

Form Approved
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**Health Services
District Questionnaire**

Sample Copy-Do Not Complete

**School Health Policies and Programs Study 2006
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Health Services District Questionnaire

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Special Instructions

NOTE: THROUGHOUT THIS QUESTIONNAIRE, TEXT THAT APPEARS IN ALL CAPITAL LETTERS WILL NOT BE READ ALOUD TO RESPONDENTS.

THIS QUESTIONNAIRE WILL BE ADMINISTERED USING COMPUTER ASSISTED TELEPHONE INTERVIEW TECHNOLOGY. THE INTERVIEWER WILL READ THE QUESTIONS ALOUD AND TYPE RESPONSES TO THE QUESTIONS INTO THE COMPUTER. THE INTERVIEW PROGRAM WILL 1) DISPLAY THE CORRECT TENSE OF VERBS, 2) PROVIDE ALTERNATE ANSWERS TO QUESTIONS (E.G., NOT APPLICABLE, "I DON'T KNOW"), 3) NAVIGATE COMPLEX SKIP PATTERNS, AND 4) PERFORM OTHER USEFUL FUNCTIONS. THE PROGRAMMING SPECIFICATIONS FOR THE INTERVIEW ARE NOT INCLUDED IN THIS PRINTED VERSION OF THE QUESTIONNAIRE.

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

District Configuration

To save time, I would like to determine the school levels contained in your district and ask you only about those.

1a. Does your district contain elementary schools?

Yes1

No.....2

1b. What about middle or junior high schools?

Yes1

No.....2

1c. What about senior high schools?

Yes1

No.....2

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Student Health Records

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

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

	Yes	No
a. A physical health history	1	2
b. An emotional or mental health history.....	1	2
c. Tuberculosis screening results	1	2
d. Other screening records, such as vision or hearing.....	1	2
e. Immunization status	1	2
f. Medication needs	1	2
g. Dietary needs or restrictions	1	2
h. Severe food or other allergies	1	2
i. Physical activity restrictions	1	2
j. Asthma action plans.....	1	2
k. Emergency contact information.....	1	2
l. An authorization for emergency treatment	1	2
m. Insurance coverage information.....	1	2

Required Immunizations

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

IF DISTRICT DOES NOT CONTAIN ELEMENTARY SCHOOLS (Q1A IS "NO"), SKIP TO THE INSTRUCTIONS TO Q6.

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

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

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

Yes1
 No.....2 →SKIP TO Q6

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

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

Immediately excluded from attending classes,1
 Allowed to attend classes indefinitely, or2
 Are they allowed to attend for a specified
 number of days and then excluded?.....3

Required Immunizations

IF DISTRICT DOES NOT CONTAIN MIDDLE OR JUNIOR HIGH SCHOOLS (Q1B IS “NO”), SKIP TO THE INSTRUCTIONS TO Q7.

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

	Yes	No
a. A second measles-containing vaccine?.....	1.....	2.....
b. A hepatitis A vaccine?	1.....	2.....
c. A hepatitis B vaccine?	1.....	2.....
d. A chicken pox or varicella vaccine?	1.....	2.....
e. A tetanus booster?.....	1.....	2.....

IF DISTRICT DOES NOT CONTAIN SENIOR HIGH SCHOOLS (Q1C IS “NO”), SKIP TO THE INTRODUCTION TO Q8.

7. Has your district adopted a policy stating that students entering senior high school will have...

	Yes	No
a. A second measles-containing vaccine?.....	1.....	2.....
b. A hepatitis A vaccine?	1.....	2.....
c. A hepatitis B vaccine?	1.....	2.....
d. A chicken pox or varicella vaccine?	1.....	2.....
e. A tetanus booster?.....	1.....	2.....

Tuberculosis Testing

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

IF DISTRICT DOES NOT CONTAIN ELEMENTARY SCHOOLS (Q1A IS "NO"), SKIP TO Q9.

