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School Health Services Interview

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I.OVERALL HEALTH SERVICES PROGRAM

IF THIS IS A NEW RESPONDENT, READ INTRODUCTION, AND ASK QUESTION 1. IF THIS IS NOT A NEW RESPONDENT, SKIP TO Q.2.

1. You've been identified as a _____ for (READ NAME OF SCHOOL).
Is this correct? **IF YES, CHECK THE CORRECT BOX, AND GO ON TO QUESTION 2. IF NO, ASK:** What is your position? **CHECK THE ONE BEST ANSWER (1-6). RECORD (7) OTHER.**

- 1 School nurse
- 2 Health aide
- 3 Physician
- 4 Secretary
- 5 Teacher (**SPECIFY**):
- 6 Parent/guardian or other volunteer (**SPECIFY**):
- 7 Other (**SPECIFY**):

2. **HANDCARD #1.** I'd like to begin by finding out who employs the health services staff, if any, who work in your school. From our interviews, we've found that some schools have district or county education office staff and others have local health department staff who provide health services.

Look at Handcard #1. Do you have any of these school health nurse services in your school? **IF NO, CHECK BOX 1, AND GO ON TO NEXT QUESTION. IF YES, ASK:** Who employs the staff who provide school health nurse services in your school? **DO NOT READ LIST. CHECK ALL THAT APPLY (2-6). RECORD (7) OTHER. NOTE: HANDCARD DESCRIBES SERVICES FOR THIS INTERVIEW AND DOES NOT MATCH LIST OF POSSIBLE PROVIDERS BELOW.**

- 1 None of these
- 2 District or county education office
- 3 School
- 4 Local health department
- 5 Local hospital
- 6 Commercial health service organization
- 7 Other (**SPECIFY**):

3.HANDCARD #2. Now I'd like to ask about your school's health services facilities. Looking at Handcard #2, which of these facilities, if any, does your school have? **IF NONE, CHECK THE BOX AT TOP OF GRID, AND GO ON TO NEXT QUESTION. OTHERWISE, CHECK ALL THAT APPLY FOR APPROPRIATE SCHOOL(S). THEN ASK:** Does your school have any other health services facilities that aren't listed? **RECORD (5) OTHER AND CHECK FOR APPROPRIATE SCHOOL(S).**

No health services facilities

| FACILITIES | Sr. high | Jr. high |
|--|----------|----------|
| 1 School-based health clinic that provides primary care | | |
| 2 School-linked health clinic that provides primary care | | |
| 3 School health services unit (health room) | | |
| 4 School wellness center | | |
| 5 Other (SPECIFY): | | |

4. Next, I'd like to ask about the specific types of health services personnel who work in your school. I'll ask you about RNs, LPNs, and health aides. First, are there any RNs who work in the school? **IF NO, CHECK BOX 1 AT TOP OF GRID. IF YES, ASK:** Please tell me how many RNs work in your school, which days of the week each RN is here, and how many hours each RN is usually here on those days. **RECORD THE HOURS PER DAY EACH RN WORKS IN COLUMN 2. FILL IN TOTAL HOURS IN COLUMN 3. IF AN RN DOES NOT HAVE A REGULAR SCHEDULE, ASK:** How many total hours per week is this RN usually in your school? **RECORD TOTAL HOURS IN COLUMN 3. REPEAT FOR LPNs AND HEALTH AIDES.**

1 No RNs

2 No LPNs

3 No health aides

| (1) STAFFING | | (2) Hours per day | (3) Total hours per week |
|-----------------|--------|----------------------|-----------------------------|
| RNs | RN #1 | M__ T__ W__ T__ F__ | _____ |
| | RN #2 | M__ T__ W__ T__ F__ | _____ |
| | RN #3 | M__ T__ W__ T__ F__ | _____ |
| LPNs | LPN #1 | M__ T__ W__ T__ F__ | _____ |
| | LPN #2 | M__ T__ W__ T__ F__ | _____ |
| | LPN #3 | M__ T__ W__ T__ F__ | _____ |
| Health aides | HA #1 | M__ T__ W__ T__ F__ | _____ |
| | HA #2 | M__ T__ W__ T__ F__ | _____ |
| | HA #3 | M__ T__ W__ T__ F__ | _____ |

5. **HANDCARD #3.** Looking at Handcard #3, do any of these health professionals come into your school to provide services to students? **DO NOT READ LIST. IF NO, CHECK BOX 1, AND GO ON TO NEXT QUESTION. IF YES, CHECK ALL THAT APPLY (2-8). THEN ASK:** Are there any other health professionals who come into your school that aren't listed? **RECORD (9) OTHER.**

- 1 None of these
- 2 Dental hygienist
- 3 Dentist
- 4 Hearing technician
- 5 Occupational therapist
- 6 Physical therapist
- 7 Physician
- 8 Vision technician
- 9 Other (**SPECIFY**):

6. **HANDCARD #4.** Does your school ask parents/guardians to complete and sign a medical information form for students? **IF NO, CHECK BOX 1, AND SKIP TO Q.8. IF YES, SAY:** Look at Handcard #4. Which, if any, of these are included on your school's medical information form? **CHECK ALL THAT APPLY (2-7). THEN ASK:** Does your school request other information that isn't listed? **RECORD (8) OTHER.**

- 1 None of these
- 2 Allergies
- 3 Health history
- 4 Medical conditions or functional diagnosis
- 5 Medication dosage
- 6 Name of a contact person for emergencies
- 7 Physician preference
- 8 Other (**SPECIFY**):

