

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

## **Health Services School Questionnaire**

# Health Services School Questionnaire

## Questions

Student Health Records.....	1 - 5
Required Immunizations.....	6 - 10
Tuberculosis Testing .....	11 - 13
Procedures for Student Medication.....	14 - 17
Approach to Students or Staff with HIV or AIDS .....	18 - 21
Medicaid .....	22
School-based Health Centers .....	23
Promotion.....	24
Screening.....	25 - 26
School Nurse Staffing and Collaboration .....	27 - 37
Educational Requirements .....	38 - 41
Other Health Services Staffing and Collaboration.....	42 - 51
Facilities and Equipment.....	52
Standard Precautions.....	53
Injury Reports .....	54 - 57
Illness Reports.....	58 - 60
Health Services Provision.....	61 - 69
Other Services.....	70 - 73
Services at Other Sites .....	74 - 76
Health Services Coordinator .....	77 - 95

Public reporting burden for this collection of information is estimated to average 50 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 PERSONAL INTERVIEW TECHNOLOGY. THE INTERVIEWER WILL READ THE QUESTIONS ALOUD AND TYPE RESPONSES TO THE QUESTIONS INTO THE LAPTOP COMPUTER. THE INTERVIEW PROGRAM WILL 1) DISPLAY THE CORRECT TENSE OF VERBS, 2) PROVIDE ALTERNATE ANSWERS TO QUESTIONS (E.G., NOT APPLICABLE, I DON'T KNOW), 3) NAVIGATE COMPLEX SKIP PATTERNS, AND 4) PERFORM OTHER USEFUL FUNCTIONS. THE PROGRAMMING SPECIFICATIONS FOR THE INTERVIEW ARE NOT INCLUDED IN THIS PRINTED VERSION OF THE QUESTIONNAIRE.

## Student Health Records

---

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

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

### SHOW CARD 1

The next questions ask about student records.

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

2. Does the 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. 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.....

Student Health Records

---

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

Yes .....1

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

4. During the past 12 months, has any health care 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 health care provider refuse to share this information because a HIPAA (Health Insurance Portability and Accountability Act) authorization had not been obtained from the student’s parents?

Yes .....1

No.....2

## Required Immunizations

---

The next questions are about immunizations.

IF THIS IS A MIDDLE/JUNIOR HIGH OR SENIOR HIGH SCHOOL, SKIP TO THE INSTRUCTIONS BEFORE Q10.

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

	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

Please choose the one statement that best describes your school'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.

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

Immediately excluded from attending class, .....1 →SKIP TO Q9  
Allowed to attend class indefinitely, or .....2 →SKIP TO Q9  
Are they allowed to attend class for a  
specified number of days and then  
excluded? .....3

8. How many days can students who have not received the required school-entry immunizations attend class?

\_\_\_\_\_ Days

Required Immunizations

The next questions ask about your school's policies regarding TB testing.

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

- TB testing is required prior to school entry for all students, .....1
- TB testing is required prior to school entry only for students meeting certain criteria, for example those born or recently living in other countries, or .....2
- TB testing is not required prior to school entry for any students? .....3

ANSWER Q10 FOR MIDDLE/JUNIOR HIGH AND SENIOR HIGH SCHOOL ONLY. OTHERWISE, SKIP TO THE INTRODUCTION TO Q11.

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

	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

---

IF THIS IS AN ELEMENTARY SCHOOL SKIP INTRODUCTION AND CONTINUE TO Q11.

Now I'd like to ask about your school's policy regarding tuberculosis or TB testing.

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

**Comment [LG1]:** Asked of all Respondents.

- Periodic TB testing is required for all students,.....1
- Periodic TB testing is required only for students meeting certain criteria, for example those born or recently living in other countries, or .....2
- Periodic TB testing is not required for any students?.....3

IF Q9 IS 3 AND Q11 IS 3, SKIP TO THE INTRODUCTION TO Q14.

IF Q11 IS 3 AND Q9 IS 1 OR 2, SKIP TO Q13. OTHERWISE, CONTINUE TO Q12.

12. 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 during a school outbreak.

