

ICPSR 28241

Health Behavior in School-Aged Children (HBSC), 2005-2006

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School Administrator Survey

SAMHDA

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Definitions

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Center for Behavioral Health Statistics and Quality

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Inter-university Consortium for Political and Social Research

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Summary

Since 1982, the World Health Organization (WHO) Regional Office for Europe has sponsored a cross-national, school-based study of health-related attitudes and behaviors of young people. These studies, generally known as Health Behavior in School-Aged Children (HBSC), are based on independent national surveys of school-aged children in as many as 30 participating countries. The HBSC studies were conducted every four years since the 1985-1986 school year. The data available here are from the results of the United States survey conducted during the 2005-2006 school year. The study results can be used as stand-alone data, or to compare with the other countries involved in the international HBSC. The HBSC study has two main objectives. The first objective is to monitor health-risk behaviors and attitudes in youth over time to provide background data and to identify targets for health promotion initiatives. The second objective is to provide researchers with relevant information in order to understand and explain the development of health attitudes and behaviors through early adolescence. The study contains questions dealing with many types of drugs such as tobacco, alcohol, marijuana, and other substances. Other topics include questions about family composition, the student's physical health, and other health behaviors and attitudes. Some of these topics include eating habits, dieting, physical activity, body image, health problems, and bullying. A school administrator also completed a survey concerning the school's programs and policies that affect students' health and the content of various health courses.

Universe

The universe consisted of public, Catholic, and other private school students in grades 6, 7, 8, 9, and 10 or their equivalent in the 50 states and the District of Columbia.

Data Type

Survey data

Data Source

On-site questionnaire

Additional Information for Study 28241

<http://www.icpsr.umich.edu/icpsrweb/SAMHDA/studies/28241>

Study Citation

We appreciate the [appropriate citation](#) for study documentation obtained from SAMHDA. The study description for this study includes a [suggested bibliographic citation](#) for the data.



ADMINISTRATOR SURVEY

The purpose of this questionnaire is to assess physical education, nutrition, tobacco, violence, and health programs and policies in your school. Follow the instructions for each question, checking the response that best represents your answer. Thanks for your cooperation. Your answers will be kept confidential.

The following two (2) questions ask about physical education and after school physical activity programs.

1. Is physical education (PE) required for students in grades 6, 7, 8, 9, or 10 in this school?
(Check one response)

1 No (SKIP TO QUESTION 2)

2 Yes

3 Don't know (SKIP TO QUESTION 2)

1b. Please indicate the number of days per week in which physical education (PE) classes are required in your school for each of the following grades:
(Check one response for each item. If PE is not required for the entire school year, please estimate average for full school year, e.g., 3days/week for 1/3 of school year = 1day/week average across full school year.)

	1	2	3	4	5	6	7
	0 days	1 day	2 days	3 days	4 days	5 days	This grade level is not in our school
Grade 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

1 No

2 Yes

The following nine (9) questions ask about nutrition-related policies and practices at this school.

3. Can students purchase snack food or beverages from vending machines at school or a school store, canteen, or snack bar?
(Check one response)

1 No (SKIP TO QUESTION 5)

2 Yes

4. Can students purchase any of the following items from vending machines or at the school store, canteen, or snack bar?
(Check "no" or "yes" for each item.)

	No	Yes
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, such as regular potato chips	<input type="checkbox"/>	<input type="checkbox"/>
d. Salty snacks that are low in fat, such as such as pretzels, baked chips, or other low fat chips	<input type="checkbox"/>	<input type="checkbox"/>
e. Fruits or vegetables	<input type="checkbox"/>	<input type="checkbox"/>
f. Low-fat cookies, crackers, cakes, pastries, or other low-fat baked goods	<input type="checkbox"/>	<input type="checkbox"/>
g. Soft drinks, sports drinks, or fruit drinks that are not 100% juice	<input type="checkbox"/>	<input type="checkbox"/>
h. 100% fruit juice	<input type="checkbox"/>	<input type="checkbox"/>
i. Bottled water	<input type="checkbox"/>	<input type="checkbox"/>

5. Does this school offer breakfast to students?
(Check one response)

1 No (SKIP TO QUESTION 7)

2 Yes

6. **Does this school...**
(Check "no" or "yes" for each item.)

	No	Yes
a. Offer a la carte breakfast items to students?	<input type="checkbox"/>	<input type="checkbox"/>
b. Participate in the USDA reimbursable School Breakfast Program?	<input type="checkbox"/>	<input type="checkbox"/>
c. Offer any other breakfast meals to students?	<input type="checkbox"/>	<input type="checkbox"/>

7. **Does this school offer lunch to students?**
(Check one response)

- 1 No (SKIP TO QUESTION 9)
2 Yes

8. **Does this school...**
(Check "no" or "yes" for each item.)