7. How often does your school ask parents/guardians to complete medical information forms? **DO NOT READ LIST. CHECK ALL THAT APPLY (1-3). RECORD (4) OTHER.**

- 1 Each school year
- 2 At specified grades (**SPECIFY GRADES**):
- 3 For school entry
- 4 Other (**SPECIFY**):

8.HANDCARD #5. Looking at Handcard #5, does your school keep any of these health records on file for each student? **IF NO, CHECK BOX 1, AND SKIP TO Q.10. IF YES, ASK:** Which records does your school keep on file? **CHECK ALL THAT APPLY (2-10).** **THEN ASK:** Does your school keep other records on file that aren't listed? **RECORD (11) OTHER.**

- 1 None of these--**SKIP TO Q.10**
- 2 First aid records
- 3 Immunization records
- 4 Medical emergency form
- 5 Medical information form from parents/guardians
- 6 Medication administration directions
- 7 Physical examination report from physician or other health care provider
- 8 Referral records
- 9 Screening records
- 10 Tuberculosis skin test results
- 11 Other (**SPECIFY**):

9.HANDCARD #5. Are any of your health records computerized? **IF NO, CHECK BOX 1, AND GO ON TO NEXT QUESTION. IF YES ASK:** Looking again at Handcard #5, which of your health records are computerized? **DO NOT READ LIST. CHECK ALL THAT APPLY (2-10). RECORD (11) OTHER.**

- 1 None of these
- 2 First aid records
- 3 Immunization records
- 4 Medical emergency form
- 5 Medical information form from parents/guardians
- 6 Medication administration directions
- 7 Physical examination report from physician or other health care provider
- 8 Referral records
- 9 Screening records
- 10 Tuberculosis skin test results
- 11 Other (**SPECIFY**):

10. Are Individualized Health Plans (IHPs) developed for any students in your school? By IHPs, I mean plans to provide health care to students with special needs, such as students who need complex nursing care or who have certain medical conditions. **IF NO, CHECK BOX 1, AND GO ON TO NEXT QUESTION. IF YES, ASK:** For which students are Individualized Health plans (IHPs) developed? **DO NOT READ LIST. CHECK ALL THAT APPLY (2-5). RECORD (6) OTHER.**

- 1 No IHPs
- 2 Students who have Individualized Education Plans (IEP)
- 3 Students requiring complex nursing care
- 4 Diabetic students
- 5 Pregnant students
- 6 Other (**SPECIFY**):

11. Do your school's health services staff routinely attend meetings to help develop students' Individualized Education Plans (IEPs)? By IEPs, I mean education plans developed for students with special needs. **CHECK THE ONE BEST ANSWER. RECORD (3) OTHER.**

- 1 No
- 2 Yes, routinely attend meetings
- 3 Other (**SPECIFY**):

12. **HANDCARD #6.** Is complex nursing care, such as injections, administered in your school? **IF NO, CHECK BOX 1, AND GO ON TO NEXT QUESTION. IF YES, ASK:** Looking at Handcard #6, who provides complex nursing care in your school? **CHECK ALL THAT APPLY (2-8). RECORD (9) OTHER.**

- 1 None of these people
- 2 School nurse
- 3 Health aide
- 4 Physician
- 5 Secretary
- 6 Teacher
- 7 Parent/guardian or other volunteer
- 8 Students
- 9 Other (**SPECIFY**):

13. Are teachers notified when students have a chronic disease or condition, such as diabetes or seizures, that may have an impact on classroom performance and learning? **IF NO, OR DON'T KNOW, CHECK BOX 1 OR 4, AND SKIP TO Q.15. IF YES, ASK:** Are teachers routinely notified or notified only with parent/guardian permission? **CHECK THE ONE BEST ANSWER (2-3).**

- 1 No--**SKIP TO Q.15**
- 2 Yes, teachers routinely notified
- 3 Yes, teachers notified only with parent/guardian permission
- 4 Don't know--**SKIP TO Q.15**

14. Are teachers who have students with a chronic disease or condition routinely given instruction on how to manage that condition at school? **CHECK THE ONE BEST ANSWER (1-3).**

- 1 No
- 2 Yes
- 3 Don't know

15. **HANDCARD #7.** Look at the top of Handcard #7, labeled "school." During the past two years, have your school's health services staff organized health-related activities or projects with any of these groups in your school? **IF NO, CHECK BOX 1, AND GO ON TO NEXT QUESTION. IF YES, CHECK ALL THAT APPLY (2-7). THEN ASK:** Were other groups in your school involved that aren't listed? **RECORD (8) OTHER.**

- 1 None of these
 - 2 Health education
- 3 Physical education
- 4 School food service
- 5 School counseling/psychology
- 6 Parent/teacher or parent/teacher/student organizations
- 7 Other academic classes (**SPECIFY**):
- 8 Other (**SPECIFY**):

16. **HANDCARD #7.** Look at the bottom of Handcard #7, labeled "community." During the past two years, have your school's health services staff organized health-related activities or projects with any of these groups in your community? **IF NO, CHECK BOX 1, AND GO ON TO NEXT QUESTION. IF YES, CHECK ALL THAT APPLY (2-4). THEN ASK:**
Were other groups in your community involved that aren't listed. **RECORD (5) OTHER.**

- 1 None of these
- 2 Local health department
- 3 Local hospital
- 4 Voluntary health organizations (ACS, AHA, ALA) (**SPECIFY**):
- 5 Other (**SPECIFY**):