**Comment [A2]: CAPI Programming Note:** If R selects 2 in 5.5.1, "these" will be filled here and in the response options to refer to the students meeting certain criteria.

- (These) students are tested in one particular grade,.....1
- (These) students are tested in more than one grade, but not every year,.....2
- Or, (these) students are tested every year?.....3

13. What method does your school use when initially screening students for TB?

**Comment [T3]:** Should this question be a "Mark All That Apply?"

**Comment [T4]:** Email Nancy about this because it is so different from State and District.

- PPD skin test done by Mantoux method,.....1
- Other skin test, .....2
- Chest x-ray, or.....3
- Some other method? .....4



## Procedures for Student Medication

---

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

14. Who is allowed to administer 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  
medications .....6 →SKIP TO Q17

**Comment [T5]:** Instructions to Interviewer:  
1. Ask the question and do not offer the response options.  
2. If the participant's response does not fit directly with one of the options, read the list to the respondent.  
3. If their answer still does not fit with one of the given options, choose "Other."

IF Q14 IS 3, 4, OR 5 CONTINUE. OTHERWISE, SKIP TO Q16.

15. When someone other than a school nurse or school physician administers medications to students, is the administration delegated by the school nurse or school physician?
- Yes .....1  
No.....2

### SHOW CARD 2

16. Looking at this card, please tell me what documentation is required before school nurses, teachers, or any other school staff may administer 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

Procedures for Student Medication

---

17. At this 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<sup>®</sup>?.....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

## Approach to Students or Staff with HIV or AIDS

My next questions are about students and staff who have human immunodeficiency virus or HIV infection or acquired immunodeficiency syndrome or AIDS.

18. Has this school adopted a policy on students who have HIV infection or AIDS?

Yes .....1  
No.....2 →SKIP TO Q20

19. Does the policy state that students who have HIV infection or AIDS be allowed to...

Yes No

- a. Attend classes like other students as long as they are able? .....1.....2
- b. Participate in school sports like other students 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 this school adopted a policy on teachers and staff who have HIV infection or AIDS?

Yes .....1  
No.....2 →SKIP TO THE  
INTRODUCTION TO Q22

21. Does the policy state that teachers and staff who have HIV infection or AIDS be allowed to continue working as long as they are able?

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

## Medicaid

---

The next question asks about whether your school serves as a Medicaid provider by providing health services to students. By health services, I mean services such as nursing procedures, or occupational, physical, or speech therapy.

**Comment [T6]:** QxQ: For example, tube feedings

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

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

## School-based Health Centers

---

The next question asks about school-based health centers. By school-based health center, I mean a health center 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.

23. Is there a school-based health center at this school?

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

## Promotion

---

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

24. During the past 12 months, has this school...

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

## Screening

---

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

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

	Yes	No
a. Hearing problems? .....	1	2
b. Vision problems? .....	1	2
c. Oral health problems? .....	1	2
d. Height and weight or body mass? .....	1	2
e. Scoliosis? .....	1	2

IF THIS SCHOOL DOES NOT CONDUCT ANY HEALTH SCREENINGS FOR THE ABOVE LISTED ITEMS (Q25A-E ARE "NO"), SKIP TO THE INTRODUCTION TO Q27.

### SHOW CARD 3

26. Looking at this card, please tell me what the school does when a student's screening for [Q25A-E] indicates a potential problem.

MARK ALL THAT APPLY

Notify the student's parents or guardians .....	1
Notify the student's teachers .....	2
None of the above .....	3

## School Nurse Staffing and Collaboration

---

Now I'd like to ask about school nurses. By school nurse, I mean any nurse, whether employed by the school, district, health department, or any other employer, who provides any standard health services to students at this school. By school nurse I also mean a nurse who regularly volunteers time to provide standard health services. By standard, I mean services offered, when needed, to all students in the school. Please include both contracted providers and regular school staff.

27. Is there a school nurse who provides standard health services to students at this school?

Yes .....1

No.....2 →SKIP TO THE  
INTRODUCTION TO Q38

28. How many RNs provide standard health services to students at this school?

\_\_\_\_\_ RNs

IF Q28 IS 0 , SKIP TO Q30.