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

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

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

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

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

The district requires periodic TB testing for all students,1

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

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

IF Q8 IS 3 OR Q8 IS SKIPPED APPROPRIATELY AND Q9 IS 3, SKIP TO THE INTRODUCTION TO Q12.

IF Q8 IS 1 OR 2 OR IF Q8 IS SKIPPED AND Q9 IS 3, SKIP TO Q11.

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

- (These) students are tested in one particular grade,.....1
- (These) students are tested in more than one grade, but not every year, or2
- (These) students are tested every year?3

11. Which method are schools required to use when initially screening students for TB?

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

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Procedures for Student Medication

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

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

Yes1
No.....2 →SKIP TO Q15

13a. Has your district adopted a policy stating that a school nurse may administer medications to students?

Yes1
No.....2

13b. What about a school physician?

Yes1
No.....2

13c. What about a school health aide?

Yes1
No.....2

13d. What about teachers?

Yes1
No.....2

13e. What about other school staff, such as principals or secretaries?

Yes1
No.....2

IF Q13C, Q13D, OR Q13E ARE “YES,” CONTINUE TO Q14. OTHERWISE, SKIP TO Q15.

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

Yes1
No.....2

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

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

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

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

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

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

18. Does your district permit students to carry and self-administer medications?

Yes1
No.....2 →SKIP TO THE INTRODUCTION TO Q20A

19. Has your district adopted a policy stating that some students may carry and self-administer...

	Yes	No
a. A prescription quick-relief inhaler?	1.....	2.....
b. An epinephrine auto-injector, such as an EpiPen®?.....	1.....	2.....
c. Insulin or other injected medications?	1.....	2.....
d. Other prescribed medications?.....	1.....	2.....
e. Over-the-counter medications?.....	1.....	2.....

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Approach to Students or Staff with HIV or AIDS

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

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

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

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

Yes 1
No..... 2

Medicaid

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

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

Yes1
No.....2

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Collaboration

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

23a. During the past 12 months, have district health services staff worked on school health services activities with district-level health education staff?

Yes1
No.....2
District does not have district-level
health education staff3

23b. What about with district-level physical education staff?

Yes1
No.....2
District does not have district-level
physical education staff.....3

23c. What about with district-level nutrition or food service staff?

Yes1
No.....2
District does not have district-level
nutrition or food service staff.....3

23d. What about with district-level mental health or social services staff?

Yes1
No.....2
District does not have district-level
mental health or social services
staff3

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

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

25. During the past 12 months, has your district provided families with information on school health services?

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

Evaluation

The next questions ask about different aspects of your district's school health services program that might have been evaluated during the past two years.

26a. During the past two years, has the quality of the school health services program been evaluated?

Yes1
No.....2

26b. What about school health services policies?

Yes1
No.....2
District does not have school health services policies3

26c. What about school health services staff development or in-service programs?

Yes1
No.....2
District did not have school health services staff development or in-service programs in the past two years.....3

Injury Reports

The next question asks about your district’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.

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

Yes1
 No.....2 →SKIP TO THE
 INTRODUCTION TO Q30A

28. Has your district adopted a policy stating that the following information will be recorded on student injury reports?

	Yes	No
a. Location where injury occurred, such as playground or field, hallway or stairway.....	1.....	2.....
b. Activity during which injury occurred, such as baseball, sitting, or throwing.....	1.....	2.....
c. Nature of injury, such as bruise or burn.....	1.....	2.....
d. School staff who were present when the injury occurred.....	1.....	2.....
e. Cause of injury, such as a fall, equipment, or another student.....	1.....	2.....
f. Response of school staff to the injury, such as an EMS call or treatment provided by school staff.....	1.....	2.....
g. Immediate outcome of injury, such as hospitalization or school days missed by student.....	1.....	2.....

29. Has your district adopted a policy stating that schools will submit student injury report data to the school district or local health department?

Yes1
 No.....2

Standard Precautions

Next I'm going to ask about your district's policy regarding the application of standard precautions and the availability of these supplies.