	No	Yes
a. Offer a la carte lunch items to students?	<input type="checkbox"/>	<input type="checkbox"/>
b. Participate in the USDA reimbursable School Lunch Program?	<input type="checkbox"/>	<input type="checkbox"/>
c. Offer any other lunch meals to students?	<input type="checkbox"/>	<input type="checkbox"/>

9. **Currently, does an outside food service management company operate the food service program at this school?**
(Check one response)

- 1 No
2 Yes

10. On a typical day, about how many students at this school receive...
(Write in the number of students for each line)

- | | Students |
|---|----------|
| a. Free lunches? | _____ |
| b. Reduced-price lunches? | _____ |
| c. Paid lunches, that is, meals sold at full-price? | _____ |

11. On a typical day, about how many students at this school receive...
(Write in the number of students for each line)

- | | Students |
|---|----------|
| a. Free breakfast? | _____ |
| b. Reduced-price breakfast? | _____ |
| c. Paid breakfast, that is, meals sold at full-price? | _____ |

The following two (2) questions ask about tobacco use policy at this school.

12. Has this school adopted a policy prohibiting tobacco use by faculty and staff?
(Check one response)

- 1 No (SKIP TO QUESTION 14)
- 2 Yes

13. Does that policy specifically prohibit tobacco use by faculty and staff in any of the following locations?
(Check "no" or "yes" for each item.)

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. In school buildings | <input type="checkbox"/> | <input type="checkbox"/> |
| b. On school grounds | <input type="checkbox"/> | <input type="checkbox"/> |
| c. In school buses or other vehicles used to transport students | <input type="checkbox"/> | <input type="checkbox"/> |
| d. At off-campus, school-sponsored events | <input type="checkbox"/> | <input type="checkbox"/> |

The following three (3) questions ask about activities to prevent or reduce violence at this school.

14.	Does your school have or participate in any of the following programs? (Check "no" or "yes" for each item.)		
		No	Yes
	a. A peer mediation program	<input type="checkbox"/>	<input type="checkbox"/>
	b. A safe-passage to school program	<input type="checkbox"/>	<input type="checkbox"/>
	c. A program to prevent gang violence	<input type="checkbox"/>	<input type="checkbox"/>
	d. A program to prevent bullying	<input type="checkbox"/>	<input type="checkbox"/>

15.	Does your school have a written plan for responding to violence at the school? (Check one response)
¹	<input type="checkbox"/> No
²	<input type="checkbox"/> Yes

16.	Does your school implement any of the following safety and security measures? (Check "no" or "yes" for each item.)		
		No	Yes
	a. Require visitors to report to the main office or reception area upon arrival	<input type="checkbox"/>	<input type="checkbox"/>
	b. Maintain a "closed campus" where students are not allowed to leave school during the school day, including during lunchtime	<input type="checkbox"/>	<input type="checkbox"/>
	c. Use staff or adult volunteers to monitor school halls during and between classes	<input type="checkbox"/>	<input type="checkbox"/>
	d. Routinely conduct bag, desk, or locker checks	<input type="checkbox"/>	<input type="checkbox"/>
	e. Prohibit students from carrying backpacks or book bags at school or require clear backpacks and book bags	<input type="checkbox"/>	<input type="checkbox"/>
	f. Require students to wear school uniforms	<input type="checkbox"/>	<input type="checkbox"/>
	g. Require students to wear identification badges	<input type="checkbox"/>	<input type="checkbox"/>

16.	Does your school implement any of the following safety and security measures? (Check "no" or "yes" for each item.)		
		No	Yes
	h. Use metal detectors	<input type="checkbox"/>	<input type="checkbox"/>
	i. Have uniformed police, undercover police, or security guards during the regular school day	<input type="checkbox"/>	<input type="checkbox"/>

The next two (2) questions are about school nurses.

A school nurse is any nurse (not including health aides or health techs), whether employed by the school, district, or health department, who provides any standard health services to students at this school. Please include both contracted providers and regular school staff.

