

2020 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. Return the questionnaire in the envelope provided.

Person completing this questionnaire

Name: _____
Title: _____
School name: _____
District: _____
Telephone number: _____

To be completed by the agency 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

**2020 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 education and 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. Alcohol- and other drug-use prevention	<input type="checkbox"/>	<input type="checkbox"/>
e. Chronic health conditions (e.g., asthma, food allergies).....	<input type="checkbox"/>	<input type="checkbox"/>
f. Unintentional injury and violence prevention (safety)	<input type="checkbox"/>	<input type="checkbox"/>
g. Sexual health, including HIV, other STD, and pregnancy 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 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. School meal programs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Foods and beverages available at school outside the school meal programs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Counseling, psychological, and social services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Physical environment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Social and emotional climate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Family engagement.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Community involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Employee wellness.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. During the past year, did your school review health and safety data such as Youth Risk Behavior Survey data or fitness data as part of your school’s improvement planning process? (Mark one response.)

- Yes
- No
- Our school did not engage in an improvement planning process during the past year.

4. Each local education agency participating in the National School Lunch Program or the School Breakfast Program is required to develop and implement a local wellness policy.

During the past year, has anyone at your school done any of the following activities?
(Mark yes or no for each activity.)

Activity	Yes	No
a. Reviewed your district’s local wellness policy.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Helped revise your district’s local wellness policy.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Communicated to school staff about your district’s local wellness policy	<input type="checkbox"/>	<input type="checkbox"/>
d. Communicated to parents and families about your district’s local wellness policy	<input type="checkbox"/>	<input type="checkbox"/>
e. Communicated to students about your district’s local wellness policy	<input type="checkbox"/>	<input type="checkbox"/>
f. Measured your school’s compliance with your district’s local wellness policy	<input type="checkbox"/>	<input type="checkbox"/>
g. Developed an action plan that describes steps to meet requirements of your district’s local wellness policy	<input type="checkbox"/>	<input type="checkbox"/>

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

- Yes
- No

6. Is there one or more than one group (e.g., school health council, committee, 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 8**

7. **During the past year, has any school health council, committee, or team at your school done any of the following activities?** (Mark yes or no for each activity.)

Activity	Yes	No
a. Identified student health needs based on a review of relevant data.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Recommended new or revised health and safety policies and activities to school administrators or the school improvement team	<input type="checkbox"/>	<input type="checkbox"/>
c. Sought funding or leveraged resources to support health and safety priorities for students and staff	<input type="checkbox"/>	<input type="checkbox"/>
d. Communicated the importance of health and safety policies and activities to district administrators, school administrators, parent-teacher groups, or community members.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Reviewed health-related curricula or instructional materials	<input type="checkbox"/>	<input type="checkbox"/>

BEFORE- OR AFTER-SCHOOL PROGRAMS

(Definition: Before- or after-school programs are supervised programs, such as academic programs [e.g., reading or math focused programs], specialty programs [e.g., sports teams, arts enrichment], and multipurpose programs that provide an array of activities. Such programs may be offered by the school, school district, or an external organization [e.g., 21st Century Community Learning Centers, Boys & Girls Clubs, YMCAs] and can take place on school grounds or in the community.)

8. **During the past year, has your school taken any of the following actions related to before- or after-school programs?** (Mark yes or no for each action.)

Action	Yes	No
a. Included before- or after-school settings as part of the School Improvement Plan.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Encouraged before- or after-school program staff or leaders to participate in school health council, committee, or team meetings ...	<input type="checkbox"/>	<input type="checkbox"/>
c. Partnered with community-based organizations (e.g., Boys & Girls Clubs, YMCA, 4H Clubs) to provide students with before- or after-school programming	<input type="checkbox"/>	<input type="checkbox"/>

SEXUAL ORIENTATION

9. **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 or Genders and Sexualities Alliances.** (Mark one response.)

- Yes
- No

10. 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, 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"/>

BULLYING AND SEXUAL HARASSMENT

(Definitions: “Bullying” means when one or more students tease, threaten, spread rumors about, hit, shove, or hurt another student repeatedly. “Sexual harassment” means unwelcome conduct of a sexual nature, including unwelcome sexual advances, requests for sexual favors, and other verbal, nonverbal, or physical conduct of a sexual nature. “Electronic aggression,” sometimes called cyber-bullying, is a type of bullying or sexual harassment that occurs when students use a cell phone, the Internet, or other electronic communication devices to send or post text, pictures, or videos intended to threaten, harass, humiliate, or intimidate other students.)

11. During the past year, did all staff at your school receive professional development on preventing, identifying, and responding to student bullying and sexual harassment, including electronic aggression? (Mark one response.)

