

# 2006 SCHOOL HEALTH PROFILE 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	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

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.

### REQUIRED HEALTH EDUCATION

(Definition: Required health education is defined as instruction about health education topics such as injuries and violence, alcohol and other drug use, tobacco use, nutrition, HIV infection, and physical activity that students must receive for graduation or promotion from this school.)

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

- a. Yes
- b. No ⇒ Skip to Question 7

3. Is required health education taught in each of the following ways to students in grades 6 through 12 in this school? (Mark yes or no for each method.)

Method	Yes	No
a. In a combined health education and physical education course.....	0.....	0
b. In a course mainly about another subject other than health education such as science, social studies, or English.....	0.....	0

## REQUIRED HEALTH EDUCATION COURSE

(Definition: A required health education course is taught as a separate semester-, quarter-, or year-long unit of instruction for which the student receives credit. It is not health education units or lessons integrated into other subjects.)

4. How many required health education courses do students take in grades 6 through 12 in this school? (Mark one response.)

- a. 0 courses → Skip to Question 7
- b. 1 course
- c. 2 courses
- d. 3 courses
- e. 4 or more courses

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

Yes      No      Not Applicable  
(e.g., grade not taught  
in this school.)

### Grade

- 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

6. If students fail a required health education course, are they required to repeat it? (Mark one response.)

- a. Yes
- b. No

## HEALTH EDUCATION

7. **Who coordinates health education in this school?** (Mark one response.)
- a. No one coordinates health education in this school
  - b. District administrator
  - c. District health education or curriculum coordinator
  - d. School administrator
  - e. Health education teacher
  - f. School nurse
  - g. Someone else
8. **Are newly hired staff who teach health topics required to be certified, licensed, or endorsed by the state in health education?** (Mark one response.)
- a. Yes
  - b. No
  - c. Not applicable (i.e., state does not offer certification, licensure, or endorsement in health education)
9. **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.)
- a. Yes
  - b. No

## 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.)

10. **Is physical education required for students in any of grades 6 through 12 in this school?** (Mark one response.)
- a. Yes
  - b. No → skip to question 15

## REQUIRED PHYSICAL EDUCATION COURSE

(Definition: A required physical education course is taught as a semester-, quarter-, or year-long unit of instruction for which the student receives credit. It is not physical activity units or lessons integrated into other subjects. It is not recess, intramural activities, physical activity clubs, or school sports.)

11. How many required physical education courses do students take in grades 6 through 12 in this school? (Mark one response.)

- a. 0 courses → skip to question 15
- b. 1 course
- c. 2 or 3 courses
- d. 4 or 5 courses
- e. 6 or 7 courses
- f. 8 or more courses

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.)

	Yes	No	Not Applicable (e.g., grade not taught in this school.)
<b>Grade</b>			
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 a required physical education course 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

14. If students fail a required physical education course, are they required to repeat it? (Mark one response.)

- a. Yes
- b. No

## PHYSICAL EDUCATION AND PHYSICAL ACTIVITY

15. Are newly hired staff who teach physical education required to be 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)

16. Does this school offer opportunities for students to participate in intramural activities or physical activity clubs? (Mark one response.)

- a. Yes
- b. No → Skip to question 18

17. Does this school provide transportation home for students who participate in after-school intramural activities or physical activity clubs? (Mark one response.)

- a. Yes
- b. No

18. Outside of school hours or when school is not in session, do children or adolescents use any of this school's physical activity or athletic facilities for community-sponsored sports teams, classes, or lessons? (Mark one response.)

- a. Yes
- b. No

19. Does your school support or promote walking or biking to and from school (e.g., through promotional activities, designating safe routes or preferred routes, or having storage facilities for bicycles and helmets)? (Mark one response.)

- a. Yes
- b. No

**TOBACCO-USE PREVENTION POLICIES**

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

- a. Yes
- b. No → Skip to Question 27

21. 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

22. 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

23. 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

24. 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	0
b. Faculty and staff.....	0	0	0
c. Visitors.....	0	0	0

25. Does your school have procedures to inform students' families about rules related to tobacco use by students? (Mark one response.)

- a. Yes
- b. No
- c. Not applicable



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

Action	Never	Rarely	Sometimes	Always or almost 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 provide referrals to tobacco cessation programs 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

**28. Is tobacco advertising prohibited in each of the following locations?** (Mark yes or no for each location.)

<b>Location</b>	<b>Yes</b>	<b>No</b>
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

**29. Is tobacco advertising through sponsorship of school events prohibited?** (Mark one response.)

- a. Yes
- b. No

**30. Are students at your school prohibited from wearing tobacco brand-name apparel or carrying merchandise with tobacco company names, logos, or cartoon characters on it?** (Mark one response.)