17. During the past 12 months, have school health services staff been guest speakers in any academic classes? **CHECK THE ONE BEST ANSWER.**

- 1 No
- 2 Yes

18. What would you like to DO, if anything, in school health services that you have NOT been able to do? **IF NOTHING, CHECK BOX 1, AND SKIP TO Q.20. IF WOULD LIKE TO DO, CHECK BOX 2, AND RECORD RESPONSE.**

- 1 Nothing--**SKIP TO Q.20**
- 2 Would like to do (**SPECIFY**):

19. What needs to happen so that you can do these things? **RECORD RESPONSE.**

20. I'd like to ask about your own background. What educational background do you have? **DO NOT READ LIST. CHECK ALL THAT APPLY. IF BOX 1 IS CHECKED, SKIP TO Q.23. RECORD (10) OTHER.**

- 1 A high school diploma or GED--**SKIP TO Q.23**
- 2 RN, Diploma
- 3 RN, AD
- 4 RN, NP
- 5 RN, BSN
- 6 RN, BS or BA in any academic area
- 7 LPN
- 8 Associate's degree (**SPECIFY ACADEMIC AREA**):
- 9 Baccalaureate degree (**SPECIFY ACADEMIC AREA**):
- 10 Other (**SPECIFY**):

21. Do you have a graduate degree or at least 30 graduate credits? **CHECK THE ONE BEST ANSWER.**

- 1 No--**SKIP TO Q.23**
- 2 Yes

22. In what area is your graduate degree or most of your graduate credits? **DO NOT READ LIST. CHECK THE ONE BEST ANSWER (1-4). RECORD (5) OTHER.**

- 1 Nursing
- 2 Public health
- 3 Education
- 4 Health sciences
- 5 Other (**SPECIFY**):

23. HANDCARD #8. Look at Handcard #8. During the past two years, have you received four or more hours (at least a half-day) of in-service training on any of these topics? **DO NOT READ LIST. IF NO, CHECK "NO" IN COLUMN 1 IN GRID. OTHERWISE, CHECK COLUMN 1 FOR ALL TOPICS THAT APPLY (1-13). NEXT, ASK:** Which of these topics, if any, would you select as your top three priorities to receive in-service training? These could be different topics or some of the same ones you selected before. **IF NO TOPICS, CHECK "NO" IN COLUMN 2 IN GRID. OTHERWISE, CHECK COLUMN 2 FOR ALL TOPICS THAT APPLY (1-13). THEN ASK:** Are there other topics on which you've received training during the past two years or would like to receive in-service training? **IF YES, RECORD (14) OTHER, AND CHECK COLUMNS 1 AND/OR 2.**

| TOPIC | (1) Received training | (2) Would like training |
|---|-----------------------------|-----------------------------|
| | <input type="checkbox"/> No | <input type="checkbox"/> No |
| 1 Alcohol and other drug use prevention | | |
| 2 C.P.R. | | |
| 3 First aid | | |
| 4 HIV prevention | | |
| 5 Managing students with chronic conditions, such as asthma or diabetes | | |
| 6 Managing HIV infected students | | |
| 7 Managing technology supported students | | |
| 8 Pregnancy prevention/family planning | | |
| 9 Regulations of the Nurse Practice Act | | |
| 10 Suicide prevention | | |
| 11 Tobacco use prevention | | |
| 12 Universal precautions | | |
| 13 Violence prevention | | |
| 14 Other (SPECIFY): | | |

24. **HANDCARD #8.** Look at Handcard #8 again. During the past two years, have you received materials or equipment on any of these topics? **DO NOT READ LIST. IF NO, CHECK "NO" IN COLUMN 1 IN GRID. OTHERWISE, CHECK COLUMN 1 FOR ALL TOPICS THAT APPLY (1-13). NEXT, ASK:** Which of these topics, if any, would you select as your top three priorities to receive materials or equipment? These could be different topics or some of the same ones you selected before. **IF NO TOPICS, CHECK "NO" IN COLUMN 2 IN GRID. OTHERWISE, CHECK COLUMN 2 FOR ALL TOPICS THAT APPLY (1-13). THEN ASK:** Are there other topics on which you've received materials or equipment during the past two years or would like to receive materials or equipment? **IF YES, RECORD (14) OTHER, AND CHECK COLUMNS 1 AND/OR 2.**

| TOPIC | (1) Received materials or equipment | (2) Would like materials or equipment |
|--|---|---|
| | <input type="checkbox"/> No | <input type="checkbox"/> No |
| 1 Alcohol and other drug use prevention | | |
| 2 C.P.R. | | |
| 3 First aid | | |
| 4 HIV prevention | | |
| 5 Managing students with chronic conditions, such as asthma or diabetes | | |
| 6 Managing HIV infected students | | |
| 7 Managing technology supported students | | |
| 8 Pregnancy prevention/family planning | | |
| 9 Regulations of the Nurse Practice Act | | |
| 10 Suicide prevention | | |
| 11 Tobacco use prevention | | |
| 12 Universal precautions | | |
| 13 Violence prevention | | |
| 14 Other (SPECIFY): | | |

IF THIS INDIVIDUAL IS RESPONDING ONLY TO MODULE I (THE OVERALL HEALTH SERVICES PROGRAM), END THIS INTERVIEW BY SAYING: Thank you so much for your time talking with me! Your answers will really help us get a feel for what schools like this one are doing and what they need!