- Yes
- No

12. Does your school have a designated staff member to whom students can confidentially report student bullying and sexual harassment, including electronic aggression? (Mark one response.)

- Yes
- No

13. Does your school use electronic (e.g., e-mails, school web site), paper (e.g., flyers, postcards), or oral (e.g., phone calls, parent seminars) communication to publicize and disseminate policies, rules, or regulations on bullying and sexual harassment, including electronic aggression? (Mark one response.)

- Yes
 No

REQUIRED PHYSICAL EDUCATION

(Definition: Required physical education means 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.)

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"/>

PHYSICAL EDUCATION AND PHYSICAL ACTIVITY

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

- Yes
 No

16. Does your school engage in the following physical education practices? (Mark yes or no for each practice.)

Practice	Yes	No
a. Provide physical education teachers with a written physical education curriculum that aligns with national standards for physical education	<input type="checkbox"/>	<input type="checkbox"/>
b. Require physical education teachers to follow a written physical education curriculum	<input type="checkbox"/>	<input type="checkbox"/>
c. Allow the use of waivers, exemptions, or substitutions for physical education requirements for one grading period or longer	<input type="checkbox"/>	<input type="checkbox"/>
d. Allow teachers to exclude students from physical education to punish them for inappropriate behavior or failure to complete class work in another class	<input type="checkbox"/>	<input type="checkbox"/>
e. Require physical education teachers to be certified, licensed, or endorsed by the state in physical education	<input type="checkbox"/>	<input type="checkbox"/>
f. Limit physical education class sizes so that they are the same size as other subject areas	<input type="checkbox"/>	<input type="checkbox"/>
g. Have a dedicated budget for physical education materials and equipment.....	<input type="checkbox"/>	<input type="checkbox"/>
h. Provide adapted physical education (i.e., special courses separate from regular PE courses) for students with disabilities as appropriate	<input type="checkbox"/>	<input type="checkbox"/>
i. Include students with disabilities in regular physical education courses as appropriate	<input type="checkbox"/>	<input type="checkbox"/>

17. Outside of physical education, do students participate in physical activity in classrooms during the school day? (Mark one response.)

- Yes
- No

18. Not including physical education and classroom physical activity, does your school offer opportunities for all students to be physically active during the school day, such as recess, lunchtime intramural activities, or physical activity clubs? (Mark one response.)

- Yes
- No

19. Does your school offer interscholastic sports to students? (Mark one response.)

- Yes
- No

20. Does your school offer opportunities for students to participate in physical activity through organized physical activities or access to facilities or equipment for physical activity during the following times? (Mark yes or no for each time.)

Time		Yes	No
a.	Before the school day.....	<input type="checkbox"/>	<input type="checkbox"/>
b.	After the school day	<input type="checkbox"/>	<input type="checkbox"/>

21. A joint use agreement is a formal agreement between a school or school district and another public or private entity to jointly use either school facilities or community facilities to share costs and responsibilities. Does your school, either directly or through the school district, have a joint use agreement for shared use of the following school or community facilities? (Mark yes or no for each facility.)

Facility		Yes	No
a.	Physical activity or sports facilities	<input type="checkbox"/>	<input type="checkbox"/>
b.	Kitchen facilities and equipment	<input type="checkbox"/>	<input type="checkbox"/>
c.	Gardens	<input type="checkbox"/>	<input type="checkbox"/>

22. Does your school have a written plan for providing opportunities for students to be physically active before, during, and after school? This also may be referred to as a Comprehensive School Physical Activity Program plan. (Mark one response.)

- Yes
- No

23. During the past year, has your school assessed opportunities available to students to be physically active before, during, or after school? (Mark one response.)

- Yes
- No

TOBACCO-USE PREVENTION POLICIES

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

- Yes
- No → **Skip to Question 28**

25. 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 (e.g., chewing tobacco, snuff, dip, snus, dissolvable tobacco).....	<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"/>
e.	Electronic vapor products (e.g., e-cigarettes, vapes, vape pens, e-hookahs, mods, or brands such as JUUL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. 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"/>