30a. Has your district adopted a policy stating that supplies for applying standard or universal precautions, including disposable gloves and bandages, will be available in all classrooms?

Yes1
No.....2

30b. What about in the gymnasium, on playgrounds, or on playing fields?

Yes1
No.....2

30c. What about on school buses or in other vehicles used to transport students?

Yes1
No.....2

Sample Copy-Do Not Complete

Illness Reports

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

Yes1
No.....2

The next question asks about your district’s policy regarding students who experience a serious illness at school. By “serious illness,” I mean one requiring EMS response, or immediate care by a physician or other health care professional.

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

Yes1
No.....2

Sample Copy-Do Not Complete

Screening

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

33. Has your district adopted a policy stating that schools will screen students for hearing problems?

Yes1
No.....2 →SKIP TO Q35

34a. Has your district adopted a policy stating that a student’s parents or guardians will be notified when the student’s hearing screening indicates a potential problem?

Yes1
No.....2

34b. Has your district adopted a policy stating that a student’s teacher will be notified when the student’s hearing screening indicates a potential problem?

Yes1
No.....2

35. Has your district adopted a policy stating that schools will screen students for vision problems?

Yes1
No.....2 →SKIP TO Q37

36a. Has your district adopted a policy stating that a student’s parents or guardians will be notified when the student’s vision screening indicates a potential problem?

Yes1
No.....2

36b. Has your district adopted a policy stating that a student’s teacher will be notified when the student’s vision screening indicates a potential problem?

Yes1
No.....2

37. Has your district adopted a policy stating that schools will screen students for oral health problems?

Yes1
 No.....2 →SKIP TO Q39

38a. Has your district adopted a policy stating that a student’s parents or guardians will be notified when the student’s oral health screening indicates a potential problem?

Yes1
 No.....2

38b. Has your district adopted a policy stating that a student’s teacher will be notified when the student’s oral health screening indicates a potential problem?

Yes1
 No.....2

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

Yes1
 No.....2 →SKIP TO Q41

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

Yes1
 No.....2

41. Has your district adopted a policy stating that schools will screen students for scoliosis?

Yes1
 No.....2 →SKIP TO THE
 INTRODUCTION TO Q43

42a. Has your district adopted a policy stating that a student’s parents or guardians will be notified when the student’s scoliosis screening indicates a potential problem?

Yes1
 No.....2

42b. Has your district adopted a policy stating that a student's teacher will be notified when the student's scoliosis screening indicates a potential problem?

Yes1
No.....2

Sample Copy-Do Not Complete

Other Services

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

43. Has your district adopted a policy stating that schools will provide each of the following services to students when needed?

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

ANSWER Q44 IF DISTRICT CONTAINS MIDDLE/JUNIOR HIGH OR SENIOR HIGH SCHOOLS. OTHERWISE, SKIP TO Q45.

44. Has your district adopted a policy stating that middle, junior high, or senior high schools will make condoms available to students?

Yes	1
No.....	2

45. Has your district adopted a policy stating that school nurses will participate in the development of Individualized Education Programs, or IEPs, when indicated?

Yes	1
No.....	2

46. Has your district adopted a policy stating that school nurses will participate in the development of Individualized Health Plans, or IHPs?
- Yes1
No.....2
47. Has your district adopted a policy stating that school nurses will participate in the development of 504 plans, when indicated?
- Yes1
No.....2
48. Has your district adopted a policy stating that health services staff will follow “Do Not Resuscitate,” or DNR orders?
- Yes1
No.....2

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

49. Has your district adopted a policy stating that schools will provide...
- | | Yes | No |
|---|--------|--------|
| a. Nutrition and dietary behavior counseling?..... | 1..... | 2..... |
| b. Physical activity and fitness counseling?..... | 1..... | 2..... |
| c. Pregnancy prevention?..... | 1..... | 2..... |
| d. HIV prevention?..... | 1..... | 2..... |
| e. STD prevention?..... | 1..... | 2..... |
| f. Suicide prevention? | 1..... | 2..... |
| g. Tobacco use prevention?..... | 1..... | 2..... |
| h. Alcohol or other drug use prevention?..... | 1..... | 2..... |
| i. Violence prevention, for example bullying, fighting, or homicide?..... | 1..... | 2..... |
| j. Injury prevention and safety counseling?..... | 1..... | 2..... |