II.FIRST AID

**IF THIS IS A NEW RESPONDENT, READ INTRODUCTION, AND ASK QUESTION 25.
IF THIS IS NOT A NEW RESPONDENT, SKIP TO Q.26.**

25. You've been identified as a _____ for **(READ NAME OF SCHOOL)**.
Is this correct? **IF YES, CHECK THE CORRECT BOX, AND GO ON TO QUESTION
26. IF NO, ASK:** What is your position? **CHECK THE ONE BEST ANSWER (1-6).
RECORD (7) OTHER.**

- 1 School nurse
- 2 Health aide
- 3 Physician
- 4 Secretary
- 5 Teacher **(SPECIFY):**
- 6 Parent/guardian or other volunteer **(SPECIFY):**
- 7 Other **(SPECIFY):**

26. **HANDCARD #6.** I'd like to ask you some questions about how first aid is provided in your school. Looking at Handcard #6, does anyone on this list provide any first aid in your school? **IF NO, CHECK BOX 1 AND SKIP TO Q.32. IF YES, ASK:** Who provides first aid in your school? **CHECK ALL THAT APPLY (2-8). THEN ASK:** Does anyone else provide first aid who's not listed? **RECORD (9) OTHER.**

- 1 None of these people--**SKIP TO Q.32**
- 2 School nurse
- 3 Health aide
- 4 Physician
- 5 Secretary
- 6 Teacher
- 7 Parent/guardian or other volunteer
- 8 Students
- 9 Other **(SPECIFY):**

27. Are school staff who are responsible for providing first aid certified in first aid by the Red Cross or other agency? **CHECK THE ONE BEST ANSWER (1-4). RECORD (3) OTHER.**

- 1 No
- 2 Yes, Red Cross
- 3 Yes, other agency **(SPECIFY AGENCY):**

4 Don't know

28. Are staff who provide first aid supervised by a nurse or physician on-site? By supervised, I mean trained, evaluated, and monitored. **CHECK THE ONE BEST ANSWER (1-3).**

- 1 Not applicable--nurse or physician provides all first aid
- 2 No, not supervised
- 3 Yes, supervised

29. Are injury reports written whenever a serious injury occurs? By serious injury, I mean one that requires immediate medical care or results in loss of 1/2 day or more of school. **CHECK THE ONE BEST ANSWER (1-3).**

- 1 No
- 2 Yes
- 3 Don't know

30. When a student is seriously injured as we just defined, does someone from your school routinely contact the parents/guardians of the student for follow-up information, such as to see if the student was treated or if there are additional medical needs or complications? **CHECK THE ONE BEST ANSWER (1-3).**

- 1 No
- 2 Yes
- 3 Don't know

31. Does anyone in your school or district routinely examine school injury reports to identify ways to prevent further injuries? **IF NO OR DON'T KNOW, CHECK BOX 1 OR 5, AND GO ON TO NEXT QUESTION. IF YES, ASK: Who examines the reports? CHECK ALL THAT APPLY (2-3). RECORD (4) OTHER.**

- 1 No
- 2 Yes, school staff
- 3 Yes, district staff
- 4 Other (**SPECIFY**):
- 5 Don't know

IF THIS INDIVIDUAL IS RESPONDING ONLY TO MODULE II (FIRST AID), END THIS INTERVIEW BY SAYING: Thank you so much for your time talking with me! Your answers will really help us get a feel for what schools like this one are doing and what they need!

III.EVALUATION AND ASSESSMENT OF SICK STUDENTS

**IF THIS IS A NEW RESPONDENT, READ INTRODUCTION, AND ASK QUESTION 32.
IF THIS IS NOT A NEW RESPONDENT, SKIP TO Q.33.**

32. You've been identified as a _____ for (READ NAME OF SCHOOL).
Is this correct? **IF YES, CHECK THE CORRECT BOX, AND GO ON TO QUESTION
33. IF NO, ASK: What is your position? CHECK THE ONE BEST ANSWER (1-6).
RECORD (7) OTHER.**

- 1 School nurse
- 2 Health aide
- 3 Physician
- 4 Secretary
- 5 Teacher (SPECIFY):
- 6 Parent/guardian or other volunteer (SPECIFY):
- 7 Other (SPECIFY):

33. **HANDCARD #6.** I'd like to ask about how sick students are evaluated. Looking at Handcard #6, who usually evaluates students who aren't feeling well to decide if they should go home?
DO NOT READ LIST. CHECK THE ONE BEST ANSWER (2-8). RECORD (8) OTHER.

- 1 None of these
- 2 School nurse
- 3 Health aide
- 4 Physician
- 5 Secretary
- 6 Teacher
- 7 Parent/guardian or other volunteer
- 8 Students
- 9 Other (SPECIFY):

34. Where do students usually go who are sick but can't go home because there is no one there to supervise them? **DO NOT READ LIST. CHECK THE ONE BEST ANSWER (1-5). RECORD (6) OTHER.**

- 1 School-based health clinic
- 2 School-linked health clinic
- 3 School health services unit (health room)
- 4 Main office
- 5 Back to class
- 6 Other (SPECIFY):

IF THIS INDIVIDUAL IS RESPONDING ONLY TO MODULE III (EVALUATION AND ASSESSMENT OF SICK STUDENTS), END THIS INTERVIEW BY SAYING: Thank you so much for your time talking with me! Your answers will really help us get a feel for what schools

like this one are doing and what they need!

