

2010 SCHOOL HEALTH PROFILES SCHOOL PRINCIPAL QUESTIONNAIRE

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

INSTRUCTIONS

1. This questionnaire should be completed by the **principal** (or the person acting in that capacity) and concerns only activities that occur in the school listed below for the grade span 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: _____ Grade span: _____

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

2010 SCHOOL HEALTH PROFILES PRINCIPAL QUESTIONNAIRE

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

	Area	Yes	No
a.	Physical activity	<input type="checkbox"/>	<input type="checkbox"/>
b.	Nutrition	<input type="checkbox"/>	<input type="checkbox"/>
c.	Tobacco-use prevention	<input type="checkbox"/>	<input type="checkbox"/>
d.	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
e.	Injury and violence prevention	<input type="checkbox"/>	<input type="checkbox"/>

- 2. The Elementary and Secondary Education Act requires certain schools to have a written School Improvement Plan (SIP). Many states and school districts also require schools to have a written SIP. Does your school's written SIP include health-related goals and objectives on any of the following topics? (Mark yes or no for each topic, or if your school does not have a SIP, mark "no SIP.")**

	Topic	Yes	No	No SIP
a.	Health education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Physical education and physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Nutrition services and foods and beverages available at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Mental health and social services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Healthy and safe school environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Family and community involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Faculty and staff health promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. **The Child Nutrition and WIC Reauthorization Act of 2004 requires school districts participating in federally subsidized child nutrition programs (e.g., National School Lunch Program or School Breakfast Program) to establish a local school wellness policy. Is your school required to report to your district each of the following types of information regarding implementation of the local wellness policy? (Mark yes or no for each.)**

Type of Information		Yes	No
a.	Number of minutes of physical education required in each grade.....	<input type="checkbox"/>	<input type="checkbox"/>
b.	Rates of student participation in school meal programs	<input type="checkbox"/>	<input type="checkbox"/>
c.	Revenue from sale of foods and beverages from school-sponsored fundraisers, vending machines, school stores, or a la carte lines in the school cafeteria	<input type="checkbox"/>	<input type="checkbox"/>
d.	Number of minutes of physical activity outside of physical education (e.g., classroom physical activity breaks, free time physical activity, or recess).....	<input type="checkbox"/>	<input type="checkbox"/>

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

- ☐ Yes
☐ No

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

- ☐ Yes
☐ No → **Skip to Question 7**

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

Group		Yes	No
a.	School administrators.....	<input type="checkbox"/>	<input type="checkbox"/>
b.	Health education teachers	<input type="checkbox"/>	<input type="checkbox"/>
c.	Physical education teachers	<input type="checkbox"/>	<input type="checkbox"/>
d.	Mental health or social services staff.....	<input type="checkbox"/>	<input type="checkbox"/>
e.	Nutrition or food service staff.....	<input type="checkbox"/>	<input type="checkbox"/>
f.	Health services staff (e.g., school nurse)	<input type="checkbox"/>	<input type="checkbox"/>
g.	Maintenance and transportation staff.....	<input type="checkbox"/>	<input type="checkbox"/>
h.	Technology staff	<input type="checkbox"/>	<input type="checkbox"/>
i.	Library/media center staff.....	<input type="checkbox"/>	<input type="checkbox"/>
j.	Student body	<input type="checkbox"/>	<input type="checkbox"/>
k.	Parents or families of students	<input type="checkbox"/>	<input type="checkbox"/>
l.	Community members.....	<input type="checkbox"/>	<input type="checkbox"/>
m.	Local health departments, agencies, or organizations	<input type="checkbox"/>	<input type="checkbox"/>
n.	Faith-based organizations	<input type="checkbox"/>	<input type="checkbox"/>
o.	Businesses	<input type="checkbox"/>	<input type="checkbox"/>
p.	Local government agencies.....	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

☐ Yes
☐ No

9. Does your school engage in each of the following practices related to lesbian, gay, bisexual, transgender, or questioning (LGBTQ) youth? (Mark yes or no for each practice.)

Practice	Yes	No
a. Identify “safe spaces” (e.g., a counselor’s office, designated classroom, or student organization) where LGBTQ youth can receive support from administrators, teachers, or other school staff	<input type="checkbox"/>	<input type="checkbox"/>
b. Prohibit harassment based on a student’s perceived or actual sexual orientation or gender identity.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Encourage staff to attend professional development on safe and supportive school environments for all students, regardless of sexual orientation or gender identity	<input type="checkbox"/>	<input type="checkbox"/>
d. Facilitate access to providers not on school property who have experience in providing health services, including HIV/STD testing and counseling, to LGBTQ youth	<input type="checkbox"/>	<input type="checkbox"/>
e. Facilitate access to providers not on school property who have experience in providing social and psychological services to LGBTQ youth	<input type="checkbox"/>	<input type="checkbox"/>

10. Has your school adopted a policy that addresses each of the following issues on human immunodeficiency virus (HIV) infection or AIDS? (Mark yes or no for each issue.)

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

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

Program	Yes	No
a. A student mentoring program	<input type="checkbox"/>	<input type="checkbox"/>
b. A safe-passages to school program.....	<input type="checkbox"/>	<input type="checkbox"/>
c. A program to prevent bullying.....	<input type="checkbox"/>	<input type="checkbox"/>
d. A program to prevent dating violence	<input type="checkbox"/>	<input type="checkbox"/>
e. A youth development program	<input type="checkbox"/>	<input type="checkbox"/>

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

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

REQUIRED PHYSICAL EDUCATION

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

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

- ☐ Yes
☐ No → Skip to Question 16

14. Is a required physical education course taught in each of the following grades in your school? (For each grade, mark yes or no, or if your school does not have that grade, mark "grade not taught in your school.")