27. 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"/>

NUTRITION-RELATED POLICIES AND PRACTICES

28. 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

29. 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 31**

30. 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. Low sodium or “no added salt” pretzels, crackers, or chips	<input type="checkbox"/>	<input type="checkbox"/>
e. Cookies, crackers, cakes, pastries, or other baked goods that are not low in fat	<input type="checkbox"/>	<input type="checkbox"/>
f. Ice cream or frozen yogurt that is not low in fat	<input type="checkbox"/>	<input type="checkbox"/>
g. 2% or whole milk (plain or flavored)	<input type="checkbox"/>	<input type="checkbox"/>
h. Nonfat or 1% (low-fat) milk (plain)	<input type="checkbox"/>	<input type="checkbox"/>
i. Water ices or frozen slushes that do not contain juice	<input type="checkbox"/>	<input type="checkbox"/>
j. Soda pop or fruit drinks that are not 100% juice	<input type="checkbox"/>	<input type="checkbox"/>
k. Sports drinks (e.g., Gatorade)	<input type="checkbox"/>	<input type="checkbox"/>
l. Energy drinks (e.g., Red Bull, Monster)	<input type="checkbox"/>	<input type="checkbox"/>
m. Plain water, with or without carbonation (e.g., Dasani, Aquafina, Smart Water)	<input type="checkbox"/>	<input type="checkbox"/>
n. Calorie-free, flavored water, with or without carbonation (e.g., Dasani Flavors, Aquafina FlavorSplash)	<input type="checkbox"/>	<input type="checkbox"/>
o. 100% fruit or vegetable juice	<input type="checkbox"/>	<input type="checkbox"/>
p. Foods or beverages containing caffeine	<input type="checkbox"/>	<input type="checkbox"/>
q. Fruits (not fruit juice)	<input type="checkbox"/>	<input type="checkbox"/>
r. Non-fried vegetables (not vegetable juice)	<input type="checkbox"/>	<input type="checkbox"/>

31. 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.	Served locally or regionally grown foods in the cafeteria or classrooms	<input type="checkbox"/>	<input type="checkbox"/>
f.	Planted a school food or vegetable garden	<input type="checkbox"/>	<input type="checkbox"/>
g.	Placed fruits and vegetables near the cafeteria cashier, where they are easy to access	<input type="checkbox"/>	<input type="checkbox"/>
h.	Used attractive displays for fruits and vegetables in the cafeteria.....	<input type="checkbox"/>	<input type="checkbox"/>
i.	Offered a self-serve salad bar to students	<input type="checkbox"/>	<input type="checkbox"/>
j.	Encouraged students to drink plain water	<input type="checkbox"/>	<input type="checkbox"/>
k.	Prohibited school staff from giving students food or food coupons as a reward for good behavior or good academic performance	<input type="checkbox"/>	<input type="checkbox"/>
l.	Prohibited less nutritious foods and beverages (e.g., candy, baked goods) from being sold for fundraising purposes	<input type="checkbox"/>	<input type="checkbox"/>

32. 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 school buildings.....	<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, other school publications)	<input type="checkbox"/>	<input type="checkbox"/>
e. In curricula or other educational materials (including assignment books, school supplies, book covers, and electronic media)	<input type="checkbox"/>	<input type="checkbox"/>

33. Are students permitted to have a drinking water bottle with them during the school day? (Mark one response.)

- Yes, in all locations
- Yes, in certain locations
- No

34. Does your school offer a free source of drinking water in the following locations? (Mark yes or no for each location, or mark NA if your school does not have that location.)

Location	Yes	No	NA
a. Cafeteria during breakfast.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Cafeteria during lunch.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Gymnasium or other indoor physical activity facilities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Outdoor physical activity facilities or sports fields.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Hallways throughout the school.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HEALTH SERVICES

35. 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

36. Is there a part-time registered nurse who provides health services to students at your school? (A part-time nurse means that a nurse is at the school less than 5 days a week, less than all school hours, or both.) (Mark one response.)

- Yes
- No

37. Does your school have a school-based health center that offers health services to students? (School-based health centers are places on school campus 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.) (Mark one response.)

- Yes
- No

38. Does your school provide the following services to students? (Mark yes or no for each service.)

Service	Yes	No
a. HIV testing.....	<input type="checkbox"/>	<input type="checkbox"/>
b. HIV treatment (ongoing medical care for persons living with HIV)....	<input type="checkbox"/>	<input type="checkbox"/>
c. STD testing	<input type="checkbox"/>	<input type="checkbox"/>
d. STD treatment.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Pregnancy testing.....	<input type="checkbox"/>	<input type="checkbox"/>
f. Provision of condoms	<input type="checkbox"/>	<input type="checkbox"/>
g. Provision of condom-compatible lubricants (i.e., water- or silicone-based)	<input type="checkbox"/>	<input type="checkbox"/>
h. Provision of contraceptives other than condoms (e.g., birth control pill, birth control shot, intrauterine device [IUD]).....	<input type="checkbox"/>	<input type="checkbox"/>
i. Prenatal care.....	<input type="checkbox"/>	<input type="checkbox"/>
j. Human papillomavirus (HPV) vaccine administration.....	<input type="checkbox"/>	<input type="checkbox"/>
k. Assessment for alcohol or other drug use, abuse, or dependency	<input type="checkbox"/>	<input type="checkbox"/>
l. Daily medication administration for students with chronic health conditions (e.g., asthma, diabetes).....	<input type="checkbox"/>	<input type="checkbox"/>
m. Stock rescue or “as needed” medication for any student experiencing a health emergency (e.g., asthma episode, severe allergic reaction)	<input type="checkbox"/>	<input type="checkbox"/>
n. Case management for students with chronic health conditions (e.g., asthma, diabetes).....	<input type="checkbox"/>	<input type="checkbox"/>