IV. IMMUNIZATION REVIEW

**IF THIS IS A NEW RESPONDENT, READ INTRODUCTION, AND ASK QUESTION 35.
IF THIS IS NOT A NEW RESPONDENT, SKIP TO Q.36.**

35. You've been identified as a _____ for (READ NAME OF SCHOOL).
Is this correct? **IF YES, CHECK THE CORRECT BOX, AND GO ON TO QUESTION
36. IF NO, ASK: What is your position? CHECK THE ONE BEST ANSWER (1-6).
RECORD (7) OTHER.**

- 1 School nurse
- 2 Health aide
- 3 Physician
- 4 Secretary
- 5 Teacher (SPECIFY):
- 6 Parent/guardian or other volunteer (SPECIFY):
- 7 Other (SPECIFY):

36. I'd like to ask about immunization review in your school. Does your school have a policy about school attendance for students who have not been properly immunized? **IF NO, CHECK BOX 1, AND GO ON TO NEXT QUESTION. IF YES, ASK: What is your school's policy? DO NOT READ LIST. CHECK THE ONE BEST ANSWER (2-3). IF BOX 3 IS CHECKED, RECORD NUMBER OF DAYS. RECORD (4) OTHER.**

- 1 No
- 2 Students are not allowed to attend school until they get necessary immunizations
- 3 Students are allowed to attend school and are given _____ days to get necessary immunizations (SPECIFY NUMBER OF DAYS):
- 4 Other (SPECIFY):

37. Are immunizations ever given at your school? **CHECK THE ONE BEST ANSWER.**

- 1 No--**SKIP TO Q.41 (Module V)**
- 2 Yes

38. How often are immunizations conducted at your school? **DO NOT READ LIST. CHECK THE ONE BEST ANSWER (1-3). RECORD (4) OTHER.**

- 1 Every other year
- 2 Once a year
- 3 Twice a year
- 4 Other (SPECIFY):

39. Who is eligible to receive immunizations conducted at your school? **DO NOT READ LIST. CHECK ALL THAT APPLY (1-2). RECORD (3) OTHER OR (4) DON'T KNOW.**

- 1 Students enrolled (or planning to enroll) in this school or district
- 2 Any child needing immunizations
- 3 Other (**SPECIFY**):
- 4 Don't know

40. Who provides funding for immunizations conducted at your school? **DO NOT READ LIST. CHECK ALL THAT APPLY (1-8). RECORD (9) OTHER OR (10) DON'T KNOW.**

- 1 Federal government
- 2 State education agency
- 3 State health department
- 4 District or diocese education office
- 5 Local health department
- 6 School
- 7 Local hospital
- 8 Parents/guardians
- 9 Other (**SPECIFY**):
- 10 Don't know

IF THIS INDIVIDUAL IS RESPONDING ONLY TO MODULE IV (IMMUNIZATION REVIEW), END THIS INTERVIEW BY SAYING: Thank you so much for your time talking with me! Your answers will really help us get a feel for what schools like this one are doing and what they need!

V.SCREENINGS

**IF THIS IS A NEW RESPONDENT, READ INTRODUCTION, AND ASK QUESTION 41.
IF THIS IS NOT A NEW RESPONDENT, SKIP TO Q.42.**

41. You've been identified as a _____ for (READ NAME OF SCHOOL).
Is this correct? **IF YES, CHECK THE CORRECT BOX, AND GO ON TO QUESTION 42. IF NO, ASK:** What is your position? **CHECK THE ONE BEST ANSWER (1-6). RECORD (7) OTHER.**

- 1 School nurse
- 2 Health aide
- 3 Physician
- 4 Secretary
- 5 Teacher (SPECIFY):
- 6 Parent/guardian or other volunteer (SPECIFY):
- 7 Other (SPECIFY):

42. **HANDCARD #9.** Look at the top of Handcard #9, labeled "screening." Does your school provide any of these health screenings to students? **IF NO SCREENINGS ARE CONDUCTED, CHECK BOX AT TOP OF GRID, AND SKIP TO Q.48 (Module VI). IF YES, SAY:** Please tell me whether each of these screenings is conducted in your school and in which grades. **CHECK "NOT CONDUCTED" OR APPROPRIATE GRADE(S) FOR EACH SCREENING (1-7). THEN ASK:** Are any other screenings conducted in any grades in your school? **RECORD (8) OTHER, AND CHECK APPROPRIATE GRADES.**

No screenings--SKIP TO Q.48 (Module VI)

| SCREENING | Not conducted | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|--------------------|---------------|---|---|---|---|----|----|----|
| 1 Hearing | | | | | | | | |
| 2 Vision | | | | | | | | |
| 3 Scoliosis | | | | | | | | |
| 4 Height/weight | | | | | | | | |
| 5 Blood pressure | | | | | | | | |
| 6 Oral health | | | | | | | | |
| 7 Tuberculosis | | | | | | | | |
| 8 Other (SPECIFY): | | | | | | | | |

43. Have most of the students in your school been screened according to schedule? **CHECK THE ONE BEST ANSWER (1-3).**

- 1 No
- 2 Yes--**SKIP TO Q.45**
- 3 Don't know

44. In your school, why aren't some students screened according to schedule? **DO NOT READ LIST. CHECK ALL THAT APPLY (1-3). RECORD (4) OTHER OR (5) DON'T KNOW.**

- 1 Absent the day of the screening
- 2 Parents/guardians do not permit child to be screened
- 3 Screening conducted elsewhere
- 4 Other (**SPECIFY**):
- 5 Don't know

