety, depression, or ADHD?	1	2
h. Stress management?	1	2
i. Weight management?	1	2
j. Eating disorders treatment?	1	2
k. HIV counseling, testing, and referral?	1	2
l. Identification of or referral for physical, sexual, or emotional abuse?	1	2
m. After-school programs such as day-care or supervised recreation?	1	2
n. Services for gay, lesbian, or bisexual students?	1	2
o. Child care options for teen mothers?	1	2
p. Enrollment in WIC or accessing food stamps or food banks?	1	2
q. Enrollment in Medicaid or SCHIP?	1	2
r. Accessing benefits for students with disabilities?	1	2
s. Foodborne illness outbreak detection and response?	1	2
t. Federal laws that protect the privacy of student health information, for example HIPAA or FERPA?	1	2

The next question asks about your state’s policy regarding school health aide supervision requirements. By “supervision,” I mean training and monitoring.

58. Has your state adopted a policy stating that school health aides will work under the supervision of a nurse or physician at all times?

- Yes1
- No.....2
- School health aides are not employed in the state ...3

→SKIP TO THE INTRODUCTION TO Q60

IF Q12C IS "NO," SKIP TO THE INTRODUCTION TO Q60.

59. Has your state adopted a policy stating that school health aides will complete training on medication administration?

- Yes1
- No.....2

The next question asks about staff development for teachers and other school staff.

60. During the past two years, has your state provided funding for or offered staff development to any teachers or other school staff on...

- | | Yes | No |
|--|--------|--------|
| a. HIV infection or AIDS, including information about infection control procedures, such as standard or universal precautions, or policies about HIV-infected school staff and students? | 1..... | 2..... |
| b. Severe food or other allergies? | 1..... | 2..... |
| c. Chronic health conditions, including information about policies and procedures for chronic disease management, recognizing and responding to severe symptoms, or reducing triggers?..... | 1..... | 2..... |
| d. Infectious disease prevention, such as hand hygiene or food safety?..... | 1..... | 2..... |

Model Policies

The next question asks about model policies. This might include policies developed by your state, or those based on model policies developed elsewhere.

61. Does your state provide model policies to districts or schools on...

	Yes	No
a. HIV infection or AIDS?.....	1.....	2.....
b. Severe food or other allergies?	1.....	2.....
c. Chronic health conditions, such as asthma or diabetes?.....	1.....	2.....
d. Infectious disease prevention, such as hand hygiene or food safety?.....	1.....	2.....

School-Based Health Center Services

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. Please do not include a traveling or mobile health center.

62. Currently, how many school-based health centers offer health services to students in your state?
- _____ School-based health centers

IF Q62 IS 0, SKIP TO THE INTRODUCTION TO Q65.

63. In your state, do any school-based health centers serve as Medicaid providers, by providing health services to students?

Yes1
No.....2

64. Currently, does your state provide any funding for any of your school-based health centers?

Yes1
No.....2

Services at Other Sites

The next question asks about health services delivered to students 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 health care professionals who work at school-linked health centers or who have a contract, memorandum of agreement, or other similar arrangement with a district or school to provide health services to students.

65. Has your state adopted a policy stating that districts or schools will have such arrangements to provide health services when needed to students?

Yes1
No.....2

Sample Copy-Do Not Complete

Health Services Coordinator

66. Currently, does someone in your state oversee or coordinate school health services?

Yes1
No.....2

→That is the last question. Thank you very much for taking the time to complete this interview.

67. Are you this person?

Yes1
No.....2

→That is the last question. Thank you very much for taking the time to complete this interview.

68. Who do you work for?
MARK ALL THAT APPLY

State education agency.....1
State public health agency2
State mental health or social services agency3
Other4

The last set of questions ask about your educational background.

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

Less than high school.....1
High school or GED.....2
Associate's degree3
Undergraduate degree4
Master's degree5
Doctoral degree.....6

→That is the last question. Thank you very much for taking the time to complete this interview.
→That is the last question. Thank you very much for taking the time to complete this interview.

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

- Nursing.....1
- Public health.....2
- Biology or other science3
- Health care administration or business4
- Counseling, psychology, or social work.....5
- Education6
- Other7

IF Q69 IS 3, SKIP TO Q74.

71. Did you have an undergraduate minor?

- Yes1
- No.....2 → SKIP TO THE INSTRUCTIONS BEFORE Q73

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

- Nursing.....1
- Public health.....2
- Biology or other science3
- Health care administration or business4
- Counseling, psychology, or social work.....5
- Education6
- Other7

IF Q69 IS 3 OR 4, SKIP TO Q74.

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

- Nursing.....1
- Public health.....2
- Biology or other science3
- Health care administration or business4
- Counseling, psychology, or social work.....5
- Education6
- Other7

74. Do you have...

	Yes	No
a. An LPN's license?	1.....	2.....
b. An RN's license?	1.....	2.....
c. A CNP's license?	1.....	2.....
d. A physician's—MD's or DO's—license?	1.....	2.....

75. Do you have...

	Yes	No	N/A
a. A national school nurse certification from the National Board of Certification for School Nurses?	1.....	2.....	
b. A state school nurse certification?	1.....	2.....	3.....

Thank you very much for taking the time to participate in this study.

If you would like more information about this study or would like clarification of any questions in this survey, please call 800-287-1815.