50. Has your district adopted a policy stating that schools will provide...

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

Staffing Characteristics

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

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

Associate's degree in nursing1
 Associate's degree in any field2
 Undergraduate degree in nursing3
 Undergraduate degree in any field.....4
 Graduate degree in nursing5
 Graduate degree in any field6
 No specific requirements described7

- 52a. Based on policies adopted by your district, will a newly hired school nurse have a Licensed Practical Nurse's or LPN's license?

Yes1
 No.....2

- 52b. What about a Registered Nurse's or RN's license?

Yes1
 No.....2

53. Based on policies adopted by your district, will a newly hired school nurse have...

Yes No NA

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

54. Has your district adopted a policy stating that school nurses will earn continuing education credits on health services topics?

Yes1
 No.....2

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

55. Has your district adopted a policy specifying a maximum student-to-school nurse ratio?

Yes1
 No.....2

56. Has your district adopted a policy stating that each school will have at least one full-time school nurse?

Yes1
 No.....2

57. Has your district adopted a policy stating that each school will have someone to oversee or coordinate health services at the school?

Yes1
 No.....2

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

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

	Yes	No
a. First aid?.....	1.....	2.....
b. CPR?	1.....	2.....
c. Administration of medications?.....	1.....	2.....
d. Immunizations?.....	1.....	2.....
e. Identification or school-based management of acute illnesses?	1.....	2.....
f. Identification or school-based management of chronic health conditions, such as asthma or diabetes?.....	1.....	2.....
g. Tracking of students with chronic health conditions?	1.....	2.....
h. Case management for students with chronic health conditions, such as asthma or diabetes?.....	1.....	2.....
i. Case management for students with disabilities?	1.....	2.....
j. Sports physicals?.....	1.....	2.....
k. Oral health problems?	1.....	2.....
l. Administration of fluoride rinses?	1.....	2.....

Staffing Characteristics

- m. Application of dental sealants?1.....2
- n. Prenatal care?1.....2
- o. Identification or treatment of STDs?1.....2
- p. Infectious disease prevention, for example hand hygiene or food safety?.....1.....2

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

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

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

- | | Yes | No |
|---|-----|----|
| a. Teaching self-management of chronic health conditions, such as asthma or diabetes? | 1 | 2 |
| b. Tobacco use cessation?..... | 1 | 2 |
| c. Alcohol or other drug use treatment?..... | 1 | 2 |
| d. Crisis intervention for personal problems?..... | 1 | 2 |
| e. Emergency preparedness?..... | 1 | 2 |
| f. Identification of emotional or behavioral disorders, such as anxiety, depression, or ADHD? | 1 | 2 |
| g. Counseling for emotional or behavioral disorders, such as anxiety, depression, or ADHD? | 1 | 2 |
| h. Stress management?..... | 1 | 2 |
| i. Weight management?..... | 1 | 2 |
| j. Eating disorders treatment?..... | 1 | 2 |
| k. HIV counseling, testing, and referral? | 1 | 2 |
| l. Identification of or referral for physical, sexual, or emotional abuse?..... | 1 | 2 |

- m. After-school programs such as day-care or supervised recreation?.....1.....2
- n. Services for gay, lesbian, or bisexual students?.....1.....2
- o. Child care options for teen mothers?1.....2
- p. Enrollment in WIC or accessing food stamps or food banks?1.....2
- q. Enrollment in Medicaid or SCHIP?1.....2
- r. Accessing benefits for students with disabilities?1.....2
- s. Foodborne illness outbreak detection and response?.....1.....2
- t. Federal laws that protect the privacy of student health information, for example HIPAA or FERPA?.....1.....2

Now I'd like to ask you about organizations in your district that might employ school nurses.