45. Does your school arrange make-up screenings for absent students? **CHECK THE ONE BEST ANSWER.**

- 1 No
- 2 Yes

46. During the past 12 months, has your school done anything to educate parents/guardians or students about the importance of screenings? **IF NO, CHECK BOX 1, AND GO ON TO NEXT QUESTION. IF YES, CHECK ALL THAT APPLY (2-3).**

- 1 No
- 2 Yes, parents/guardians
- 3 Yes, students

47. HANDCARD #9. Look at the bottom of Handcard 9, labeled "actions taken." Does your school take any of these actions when screenings indicate potential problems? **IF NO ACTIONS ARE TAKEN FOR ANY SCREENING, CHECK BOX AT TOP OF GRID, AND GO ON TO NEXT QUESTION. IF YES, SAY:** Please tell me which actions are taken for each screening. **CHECK APPROPRIATE COLUMNS (1-5) FOR EACH SCREENING (1-7). IF ADDITIONAL SCREENINGS WERE LISTED IN Q.42, RECORD (8) OTHER, AND CHECK APPROPRIATE COLUMNS (1-5).**

No action for any screening

| SCREENING | (1) Screening not conducted | (2) No additional action | (3) Parent/ guardian notification | (4) Assistance with obtaining services | (5) Counting and reporting |
|-----------------------------|--|---|--|---|---|
| 1 Hearing | | | | | |
| 2 Vision | | | | | |
| 3 Scoliosis | | | | | |
| 4 Height/weight | | | | | |
| 5 Blood pressure | | | | | |
| 6 Oral health | | | | | |
| 7 Tuberculosis | | | | | |
| 8 Other (SPECIFY): | | | | | |

IF THIS INDIVIDUAL IS RESPONDING ONLY TO MODULE V (SCREENING), END THIS INTERVIEW BY SAYING: Thank you so much for your time talking with me! Your answers will really help us get a feel for what schools like this one are doing and what they need!

VI.MEDICATION ADMINISTRATION

IF THIS IS A NEW RESPONDENT, READ INTRODUCTION, AND ASK QUESTION 48. IF THIS IS NOT A NEW RESPONDENT, SKIP TO Q.49.

48. You've been identified as a _____ for **(READ NAME OF SCHOOL)**. Is this correct? **IF YES, CHECK THE CORRECT BOX, AND GO ON TO QUESTION 49. IF NO, ASK:** What is your position? **CHECK THE ONE BEST ANSWER (1-6). RECORD (7) OTHER.**

- 1 School nurse
- 2 Health aide
- 3 Physician
- 4 Secretary
- 5 Teacher **(SPECIFY):**
- 6 Parent/guardian or other volunteer **(SPECIFY):**
- 7 Other **(SPECIFY):**

***49.HANDCARD #6.** I'd like to ask about how medication is given to students in your school. Looking at Handcard #6, who gives prescription medication to students in your school? **DO NOT READ LIST. CHECK ALL THAT APPLY (2-8) IN COLUMN 1 FOR APPROPRIATE SCHOOL(S). THEN ASK:** Does anyone else give prescription medication to students in your school who's not listed? **RECORD (9) OTHER, AND CHECK APPROPRIATE SCHOOL(S) IN COLUMN 1. NEXT ASK:** Who gives nonprescription medication to students in your school? **DO NOT READ LIST. CHECK ALL THAT APPLY IN COLUMN 2 FOR APPROPRIATE SCHOOL(S). ASK:** Does anyone else give nonprescription medication to students in your school who's not listed? **RECORD (9) OTHER, AND CHECK FOR APPROPRIATE SCHOOL(S) IN COLUMN 2.**

| MEDICATION PROVIDER | (1) Prescription | | (2) Nonprescription | |
|--------------------------------|---------------------|----------|------------------------|----------|
| | Sr. high | Jr. high | Sr. high | Jr. high |
| (↓ Numbered to match handcard) | | | | |
| 2 School nurse | | | | |
| 3 Health aide | | | | |
| 4 Physician | | | | |
| 5 Secretary | | | | |
| 6 Parent/guardian/volunteer | | | | |
| 7 Teacher | | | | |
| 8 Students | | | | |
| 9 Other (SPECIFY): | | | | |

*50. Does your school require documentation before prescription medication may be given to students at school? **IF NO, CHECK BOX AT TOP OF GRID, AND GO ON TO NEXT QUESTION. IF YES, ASK:** What documentation does your school require before prescription medication may be given to students? **DO NOT READ LIST. CHECK ALL THAT APPLY (1-3) FOR APPROPRIATE SCHOOL(S). RECORD (4) OTHER.**

No documentation required

| DOCUMENTATION | Sr. high | Jr. high |
|--|----------|----------|
| 1 Written instructions about the medication (e.g., dosage) from the physician or other authorized prescriber | | |
| 2 Written request from parent/guardians to school administrators to administer the medication | | |
| 3 Completed medical information card | | |
| 4 Other (SPECIFY): | | |

*51. Students sometimes are permitted to carry medications, such as inhalers, epinephrine, and other medications, with them at school. Does your school permit students to carry any medications with them during the school day? **IF NO, CHECK BOX AT TOP OF GRID, AND GO ON TO NEXT QUESTION. IF YES, ASK:** What types of medications may students carry with them at school? **CHECK ALL THAT APPLY (1-4) FOR APPROPRIATE SCHOOL(S). RECORD (5) OTHER.**

Students may not carry medications at school

| MEDICATIONS | Sr. high | Jr. high |
|---|----------|----------|
| 1 Inhalers | | |
| 2 Epinephrine | | |
| 3 Any medicine with parent/guardian permission | | |
| 4 Any medicine with physician or other authorized prescriber permission | | |
| 5 Other (SPECIFY): | | |

IF THIS INDIVIDUAL IS RESPONDING ONLY TO MODULE VI (MEDICATION ADMINISTRATION), END THIS INTERVIEW BY SAYING: Thank you so much for your time talking with me! Your answers will really help us get a feel for what schools like this one are doing and

what they need!