17.	Is there a part-time or full-time school nurse who provides standard health services to students at this school? (Check one response)
1	<input type="checkbox"/> No (SKIP TO QUESTION 19)
2	<input type="checkbox"/> Yes

18.	During the past 30 days, how many hours per week in total have the nurse(s) spent at this school? (Check one response)
1	<input type="checkbox"/> Fewer than 5 hours
2	<input type="checkbox"/> 5 to 10 hours
3	<input type="checkbox"/> 11 to 15 hours
4	<input type="checkbox"/> 16 to 20 hours
5	<input type="checkbox"/> 21 hours or more

The following question asks about the presence of a school-based health center.

School-based health center: A health center on school property where students from the school enrolled in the health center can receive primary health 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.

19. Is there a school-based health center at this school?

(Check one response)

1 No

2 Yes

The following two (2) questions ask about student health screenings that might be conducted at this school. Please think about screenings done in any grade while a student attends this school.

20. Are most students from this school screened at the school for any of the following?

(Check "no" or "yes" for each item.)

	No	Yes
a. Height and weight (or body mass)	<input type="checkbox"/>	<input type="checkbox"/>
b. Hearing problems	<input type="checkbox"/>	<input type="checkbox"/>
c. Vision problems	<input type="checkbox"/>	<input type="checkbox"/>
d. Oral health problems	<input type="checkbox"/>	<input type="checkbox"/>

21. Please indicate what the school does when a student's screening indicates a potential problem.

(Check "no" or "yes" for each item.)

	No	Yes
a. Notify the student's parents or guardians	<input type="checkbox"/>	<input type="checkbox"/>
b. Notify the student's teachers	<input type="checkbox"/>	<input type="checkbox"/>
c. Not applicable—no health screenings	<input type="checkbox"/>	<input type="checkbox"/>

The following two (2) questions ask about mental health and social services provided at this school. Please include both contracted providers and regular school staff.

22. Are there part-time or full-time guidance counselors, psychologists, or social workers who provide standard mental health or social services to students at this school?

(Check one response)

1 No (SKIP TO QUESTION 24)

2 Yes

23. During the past 30 days, how many hours per week in total have the guidance counselors, psychologists, and/or social workers spent at this school?

(Check one response)

1 Fewer than 5 hours

2 5 to 10 hours

3 11 to 15 hours

4 16 to 20 hours

5 21 hours or more

The following two (2) questions ask about health education programs in this school.

24. Please indicate the number of days per week in which health education (HE) classes are required in your school for each of the following grades:

(Check one response for each item. If HE is not required throughout the school year, please estimate average for full school year, e.g., 3days/week for 1/3 of school year = 1day/week average across full school year.)

	1	2	3	4	5	6	7
	0 days	1 day	2 days	3 days	4 days	5 days	This grade level is not in our school
Grade 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. During this school year, which of the following topics have been included in a required health education course in grades 6 through 10?

(Check "no" or "yes" for each item.)

	No	Yes
a. Accident or injury prevention	<input type="checkbox"/>	<input type="checkbox"/>
b. Alcohol or other drug use prevention	<input type="checkbox"/>	<input type="checkbox"/>
c. Dental and oral health	<input type="checkbox"/>	<input type="checkbox"/>
d. Emotional and mental health	<input type="checkbox"/>	<input type="checkbox"/>
e. Growth and development	<input type="checkbox"/>	<input type="checkbox"/>
f. Physical activity and fitness	<input type="checkbox"/>	<input type="checkbox"/>
g. Tobacco use prevention	<input type="checkbox"/>	<input type="checkbox"/>
h. Bullying prevention	<input type="checkbox"/>	<input type="checkbox"/>
i. Fighting prevention	<input type="checkbox"/>	<input type="checkbox"/>
j. Homicide prevention	<input type="checkbox"/>	<input type="checkbox"/>

25. During this school year, which of the following topics have been included in a required health education course in grades 6 through 10?
 (Check "no" or "yes" for each item.)

	No	Yes
k. Nutrition and dietary behavior	<input type="checkbox"/>	<input type="checkbox"/>
l. HIV (Human immunodeficiency virus) prevention	<input type="checkbox"/>	<input type="checkbox"/>
m. Human sexuality	<input type="checkbox"/>	<input type="checkbox"/>
n. Pregnancy prevention	<input type="checkbox"/>	<input type="checkbox"/>
o. STI (sexually transmitted infection) prevention	<input type="checkbox"/>	<input type="checkbox"/>
p. Suicide prevention	<input type="checkbox"/>	<input type="checkbox"/>

The following question asks about your current position.

26. What is your position in this school?
 (Check one response)

- 1 Principal
- 2 Assistant or Vice Principal
- 3 Other administrator
- 4 Other, (specify: _____.)

Thank you for your responses. This completed questionnaire will be sent automatically to The CDM Group.

COMMENTS