39. Does your school provide students with referrals to any organizations or health care professionals not on school property for the following services? (Mark yes or no for each service.)

Service	Yes	No
a. HIV testing.....	<input type="checkbox"/>	<input type="checkbox"/>
b. HIV treatment (ongoing medical care for persons living with HIV)....	<input type="checkbox"/>	<input type="checkbox"/>
c. nPEP (non-occupational post-exposure prophylaxis for HIV— a short course of medication given within 72 hours of exposure to infectious bodily fluids from a person known to be HIV positive)	<input type="checkbox"/>	<input type="checkbox"/>
d. PrEP (pre-exposure prophylaxis for HIV—medication taken daily to prevent HIV infection for those at substantial risk for HIV)	<input type="checkbox"/>	<input type="checkbox"/>
e. STD testing	<input type="checkbox"/>	<input type="checkbox"/>
f. STD treatment.....	<input type="checkbox"/>	<input type="checkbox"/>
g. Pregnancy testing	<input type="checkbox"/>	<input type="checkbox"/>
h. Provision of condoms	<input type="checkbox"/>	<input type="checkbox"/>
i. Provision of condom-compatible lubricants (i.e., water- or silicone-based)	<input type="checkbox"/>	<input type="checkbox"/>
j. Provision of contraceptives other than condoms (e.g., birth control pill, birth control shot, intrauterine device [IUD]).....	<input type="checkbox"/>	<input type="checkbox"/>
k. Prenatal care.....	<input type="checkbox"/>	<input type="checkbox"/>
l. Human papillomavirus (HPV) vaccine administration.....	<input type="checkbox"/>	<input type="checkbox"/>
m. Alcohol or other drug abuse treatment.....	<input type="checkbox"/>	<input type="checkbox"/>

40. Does your school have a protocol that ensures students with a chronic condition that may require daily or emergency management (e.g., asthma, diabetes, food allergies) are enrolled in private, state, or federally funded insurance programs if eligible? (Mark one response.)

- Yes
- No

41. Does your school routinely use school records to identify and track students with a current diagnosis of the following chronic conditions? School records might include student emergency cards, medication records, health room visit information, emergency care and daily management plans, physical exam forms, or parent notes. (Mark yes or no for each condition.)

Condition		Yes	No
a.	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
b.	Food allergies	<input type="checkbox"/>	<input type="checkbox"/>
c.	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
d.	Epilepsy or seizure disorder	<input type="checkbox"/>	<input type="checkbox"/>
e.	Obesity	<input type="checkbox"/>	<input type="checkbox"/>
f.	Hypertension/high blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
g.	Oral health condition (e.g., abscess, tooth decay).....	<input type="checkbox"/>	<input type="checkbox"/>

42. Does your school provide referrals to any organizations or health care professionals not on school property for students diagnosed with or suspected to have any of the following chronic conditions? Include referrals to school-based health centers, even if they are located on school property. (Mark yes or no for each condition.)

Condition		Yes	No
a.	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
b.	Food allergies	<input type="checkbox"/>	<input type="checkbox"/>
c.	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
d.	Epilepsy or seizure disorder	<input type="checkbox"/>	<input type="checkbox"/>
e.	Obesity	<input type="checkbox"/>	<input type="checkbox"/>
f.	Hypertension/high blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
g.	Oral health condition (e.g., abscess, tooth decay).....	<input type="checkbox"/>	<input type="checkbox"/>

43. Which of the following best describes your school’s practices regarding parental consent and notification when sexual or reproductive health services, such as STD testing or pregnancy testing, are provided by your school? (Mark one response.)