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

RN 1 \_\_\_\_\_ Hours/week

RN 2 \_\_\_\_\_ Hours/week

RN 3 \_\_\_\_\_ Hours/week

RN 4 \_\_\_\_\_ Hours/week

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

\_\_\_\_\_ LPNs

IF Q30 IS 0, SKIP TO THE INTRODUCTION TO Q32.

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

LPN 1 \_\_\_\_\_ Hours/week

LPN 2 \_\_\_\_\_ Hours/week

LPN 3 \_\_\_\_\_ Hours/week

LPN 4 \_\_\_\_\_ Hours/week



School Nurse Staffing and Collaboration

---

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

- 32. Does the school nurse participate in the development of Individualized Education Programs, or IEPs, when indicated?  
Yes .....1  
No.....2
  
- 33. Does the school nurse participate in the development of Individualized Health Plans, or IHPs?  
Yes .....1  
No.....2
  
- 34. Does the school nurse participate in the development of 504 plans, when indicated?  
Yes .....1  
No.....2

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.

- 35. During the past 12 months, has the school nurse talked to or taught...  
Yes                  No

ANSWER A-C FOR MIDDLE/JUNIOR HIGH AND SENIOR HIGH SCHOOL ONLY. OTHERWISE, SKIP TO THE INSTRUCTION BEFORE Q35D.

- a. A health education class at this school?.....1.....2
- b. A physical education class? .....1.....2
- c. A biology or other science class?.....1.....2

ANSWER D-E FOR ELEMENTARY SCHOOL ONLY. OTHERWISE, SKIP TO Q36.

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

School Nurse Staffing and Collaboration

36a. During the past 12 months, has the school nurse worked on standard school health services activities with health education staff from this school?

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

36b. What about with physical education staff?

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

36c. What about with nutrition or food service staff?

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

36d. What about with mental health or social services staff?

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

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

Yes                      No                      N/A

- a. A local health department? .....1.....2.....3
- b. A local hospital? .....1.....2.....3
- c. A local mental health or social services agency?1.....2.....3
- d. A local child welfare agency?.....1.....2.....3
- e. A health organization, such as the American Heart Association or the American Red Cross? .....1.....2.....3
- f. A local service club, such as the Rotary Club?...1.....2.....3
- g. A local college or university? .....1.....2.....3
- h. A local business?.....1.....2

**Comment [T7]:** QxQ: By “worked on health services activities with” I mean collaborated with on health services activities or worked with to coordinate health services activities.

## Educational Requirements

---

The next questions ask about the educational background of health services staff at your school.

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

- Associate’s degree in nursing .....1
- Associate’s degree in any field .....2
- Undergraduate degree in nursing .....3
- Undergraduate degree in any field .....4
- Graduate degree in nursing .....5
- Graduate degree in any field .....6
- No requirement .....7
- School does not have school nurses .....8 →SKIP TO THE  
INTRODUCTION TO Q42

39. Is a newly hired school nurse required to have...

Yes No

- a. A licensed practical nurse’s (LPN’s) license? .....1.....2
- b. A registered nurse’s (RN’s) license? .....1.....2

40. Is a newly hired school nurse required to have...

Yes No N/A

- a. A national school nurse certification from the National Board for Certification of School Nurses?.....1.....2
- b. State school nurse certification? .....1.....2.....3

41. Is a newly hired school nurse required to earn continuing education credits on health services topics?

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

## Other Health Services Staffing and Collaboration

---

Now I'd like to ask about school physicians.

42. Is there a school physician who provides standard health services to students at this school?

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

**Comment [T8]:** QxQ: By standard, I mean services offered, when needed, to all students in the school.

43. 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 (Q42 IS "NO"),  
SKIP TO THE INTRODUCTION TO Q46.

44. How many school physicians provide standard health services to students at this school?

\_\_\_\_\_ Physicians

IF Q44 IS 0, SKIP TO THE INTRODUCTION TO Q46.