- a. Yes
- b. No

**31. 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.)

- a. Yes
- b. No

**NUTRITION-RELATED POLICIES AND PRACTICES**

**32. How long do students usually have to eat lunch once they are seated?** (Mark one response.)

- a. Less than 20 minutes
- b. 20 minutes or more
- c. This school does not serve lunch to students

33. Has this school adopted a policy stating that, if food is served at student parties, after-school or extended day programs, or concession stands, fruits or vegetables will be among the foods offered? (Mark one response.)

- a. Yes
- b. No

34. 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.)

- a. Yes
- b. No → Skip to Question 37

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

Food/Beverage	Yes	No
a. Chocolate candy.....	0	0
b. Other kinds of candy.....	0	0
c. Salty snacks that are <b>not</b> low in fat, such as regular potato chips.....	0	0
d. Salty snacks that <b>are</b> low in fat, such as pretzels, baked chips, or other low-fat chips.....	0	0
e. Fruits or vegetables, not juice.....	0	0
f. Low-fat cookies, crackers, cakes, pastries, or other low-fat baked goods.....	0	0
g. Soda pop or fruit drinks that are not 100% juice.....	0	0
h. Sports drinks.....	0	0
i. 100% fruit juice or vegetable juice .....	0	0
j. Bottled water.....	0	0
k. 1% or skim milk.....	0	0
l. 2% or whole milk (plain or flavored).....	0	0

36. Can students purchase candy; snacks that are not low in fat; soda pop, sports drinks, or fruit drinks that are not 100% juice; or 2% or whole milk during the following times? (Mark yes or no for each time.)

Time	Yes	No
a. Before classes begin in the morning.....	0	0
b. During any school hours when meals are not being served.....	0	0
c. During school lunch periods.....	0	0

## VIOLENCE PREVENTION

**37. Has your school ever used the School Health Index from the Centers for Disease Control and Prevention to assess your school’s health and safety policies and programs?** (Mark one response.)

- a. Yes
- b. No

**38. Does your school implement each of the following safety and security measures?** (Mark yes or no for each measure.)

Measure	Yes	No
a. Require visitors to report to the main office or reception area upon arrival.....	0	0
b. Maintain a “closed campus” where students are not allowed to leave school during the school day, including during lunchtime... ..	0	0
c. Use staff or adult volunteers to monitor school halls during and between classes.....	0	0
d. Routinely conduct locker searches.....	0	0
e. Require students to wear school uniforms.....	0	0
f. Require students to wear identification badges.....	0	0
g. Use metal detectors, including wands.....	0	0
h. Use security or surveillance cameras, either inside or outside the building.....	0	0
i. Use police, school resource officers, or security guards during the regular school day.....	0	0

**39. Does your school have or participate in each of the following programs?** (Mark yes or no for each program.)

Program	Yes	No
a. A peer mediation program.....	0	0
b. A safe-passages to school program.....	0	0
c. A program to prevent gang violence.....	0	0
d. A program to prevent bullying.....	0	0

**40. Does your school have a comprehensive plan to address crisis preparedness, response, and recovery in the event of a natural disaster or other emergency or crisis situation?** (Mark one response.)

- a. Yes
- b. No

## HEALTH SERVICES

41. **Is there a school nurse who provides standard health services to students at this school?** (Mark one response.)

- a. Yes
- b. No

42. **At this school, would a student ever be permitted to carry and self-administer each of the following medications?** (Mark yes or no for each medication.)

Medication	Yes	No
a. A prescription quick-relief inhaler.....	0	0
b. An epinephrine auto-injector (e.g., EpiPen <sup>R</sup> ).....	0	0
c. Insulin or other injected medications.....	0	0
d. Any other prescribed medications.....	0	0
e. Any over-the-counter medications.....	0	0

43. **Does your school provide each of the following health services to students at this school?** (Mark yes or no for each activity.)

Activity	Yes	No
a. Identification or school-based management of chronic health conditions, such as asthma or diabetes.....	0	0
b. Identification or school-based management of acute illnesses.....	0	0
c. An Asthma Action Plan (or Individualized Health Plan) for all students with asthma.....	0	0
d. Immunizations.....	0	0
e. Assistance with enrolling in Medicaid or SCHIP (State Children’s Health Insurance Program).....	0	0

## HIV INFECTION POLICIES

44. **Has this school adopted a policy on students and/or staff who have HIV infection or AIDS?** (Mark one response.)

- a. Yes
- b. No ⇒ **You are finished. Please return the questionnaire.**

**45. Does that policy address each of the following issues for students and/or staff with HIV infection or AIDS? (Mark yes or no for each issue.)**

<b>Issue</b>	<b>Yes</b>	<b>No</b>
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

**Thank you for your responses. Please return this questionnaire.**

**COMMENTS**

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