	Grade	Yes	No	Grade not taught in your school
a.	6.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	7.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	8.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	9.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	10.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	11.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	12.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

PHYSICAL EDUCATION AND PHYSICAL ACTIVITY

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

☐ Yes
☐ No

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

Material	Yes	No
a. Goals, objectives, and expected outcomes for physical education.....	<input type="checkbox"/>	<input type="checkbox"/>
b. A chart describing the annual scope and sequence of instruction for physical education.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Plans for how to assess student performance in physical education.....	<input type="checkbox"/>	<input type="checkbox"/>
d. A written physical education curriculum.....	<input type="checkbox"/>	<input type="checkbox"/>

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

☐ Yes
☐ No

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

☐ Yes
☐ No

TOBACCO-USE PREVENTION POLICIES

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

☐ Yes
☐ 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Smokeless tobacco (i.e., chewing tobacco, snuff, or dip)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Cigars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Pipes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	During non-school hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Outside on school grounds, including parking lots and playing fields.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	On school buses or other vehicles used to transport students.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	At off-campus, school-sponsored events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Faculty and staff.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Visitors.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Does your school's tobacco-use prevention policy include guidelines on what actions the school should take when students are caught smoking cigarettes? (Mark one response.)

- ☐ Yes
☐ No

26. At your school, who is responsible for enforcing your tobacco-use prevention policy? (Mark one response.)

- ☐ No single individual is responsible
☐ Principal
☐ Assistant principal
☐ Other school administrator
☐ Other school faculty or staff member

27. Do each of the following criteria help determine what actions your school takes when students are caught smoking cigarettes? (Mark yes or no for each criterion.)

Criterion	Yes	No
a. Zero tolerance	<input type="checkbox"/>	<input type="checkbox"/>
b. Effect or severity of the violation	<input type="checkbox"/>	<input type="checkbox"/>
c. Grade level of student	<input type="checkbox"/>	<input type="checkbox"/>
d. Repeat offender status.....	<input type="checkbox"/>	<input type="checkbox"/>

28. 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.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Referred to a school counselor.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Referred to a school administrator.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Encouraged, but not required, to participate in an assistance, education, or cessation program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Required to participate in an assistance, education, or cessation program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Referred to legal authorities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Placed in detention.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Not allowed to participate in extra-curricular activities or interscholastic sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Given in-school suspension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Suspended from school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Expelled from school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Reassigned to an alternative school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

☐ Yes
☐ No

30. During the past two years, has your school done each of the following activities? (Mark yes or no for each activity.)

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

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

	Group	Yes		No
a.	Faculty and staff.....	<input type="checkbox"/>	<input type="checkbox"/>
b.	Students.....	<input type="checkbox"/>	<input type="checkbox"/>

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

	Group	Yes		No
a.	Faculty and staff.....	<input type="checkbox"/>	<input type="checkbox"/>
b.	Students.....	<input type="checkbox"/>	<input type="checkbox"/>

NUTRITION-RELATED POLICIES AND PRACTICES

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

- ☐ Foods or beverages are not offered at school celebrations
- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Always or almost always

- 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.)

- ☐ Yes
- ☐ No → **Skip to Question 37**

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

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

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

☐ Yes
☐ No

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

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

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

☐ Yes
☐ No

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

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

HEALTH SERVICES

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

☐ Yes
☐ No

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

☐ This school has no students with known asthma.
☐ All students with known asthma have an asthma action plan on file.
☐ Most students with known asthma have an asthma action plan on file.
☐ Some students with known asthma have an asthma action plan on file.
☐ No students with known asthma have an asthma action plan on file.

42. At your school, which of the following events are used to identify students with poorly controlled asthma? (Mark all that apply.)

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

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

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

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

- ☐ More than once per year
- ☐ Once per year
- ☐ Less than once per year
- ☐ No such requirement

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

- ☐ Yes
- ☐ No → **Skip to Q48**

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

Groups		Yes	No
a.	Students	<input type="checkbox"/>	<input type="checkbox"/>
b.	Parents and families	<input type="checkbox"/>	<input type="checkbox"/>

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

- ☐ No single individual is responsible
☐ Principal
☐ Assistant principal
☐ School nurse
☐ Other school faculty or staff member

FAMILY AND COMMUNITY INVOLVEMENT

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

Topic		Yes	No
a.	HIV, STD, or teen pregnancy prevention	<input type="checkbox"/>	<input type="checkbox"/>
b.	Tobacco-use prevention	<input type="checkbox"/>	<input type="checkbox"/>
c.	Physical activity	<input type="checkbox"/>	<input type="checkbox"/>
d.	Nutrition and healthy eating.....	<input type="checkbox"/>	<input type="checkbox"/>
e.	Asthma	<input type="checkbox"/>	<input type="checkbox"/>

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

Topic		Yes	No
a.	HIV, STD, or teen pregnancy prevention	<input type="checkbox"/>	<input type="checkbox"/>
b.	Tobacco-use prevention	<input type="checkbox"/>	<input type="checkbox"/>
c.	Physical activity	<input type="checkbox"/>	<input type="checkbox"/>
d.	Nutrition and healthy eating.....	<input type="checkbox"/>	<input type="checkbox"/>
e.	Asthma	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for your responses. Please return this questionnaire.