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

46. Are there school health aides who help provide standard health services to students at this school?

Yes .....1  
No.....2 →SKIP TO THE  
INTRODUCTION TO Q50

Other Health Services Staffing and Collaboration

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

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

48. How many school health aides provide standard health services to students at this school?

\_\_\_\_\_ School health aides

IF Q48 IS 0, SKIP TO THE INTRODUCTION TO Q50.

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

IF Q1 IS 15 OR Q27 IS 1 THEN SKIP TO THE INTRODUCTION TO Q52.

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

50a. During the past 12 months, have any health services staff, including school nurses, physicians, and health aides, worked on standard school health services activities with health education staff from this school?

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

50b. What about with physical education staff?

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

Other Health Services Staffing and Collaboration

50c. What about with nutrition or food service staff?

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

50d. What about with mental health or social services staff?

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

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

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

## Facilities and Equipment

---

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

52. Does this school have...

	Yes	No
a. A sick room, nurse's office, or other area reserved for providing standard health services? .....	1	2
b. An answering machine or voice mail reserved for health services staff? .....	1	2
c. A refrigerator reserved for standard health services? .....	1	2
d. A medical supply cabinet with a lock? .....	1	2
e. A separate medicine cabinet with a lock? .....	1	2
f. A scale? .....	1	2
g. A portable first aid kit? .....	1	2
h. A sharps container? .....	1	2
i. A stethoscope? .....	1	2
j. An audiometer? .....	1	2
k. A vision tester, eye chart, cards, or anything else to measure vision? .....	1	2
l. A stadiometer, measuring tape, wall chart, or anything else to measure height? .....	1	2
m. A blood pressure gauge and cuff? .....	1	2
n. A pen light? .....	1	2
o. An otoscope or ophthalmoscope? .....	1	2
p. A peak-flow meter, not just for a specific student's use? .....	1	2
q. A scoliometer? .....	1	2
r. A glucose meter, not just for a specific student's use? .....	1	2
s. A tympanometer? .....	1	2
t. A nebulizer, not just for a specific student's use? .....	1	2
u. An albuterol inhaler, not just for a specific student's use? .....	1	2
v. A self-inflating resuscitating device such as an ambu bag? .....	1	2
w. A c-spine immobilizer or neck brace? .....	1	2
x. An epinephrine auto-injector such as an EpiPen <sup>®</sup> , not just for a specific student's use? .....	1	2
y. Suction equipment, not necessarily electric? .....	1	2
z. Oxygen, not just for a specific student's use? .....	1	2
aa. A pulse oximeter? .....	1	2
bb. An automatic external defibrillator? .....	1	2

## Standard Precautions

---

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

Yes                  No

- a. In all classrooms?.....1.....2
- b. In the gymnasium, on playgrounds, or on playing fields?.....1.....2
- c. On school buses or in other vehicles used to transport  
students?.....1.....2



## Injury Reports

---

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

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

Yes .....1  
 No.....2 →SKIP TO Q58

55. Does this school have a standard student injury report form?

Yes .....1  
 No.....2 →SKIP TO Q58

### SHOW CARD 4

56. Looking at this card, please tell me what information is recorded on student injury reports.

MARK ALL THAT APPLY|

- Location where injury occurred such as a playground, a field, a hallway, or a stairway .....1
- Activity during which injury occurred such as baseball, sitting, or throwing.....2
- Nature of injury such as a bruise or burn.....3
- School staff who were present when the injury occurred.....4
- Cause of injury such as a fall, equipment, or another student.....5
- Response of school staff to the injury such as an EMS call or treatment provided by school staff.....6
- Immediate outcome of injury such as hospitalization or school days missed by student.....7

**Comment [T9]:** Instructions to Interviewer:  
 1.Ask the question and do not offer the response options.  
 2.If the participant’s response does not fit directly with one of the options, read the list to the respondent.  
 3.If their answer still does not fit with one of the given options, choose “Other.”