61. In your district, are school nurses employed by...

	Yes	No
a. The school district?.....	1.....	2.....
b. Schools?.....	1.....	2.....
c. Local health departments?.....	1.....	2.....
d. Local hospitals?.....	1.....	2.....
e. Local mental health or social services agencies?.....	1.....	2.....
f. Universities or medical schools?.....	1.....	2.....
g. Managed care organizations?.....	1.....	2.....

The next question asks about your district's policy regarding school health aide supervision requirements. By "supervision," I mean training and monitoring.

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

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

School health aides are not employed by the district.....3 →SKIP TO THE INTRODUCTION TO Q64

IF Q13C IS “NO,” SKIP TO THE INTRODUCTION TO Q64.

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

Yes1
No.....2

The next questions ask about staff development for teachers and other school staff.

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

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

Model Policies

The next question asks about model policies that may be provided to schools in your district. This might include policies developed by your state, or those based on model policies developed elsewhere.

65. Does your district provide model policies to schools on...

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

School-Based Health Center Services

The following questions ask about health services offered at school-based health centers—that is, health centers on school property where enrolled students can receive primary care, including diagnostic and treatment services. These services are usually provided by a nurse practitioner or physician’s assistant. Please do not include a traveling or mobile health center.

66. Currently, how many school-based health centers offer health services to students in your district?

_____ School-based health centers

IF Q66 IS 0, SKIP TO THE INTRODUCTION TO Q69.

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

Yes1
No.....2

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

Yes1
No.....2

Services at Other Sites

This next set of questions asks about health services delivered to students at other sites not on school property regardless of whether the services are paid for by the school system. These services may be provided by health care professionals who work at school-linked health centers or who have a contract, memorandum of agreement, or other similar arrangement with the district or school to provide health services to students.

69. Currently, does your district have such arrangements to provide health services when needed to students in your district?

Yes1
 No.....2 →SKIP TO Q72

The next question asks which organizations or health care professionals have arrangements with your district to provide health services to students when needed.

70. Does your district have arrangements with...

	Yes	No
a. A school-linked health center?.....	1.....	2.....
b. A community health clinic?.....	1.....	2.....
c. A local health department?.....	1.....	2.....
d. A local hospital?.....	1.....	2.....
e. A local mental health or social services agency?.....	1.....	2.....
f. A university or medical school?.....	1.....	2.....
g. A managed care organization?.....	1.....	2.....
h. A private physician?.....	1.....	2.....
i. A private dentist?.....	1.....	2.....

The next question asks about arrangements your district may have with organizations or health care professionals to provide health services at other sites.

71. Does your district have arrangements with any organizations or health care professionals 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
m. Prenatal care or prenatal care referrals?	1	2
n. Identification or treatment of STDs?	1	2

Health Services Coordinator

72. Currently, does someone in your district oversee or coordinate school health services?

Yes1

No.....2

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

73. Are you this person?

Yes1

No.....2

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

74. Who do you work for?

MARK ALL THAT APPLY

School district1

Local health department.....2

Local hospital.....3

Local mental health or social services agency4

University or medical school5

Managed care organization6

Other7

The last set of questions ask about your educational background.

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

- Less than high school.....1 →That is the last question.
Thank you very much for taking the time to complete this interview.
- High school or GED.....2 →That is the last question.
Thank you very much for taking the time to complete this interview.
- Associate’s degree3
- Undergraduate degree4
- Master’s degree5
- Doctoral degree.....6

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

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

IF Q75 IS 3, SKIP TO Q80.

77. Did you have an undergraduate minor?

- Yes1
- No.....2 →SKIP TO THE INSTRUCTIONS BEFORE Q79

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

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

IF Q75 IS 3 OR 4, SKIP TO Q80.

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

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

80. 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 | | |

81. 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 | | | |

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

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

Sample Copy-Do Not Complete