VII. OTHER HEALTH AND SOCIAL SERVICES

IF THIS IS A NEW RESPONDENT, READ INTRODUCTION, AND ASK QUESTION 52. IF THIS IS NOT A NEW RESPONDENT, SKIP TO Q.53.

52. You've been identified as a _____ for **(READ NAME OF SCHOOL)**. Is this correct? **IF YES, CHECK THE CORRECT BOX, AND GO ON TO QUESTION 53. IF NO, ASK:** What is your position? **CHECK THE ONE BEST ANSWER (1-6). RECORD (7) OTHER.**

- 1 School nurse
- 2 Health aide
- 3 Physician
- 4 Secretary
- 5 Teacher **(SPECIFY):**
- 6 Parent/guardian or other volunteer **(SPECIFY):**
- 7 Other **(SPECIFY):**

*53.**HANDCARD #10.** Looking at Handcard #10, are any of these health services available to students in or through your school? **IF NO, CHECK BOX AT TOP OF GRID, AND SKIP TO Q.57. IF YES, ASK:** Which services are available in or through your school? **CHECK ALL THAT APPLY (1-13) FOR APPROPRIATE SCHOOL(S). THEN ASK:** Aside from first aid, evaluation/assessment of sick students, immunization review, screenings, and medication administration, are there any other health services available in or through your school that aren't listed? **RECORD (14) OTHER.**

None of these services--SKIP TO Q.59

| SERVICES | Sr. high | Jr. high |
|---|----------|----------|
| 1 Alcohol and other drug rehabilitation | | |
| 2 Condom distribution | | |
| 3 Family counseling | | |
| 4 Group counseling | | |
| 5 Individual counseling | | |
| 6 Nutrition/weight management | | |
| 7 Pregnancy management | | |
| 8 Pregnancy prevention/family planning | | |
| 9 Pregnancy testing | | |
| 10 Primary health care | | |
| 11 STD diagnosis and treatment | | |
| 12 Suicide prevention | | |
| 13 Tobacco cessation | | |
| 14 Other (SPECIFY): | | |

54. **HANDCARD #11.** Looking at Handcard #11, which of these agencies or organizations provide funding for the services you just mentioned? Who provides funding for . . . **(ONE AT A TIME, READ ONLY THOSE SERVICES RESPONDENT LISTED IN Q.53, INCLUDING ANY GIVEN AS OTHER)? CHECK APPROPRIATE AGENCY/ORGANIZATION (COLUMNS 1-7), DON'T KNOW (DK--COLUMN 8), OR RECORD RESPONSE IN COLUMN (9) OTHER.**

- KEY:**1FED = Federal government
 2SEA = State education agency
 3LEA = Local education agency (district or county education office)
 4SCH = School
 5LHD = Local health department
 6HOS = Hospital
 7PG = Private group (foundation, HMO)
 8DK = Don't know
 9Other = Other funding sources

| SERVICE | (1) FED | (2) SEA | (3) LEA | (4) SCH | (5) LHD | (6) HOS | (7) PG | (8) DK | (9) Other |
|---|------------|------------|------------|------------|------------|------------|-----------|-----------|--------------|
| 1Alcohol and other drug rehabilitation | | | | | | | | | |
| 2Condom distribution | | | | | | | | | |
| 3Family counseling | | | | | | | | | |
| 4Group counseling | | | | | | | | | |
| 5Individual counseling | | | | | | | | | |
| 6Nutrition/ weight management | | | | | | | | | |
| 7Pregnancy management | | | | | | | | | |
| 8Pregnancy prevention/ family planning | | | | | | | | | |
| 9Pregnancy testing | | | | | | | | | |
| 10Primary health care | | | | | | | | | |
| 11STD diagnosis and treatment | | | | | | | | | |
| 12Suicide prevention | | | | | | | | | |
| 13Tobacco cessation | | | | | | | | | |
| 14Other (SPECIFY): | | | | | | | | | |

55. **HANDCARD #10.** Looking at Handcard #10, are any of these health services offered off your school grounds? **CHECK THE ONE BEST ANSWER.**

- 1 No
- 2 Yes

*56. **HANDCARD #10.** Looking at Handcard #10, is parent/guardian consent required for students to receive any of these services? **IF NO, CHECK BOX AT TOP OF GRID, AND GO ON TO NEXT QUESTION. IF YES, CHECK ALL THAT APPLY (1-13) FOR APPROPRIATE SCHOOL(S). RECORD (14) OTHER, AND CHECK FOR APPROPRIATE SCHOOL(S).**