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

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

## Illness Reports

---

58. Does this 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 health care professional.

59. 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 Q61

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

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

## Health Services Provision

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

### SHOW CARD 5

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

	Yes	No
a. First aid?.....	1	2
b. CPR (Cardiopulmonary resuscitation)?.....	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

**Comment [A10]:** CATI Programming  
Note: If Q16 = 4, do not ask Q59c.

**Comment [T11]:** QxQ: By tracking, we mean keeping track of such things as symptoms at school, non-participation in physical education or activities, and absences due to chronic conditions.

**Comment [T12]:** QxQ: By case management, I mean wide-ranging assistance such as helping the student access needed services, providing counseling and anticipatory guidance, briefing the student's family members about necessary care, and helping the student learn and implement self-management of his or her condition or disability.

**Comment [T13]:** QxQ: By case management, I mean wide-ranging assistance such as helping the student access needed services, providing counseling and anticipatory guidance, briefing the student's family members about necessary care, and helping the student learn and implement self-management of his or her condition or disability.

ANSWER N AND O FOR MIDDLE/JUNIOR HIGH AND SENIOR HIGH SCHOOL ONLY. OTHERWISE, SKIP TO Q62.

n. Prenatal care referrals?.....	1	2
o. Identification or treatment of STDs (sexually transmitted diseases)? .....	1	2

IF Q61A-O ARE ALL "NO" SKIP TO THE INTRODUCTION TO Q63.

62. Who provides [the services listed in Q61a-o]?  
MARK ALL THAT APPLY

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

IF THIS IS AN ELEMENTARY SCHOOL, SKIP TO THE INTRODUCTION TO Q64.

63. Does this school make condoms available to any students?

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

ANSWER Q64 IF IMMUNIZATIONS ARE PROVIDED AT THIS SCHOOL (Q61D IS YES). OTHERWISE, SKIP TO THE INTRODUCTION TO Q65.

**SHOW CARD 6**

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

64. Does your school provide...

	Yes	No
a. A measles-containing vaccine, such as MMR? .....	1.....	2.....
b. A polio vaccine, such as IPV? .....	1.....	2.....
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 A vaccine? .....	1.....	2.....
h. A hepatitis B vaccine? .....	1.....	2.....
i. A chicken pox or varicella vaccine? .....	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.

65. Currently, how many medically fragile students are enrolled at this school?

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

IF THERE ARE NO MEDICALLY FRAGILE STUDENTS AT THIS SCHOOL (Q65 IS ZERO), SKIP TO Q68.

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

	Yes	No	N/A
a. Catheterizations.....	1.....	2.....	3
b. Stoma care.....	1.....	2.....	3
c. Tube feedings.....	1.....	2.....	3
d. Respirator care.....	1.....	2.....	3
e. Suctioning.....	1.....	2.....	3
f. Tracheostomy care.....	1.....	2.....	3
g. IV medications.....	1.....	2.....	3

IF ANY Q66A-Q66G IS “YES”, ASK Q67. OTHERWISE, SKIP TO Q68.

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

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

68. At this school, are health services staff required to follow “Do Not Resuscitate,” or DNR orders?

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

69. During the past 12 months, has this 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

## Other Services

---

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

70. Do any health services staff provide the following services to students at the school in one-on-one or small-group sessions?

Yes                  No

- a. Nutrition and dietary behavior counseling.....1.....2  
 b. Physical activity and fitness counseling .....1.....2

ANSWER C-E FOR MIDDLE/JUNIOR HIGH AND SENIOR HIGH SCHOOL ONLY. OTHERWISE, SKIP TO Q70F.

- 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

IF Q70A-Q70J ARE ALL "NO", SKIP TO Q72. OTHERWISE, CONTINUE TO Q71.

71. Who provides [the services listed in Q70a-j] in one-on-one or small-group sessions?  
 MARK ALL THAT APPLY

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

**SHOW CARD 7**

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

72. Do health services staff provide...

Yes No

a. Instruction on self-management of chronic health conditions, such as asthma or diabetes?.....1.....2

ANSWER B AND C FOR MIDDLE/JUNIOR HIGH AND SENIOR HIGH SCHOOL ONLY. OTHERWISE, SKIP TO D.