- This school does **not provide** any sexual or reproductive health services.
- Parental consent is required before any sexual or reproductive health services are **provided**.
- Parental consent is **not** required for sexual or reproductive health services and parents are provided with information about services **provided** only upon request.
- Parental consent is **not** required for sexual or reproductive health services, but parents may be notified depending on the service **provided**.
- Parental consent is **not** required for sexual or reproductive health services, but parents are notified about all services **provided**.
- Parental consent is **not** required for sexual or reproductive health services and parents are **not** notified about any services **provided**.

44. Which of the following best describes your school’s practices regarding parental consent and notification when sexual or reproductive health services, such as STD testing or pregnancy testing, are referred by your school? (Mark one response.)

- This school does **not refer** any sexual or reproductive health services.
- Parental consent is required before any sexual or reproductive health services are **referred**.
- Parental consent is **not** required for sexual or reproductive health services and parents are provided with information about **referrals** provided only upon request.
- Parental consent is **not** required for sexual or reproductive health services, but parents may be notified depending on the **referral** provided.
- Parental consent is **not** required for sexual or reproductive health services, but parents are notified about all **referrals** provided.
- Parental consent is **not** required for sexual or reproductive health services and parents are **not** notified about any **referrals** provided.

45. During the past two years, did any staff in your school receive professional development on each of the following topics? (Mark yes or no for each topic.)

Topic	Yes	No
a. Basic sexual health overview including community-specific information about STD, HIV, and unplanned pregnancy rates and prevention strategies.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Sexual health services that adolescents should receive	<input type="checkbox"/>	<input type="checkbox"/>
c. Laws and policies related to adolescent sexual health services, such as minor consent for sexual health services.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Importance of maintaining student confidentiality for sexual health services.....	<input type="checkbox"/>	<input type="checkbox"/>
e. How to create or use a student referral guide for sexual health services.....	<input type="checkbox"/>	<input type="checkbox"/>
f. How to make successful referrals of students to sexual health services.....	<input type="checkbox"/>	<input type="checkbox"/>
g. Best practices for adolescent sexual health services provision, such as making services youth-friendly	<input type="checkbox"/>	<input type="checkbox"/>
h. Ensuring sexual health services are inclusive of lesbian, gay, bisexual, and transgender students.....	<input type="checkbox"/>	<input type="checkbox"/>

FAMILY AND COMMUNITY INVOLVEMENT

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

Activity	Yes	No
a. Provided parents with information to support parent-adolescent communication about sex	<input type="checkbox"/>	<input type="checkbox"/>
b. Provided parents with information to support parent-adolescent communication about topics other than sex.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Provided parents with information about how to monitor their teen (e.g., setting parental expectations, keeping track of their teen, responding when their teen breaks the rules)	<input type="checkbox"/>	<input type="checkbox"/>
d. Provided parents with information to support one-on-one time between adolescents and their health care providers	<input type="checkbox"/>	<input type="checkbox"/>
e. Provided parents with information about physical education and physical activity programs	<input type="checkbox"/>	<input type="checkbox"/>
f. Involved parents as school volunteers in the delivery of health education activities and services	<input type="checkbox"/>	<input type="checkbox"/>
g. Involved parents as school volunteers in physical education or physical activity programs	<input type="checkbox"/>	<input type="checkbox"/>
h. Linked parents and families to health services and programs in the community	<input type="checkbox"/>	<input type="checkbox"/>
i. Provided disease-specific education for parents and families of students with chronic health conditions (e.g., asthma, diabetes)...	<input type="checkbox"/>	<input type="checkbox"/>
j. Provided parents with information about before- or after-school programs available in the community	<input type="checkbox"/>	<input type="checkbox"/>

(Definition: A positive youth development program is any prosocial activity that engages youth within their communities, schools, organizations, peer groups, and families to enhance their strengths and promote positive outcomes.)

47. Currently, does your school implement any of the following school-based positive youth development programs? (A school-based program is one that is led by the school or school district.) (Mark yes or no for each program.)

Program	Yes	No
a. Service-learning programs, that is, community service designed to meet specific learning objectives.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Mentoring programs, that is, programs in which family or community members serve as role models to students or mentor students	<input type="checkbox"/>	<input type="checkbox"/>

48. Currently, does your school connect students to any of the following community-based positive youth development programs? (A community-based program is one that is led by a community organization, but to which your school refers students. Include only community-based programs that are collaborations between your school and the program.) (Mark yes or no for each program.)

Program	Yes	No
a. Service-learning programs, that is, community service designed to meet specific learning objectives.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Mentoring programs, that is, programs in which family or community members serve as role models to students or mentor students	<input type="checkbox"/>	<input type="checkbox"/>

49. During the past two years, have students' families helped develop or implement policies and programs related to school health? (Mark one response.)

- Yes
- No

Thank you for your responses. Please return this questionnaire.