No parent/guardian consent required for any services

| SERVICES | Sr. high | Jr. high |
|---|----------|----------|
| 1 Alcohol and other drug rehabilitation | | |
| 2 Condom distribution | | |
| 3 Family counseling | | |
| 4 Group counseling | | |
| 5 Individual counseling | | |
| 6 Nutrition/weight management | | |
| 7 Pregnancy management | | |
| 8 Pregnancy prevention/family planning | | |
| 9 Pregnancy testing | | |
| 10 Primary health care | | |
| 11 STD diagnosis and treatment | | |
| 12 Suicide prevention | | |
| 13 Tobacco cessation | | |
| 14 Other (SPECIFY): | | |

***57.HANDCARD #12.** Now I'd like to ask about social services that may be provided in your school. Looking at Handcard #12, are any of these social services offered in your school? **IF NO, CHECK BOX AT TOP OF GRID, AND GO ON TO NEXT QUESTION. IF YES, CHECK ALL THAT APPLY (1-7) FOR APPROPRIATE SCHOOL(S). THEN ASK:** Are other social services provided in your school that aren't listed? **RECORD (8) OTHER, AND CHECK FOR APPROPRIATE SCHOOL(S).**

No social services provided

| SOCIAL SERVICES | Sr. high | Jr. high |
|---|-----------------|-----------------|
| 1Adult literacy programs | | |
| 2After school day care programs | | |
| 3Infant care for teen mothers | | |
| 4Medicaid enrollment | | |
| 5Special Supplemental Food Program for Women, Infants, and Children (WIC) | | |
| 6Vocational rehabilitation | | |
| 7Youth development services (including employment development) | | |
| 8Other (SPECIFY): | | |

58.Does your school use outside providers for any of your social services? By outside providers, I mean any agency or individual who is not part of your school or your county or district education office. Outside providers may have a contract with your school or district. **CHECK THE ONE BEST ANSWER.**

- 1 No
- 2 Yes

IF THIS INDIVIDUAL IS RESPONDING ONLY TO MODULE VII (OTHER HEALTH AND SOCIAL SERVICES), END THIS INTERVIEW BY SAYING: Thank you so much for your time talking with me! Your answers will really help us get a feel for what schools like this one are doing and what they need!

HANDCARD #1

SCHOOL HEALTH NURSE SERVICES

1 First aid

2 Evaluation/assessment of sick students

3 Immunization review

4 Screenings

5 Medication administration

HANDCARD #2

FACILITIES

1 School-based health clinic that provides primary care

2 School-linked health clinic that provides primary care

3 School health services unit (health room)

4 School wellness center

HANDCARD #3

OTHER HEALTH PROFESSIONALS

- 1 None of these
- 2 Dental hygienist
- 3 Dentist
- 4 Hearing technician
- 5 Occupational therapist
- 6 Physical therapist
- 7 Physician
- 8 Vision technician

HANDCARD #4

MEDICAL INFORMATION FORMS

- 1 None of these
- 2 Allergies
- 3 Health history
- 4 Medical conditions or functional diagnosis
- 5 Medication dosage
- 6 Name of a contact person for emergencies
- 7 Physician preference

HANDCARD #5

HEALTH RECORDS

- 1 None of these
- 2 First aid records
- 3 Immunization records
- 4 Medical emergency form
- 5 Medical information form from parents/guardians
- 6 Medication administration directions
- 7 Physical examination report from physician or other health care provider
- 8 Referral records
- 9 Screening records
- 10 Tuberculosis skin test results

HANDCARD #6

STAFF PROVIDING SERVICES

1None of these people

2School nurse

3Health aide

4Physician

5Secretary

6Teacher

7Parent/guardian or other volunteer

8Students

HANDCARD #7

COLLABORATION IN HEALTH SERVICES

SCHOOL:

1None of these

2Health education

3Physical education

4School food service

5School counseling/psychology

6Parent/teacher or parent/teacher/student organizations

7Other academic classes

COMMUNITY:

1None of these

2Local health department

3Local hospital

4Voluntary health organizations, such as the American Cancer Society,
American Heart Association, or American Lung Association

HANDCARD #8

TRAINING IN HEALTH SERVICES

1Alcohol and other drug use prevention

2C.P.R.

3First aid

4HIV prevention

5Managing students with chronic conditions, such as asthma or diabetes

6Managing HIV infected students

7Managing technology supported students

8Pregnancy prevention/family planning

9Regulations of the Nurse Practice Act

10Suicide prevention

11Tobacco use prevention

12Universal precautions

13Violence prevention

HANDCARD #9

SCREENINGS

SCREENING:

1Hearing

2Vision

3Scoliosis

4Height/weight

5Blood pressure

6Oral health

7Tuberculosis

ACTIONS TAKEN:

3Parent/guardian notification

4Assistance with obtaining services

5Counting and reporting

HANDCARD #10

OTHER HEALTH SERVICES

1 Alcohol and other drug rehabilitation

2 Condom distribution

3 Family counseling

4 Group counseling

5 Individual counseling

6 Nutrition/weight management

7 Pregnancy management

8 Pregnancy prevention/family planning

9 Pregnancy testing

10 Primary health care

11 STD diagnosis and treatment

12 Suicide prevention

13 Tobacco cessation

HANDCARD #11

FUNDING AGENCIES AND ORGANIZATIONS

1Federal government

2State education agency

3Local education agency (district or diocese education office)

4School

5Local health department

6Hospital

7Private group such as a foundation or health maintenance organization (HMO)

HANDCARD #12

SOCIAL SERVICES

1Adult literacy programs

2After school day care programs

3Infant care for teen mothers

4Medicaid enrollment

5Special Supplemental Food Program for Women, Infants, and
Children (WIC)

6Vocational rehabilitation

7Youth development services (including employment development)