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

**Comment [T14]:** QxQ: By crisis intervention for personal problems I mean situations such as the death of a loved one or the loss of a home due to fire.

**Comment [T15]:** QxQ: ADHD is Attention Deficit Hyperactivity Disorder

**Comment [T16]:** QxQ: ADHD is Attention Deficit Hyperactivity Disorder

ANSWER I FOR MIDDLE/JUNIOR HIGH AND SENIOR HIGH SCHOOL ONLY. OTHERWISE, SKIP TO J.

i. Eating disorders treatment?.....1.....2

j. Identification of or referral for physical, sexual, or emotional abuse? .....1.....2

ANSWER K FOR MIDDLE/JUNIOR HIGH AND SENIOR HIGH SCHOOL ONLY. OTHERWISE, SKIP TO L.

k. HIV counseling, testing, and referral?.....1.....2

l. Referrals for after-school programs such as day-care or supervised recreation? .....1.....2

ANSWER M-O FOR MIDDLE/JUNIOR HIGH AND SENIOR HIGH SCHOOL ONLY. OTHERWISE, SKIP TO THE INSTRUCTIONS BEFORE Q73.

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

**Comment [T17]:** QxQ: WIC is the Special Supplemental Food Program for Women, Infants, and Children

- p. Assistance with enrolling in Medicaid or SCHIP  
(State Children’s Health Insurance Program)? .....1.....2
- q. Assistance with accessing benefits for students  
with disabilities? .....1.....2

IF Q72A-Q ARE ALL “NO”, SKIP TO THE INTRODUCTION TO Q74. OTHERWISE,  
CONTINUE TO Q73.

73. Who provides [the services listed in Q72a-n]?  
MARK ALL THAT APPLY| .....
- School nurse.....1
  - School physician .....2
  - School health aide .....3
  - Other .....4

**Comment [T18]:** Instructions to Interviewer:  
1. Ask the question and do not offer the response options.  
2. If the participant’s response does not fit directly with one of the options, read the list to the respondent.  
3. If their answer still does not fit with one of the given options, choose “Other.”



## Service at Other Sites

---

This next set of questions asks about health services delivered to students from this 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 health care 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.

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

Yes .....1  
No.....2 →SKIP TO Q77

### SHOW CARD 8

75. Which of the organizations or health care professionals listed on this card have arrangements to provide health services when needed to students from this school?  
MARK ALL THAT APPLY

A school-linked health center .....1  
A community health clinic.....2  
A local health department .....3  
A local hospital .....4  
A local mental health or social services  
agency .....5  
A university or medical school .....6  
A managed care organization.....7  
A private physician .....8  
A private dentist.....9

**SHOW CARD 9**

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

76. Are there arrangements to provide...

	Yes	No
a. Primary care? .....	1	2
b. Prescriptions for medications? .....	1	2
c. Immunizations? .....	1	2
d. Identification or school-based management of acute illnesses? .....	1	2
e. Identification or school-based management of chronic health conditions, such as asthma or diabetes? .....	1	2
f. Case management for students with chronic health conditions, such as asthma or diabetes? .....	1	2
g. Case management for students with disabilities? .....	1	2
h. Administration of sports physicals? .....	1	2
i. Oral health care or oral health care referrals? .....	1	2
j. Administration of fluoride rinses? .....	1	2
k. Application of dental sealants? .....	1	2
l. Lab tests? .....	1	2

**Comment [T19]:** QxQ: By case management, I mean wide-ranging assistance such as helping the student access needed services, providing counseling and anticipatory guidance, briefing the student's family members about necessary care, and helping the student learn and implement self-management of his or her condition or disability.

**Comment [T20]:** QxQ: By case management, I mean wide-ranging assistance such as helping the student access needed services, providing counseling and anticipatory guidance, briefing the student's family members about necessary care, and helping the student learn and implement self-management of his or her condition or disability.

ANSWER M-N FOR MIDDLE/JUNIOR HIGH AND SENIOR HIGH SCHOOL ONLY. OTHERWISE, SKIP TO Q77.

m. Prenatal care or prenatal care referrals? .....	1	2
n. Identification or treatment of STDs? .....	1	2

**Health Services Coordinator**

---

77. Currently, does someone at this school oversee or coordinate standard health services?

- Yes .....1
- No.....2 →SKIP TO Q95

78. Are you this person?

- Yes .....1
- No.....2 →SKIP TO Q95

IF Q1 IS 15, CONTINUE. OTHERWISE, SKIP TO Q80.

79. 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 10**

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

- School district .....1
- This school .....2
- School-based health center .....3
- A local health department .....4
- A local hospital .....5
- A local mental health or social services agency .....6
- A university or medical school .....7
- A managed care organization.....8
- Other .....9

**Comment [T21]:** Instructions to Interviewer:  
1. Ask the question and do not offer the response options.  
2. If the participant's response does not fit directly with one of the options, read the list to the respondent.  
3. If their answer still does not fit with one of the given options, choose "Other."

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

81. What is the highest grade or year of education you have completed?
- Less than high school.....1 →SKIP TO THE INTRODUCTION TO Q89
  - High school or GED.....2 →SKIP TO THE INTRODUCTION TO Q89
  - Associate's degree .....3
  - Undergraduate degree .....4
  - Master's degree.....5
  - Doctoral degree.....6

82. What did you major in?  
MARK ALL THAT APPLY
- Nursing.....1
  - Public health.....2
  - Biology or other science .....3
  - Health care administration or business .....4
  - Counseling, psychology, or social work.....5
  - Education .....6
  - Other .....7

**Comment [T22]:** Instructions to Interviewer:  
 1. Ask the question and do not offer the response options.  
 2. If the participant's response does not fit directly with one of the options, read the list to the respondent.  
 3. If their answer still does not fit with one of the given options, choose "Other."

IF Q81 IS 3, SKIP TO Q86.

83. Did you have an undergraduate minor?
- Yes .....1
  - No.....2 →SKIP TO THE INSTUCTIONS BEFORE Q85

84. What did you minor in?  
MARK ALL THAT APPLY
- Nursing.....1
  - Public health.....2
  - Biology or other science .....3
  - Health care administration or business .....4
  - Counseling, psychology, or social work.....5
  - Education .....6
  - Other .....7

**Comment [T23]:** Instructions to Interviewer:  
 1. Ask the question and do not offer the response options.  
 2. If the participant's response does not fit directly with one of the options, read the list to the respondent.  
 3. If their answer still does not fit with one of the given options, choose "Other."

IF Q81 IS 5 OR 6, ANSWER Q85. OTHERWISE, SKIP TO Q86.

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

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

**Comment [T24]:** Instructions to Interviewer:  
 1. Ask the question and do not offer the response options.  
 2. If the participant's response does not fit directly with one of the options, read the list to the respondent.  
 3. If their answer still does not fit with one of the given options, choose "Other."

86. 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

87. Do you 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

88. Are you required to earn continuing education credits on health services topics?

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

The next questions ask about staff development.

**SHOW CARD 11**

As I read the list of topics on this card, please tell me if you received any staff 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.

89. During the past two years, have you received any staff development 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 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, such as hand hygiene or food safety?.....	1	2

**Comment [T25]:** QxQ: By tracking, we mean keeping track of such things as symptoms at school, non-participation in physical education or activities, and absences due to chronic conditions.

**Comment [T26]:** QxQ: By case management, I mean wide-ranging assistance such as helping the student access needed services, providing counseling and anticipatory guidance, briefing the student's family members about necessary care, and helping the student learn and implement self-management of his or her condition or disability.

**Comment [T27]:** QxQ: By case management, I mean wide-ranging assistance such as helping the student access needed services, providing counseling and anticipatory guidance, briefing the student's family members about necessary care, and helping the student learn and implement self-management of his or her condition or disability.

**SHOW CARD 12**

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

- First aid .....1
- CPR .....2
- Administration of medications.....3
- Immunizations.....4
- Identification or school-based management of acute illnesses.....5
- Identification or school-based management of chronic health conditions, such as asthma or diabetes .....6
- Tracking students with chronic health conditions .....7
- Case management for students with chronic health conditions, such as asthma or diabetes .....8
- Case management for students with disabilities .....9
- Sports physicals .....10
- Oral health problems .....11
- Administration of fluoride rinses .....12
- Application of dental sealants .....13
- Prenatal care .....14
- Identification or treatment of STDs .....15
- Infectious disease prevention, such as hand hygiene or food safety.....16
- None of these .....17

**Comment [T28]:** QxQ: By tracking, we mean keeping track of such things as symptoms at school, non-participation in physical education or activities, and absences due to chronic conditions.

**Comment [T29]:** QxQ: By case management, I mean wide-ranging assistance such as helping the student access needed services, providing counseling and anticipatory guidance, briefing the student’s family members about necessary care, and helping the student learn and implement self-management of his or her condition or disability.

**Comment [T30]:** QxQ: By case management, I mean wide-ranging assistance such as helping the student access needed services, providing counseling and anticipatory guidance, briefing the student’s family members about necessary care, and helping the student learn and implement self-management of his or her condition or disability.

**SHOW CARD 13**

As I read the list of topics on this card, please tell me if you received any staff 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.

91. During the past two years, have you received any staff development on...

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

92. Which of these topics would you like to receive further staff 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 homicide.....	9
Injury prevention and safety counseling .....	10
None of these .....	11



**SHOW CARD 14**

As I read the list of topics on this card, please tell me if you received any staff 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.

93. During the past two years, have you received any staff development 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. Enrolling in WIC or accessing food stamps or food banks? .....	1	2
q. Enrolling in Medicaid or SCHIP ? .....	1	2
r. Foodborne illness outbreak detection and response? .....	1	2
s. Assistance with accessing benefits for students with disabilities? .....	1	2
t. Federal laws that protect the privacy of student health information, for example HIPAA or FERPA? .....	1	2

**Comment [T31]:** QxQ: How to be ready for a natural disaster or other crisis situation.

**Comment [T32]:** QxQ: ADHD is Attention Deficit Hyperactivity Disorder

**Comment [T33]:** QxQ: ADHD is Attention Deficit Hyperactivity Disorder

**Comment [T34]:** QxQ: WIC is the Special Supplemental Food Program for Women, Infants, and Children

**Comment [T35]:** QxQ: Health Insurance Portability and Accountability Act

**Comment [T36]:** QxQ: Family Educational Rights and Privacy Act

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

- Teaching self-management of chronic health conditions, such as asthma or diabetes .....1
- Tobacco use cessation.....2
- Alcohol or other drug use treatment .....3
- Crisis intervention for personal problems.....4
- Emergency preparedness.....5
- Identification of emotional or behavioral disorders, such as anxiety, depression, or ADHD.....6
- Counseling for emotional or behavioral disorders, such as anxiety, depression, or ADHD.....7
- Stress management.....8
- Weight management .....9
- Eating disorders treatment .....10
- HIV counseling, testing, and referral.....11
- Identification of or referral for physical, sexual, or emotional abuse.....12
- After-school programs such as day care or supervised recreation .....13
- Services for gay, lesbian, or bisexual students .....14
- Child care options for teen mothers .....15
- Enrolling in WIC or accessing food stamps or food banks .....16
- Enrolling in Medicaid or SCHIP.....17
- Foodborne illness outbreak detection and response.....18
- Assistance with accessing benefits for students with disabilities .....19
- Federal laws that protect the privacy of student health information, for example HIPAA or FERPA.....20
- None of these .....21

**Comment [T37]:** QxQ: How to be ready for a natural disaster or other crisis situation.

**Comment [T38]:** QxQ: ADHD is Attention Deficit Hyperactivity Disorder

**Comment [T39]:** QxQ: ADHD is Attention Deficit Hyperactivity Disorder

**Comment [T40]:** QxQ: WIC is the Special Supplemental Food Program for Women, Infants, and Children

**Comment [T41]:** QxQ: Health Insurance Portability and Accountability Act

**Comment [T42]:** QxQ: Family Educational Rights and Privacy Act

95. 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.