

OMB No.: 0920-0340
Expiration Date: 1/31/95

1994 School Health Policies and Programs Study (SHPPS)

School Health Policies Interview

Public reporting burden for this collection of information is estimated to average 1 hour (or 60 minutes) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to PHS Reports Clearance Officer; ATTN: PRA; Hubert H. Humphrey Bldg., Rm. 721-B; 200 Independence Ave., SW; Washington,

DC 20201, and to the Office of Management and Budget; Paperwork Reduction Project (0920-0304); Washington, DC 20503

CONTENTS

	PAGE
I.TOBACCO, ALCOHOL, AND OTHER DRUG USE	2
II.VIOLENCE PREVENTION -- PHYSICAL FIGHTING AND WEAPONS	22
III.HIV INFECTION	40
IV.SCHOOL PROGRAMS FOR STUDENTS IN HIGH RISK SITUATIONS AND IMPROVING SCHOOL HEALTH POLICIES	41
HANDCARDS	
1.TOBACCO USE POLICIES	46
2.NOTIFICATION POLICIES	47
3.STUDENT CONSEQUENCES	48
4.WEAPONS	49
5.SCHOOL SECURITY MEASURES	50
6.SCHOOL PROGRAMS	51
7.WRITTEN POLICIES	52

I. TOBACCO, ALCOHOL, AND OTHER DRUG USE

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

1. You've been identified as the _____ for (READ NAME OF SCHOOL). Is this correct? **IF YES, CHECK THE CORRECT BOX, AND GO ON TO QUESTION 2. IF NO, ASK:** What is your position? **CHECK THE ONE BEST ANSWER (1-5). RECORD (6) OTHER.**

- 1 Principal or head of school
- 2 Assistant principal
- 3 Dean of students
- 4 Counselor
- 5 Other administrator (**SPECIFY**):
- 6 Other (**SPECIFY**):

Tobacco use

2. **HANDCARD #1.** I'm going to ask you a series of questions about student smoking policies. By smoking, I mean all forms of smoking tobacco, including cigarettes, pipes, and cigars. Looking at Handcard #1, are students permitted to smoke in any of these places during regular school hours? **IF STUDENT SMOKING IS NOT PERMITTED IN ANY PLACES DURING REGULAR SCHOOL HOURS, CHECK BOX 1 AT TOP OF GRID, AND GO ON TO THE NEXT PART OF THIS QUESTION ABOUT NON-SCHOOL HOURS. OTHERWISE, ASK:** Where are students permitted to smoke during regular school hours? **WORKING ACROSS THE GRID, CHECK THE APPROPRIATE BOX IN EACH COLUMN.**

THEN ASK: Are students permitted to smoke in any of these places during non-school hours? **IF STUDENT SMOKING IS NOT PERMITTED IN ANY PLACES DURING NON-SCHOOL HOURS, CHECK BOX 2 AT TOP OF GRID, AND GO ON TO NEXT QUESTION. OTHERWISE, ASK:** Where are students permitted to smoke during non-school hours? **WORKING ACROSS THE GRID, CHECK THE APPROPRIATE BOX IN EACH COLUMN.**

STUDENT SMOKING

1 No student smoking during regular school hours

2 No student smoking during non-school hours

HOURS	School building	School grounds	School-sponsored events off-campus	School vehicles
Regular school hours	<input type="checkbox"/> Smoking	<input type="checkbox"/> Smoking	<input type="checkbox"/> Smoking	<input type="checkbox"/> Smoking
	<input type="checkbox"/> No smoking	<input type="checkbox"/> No smoking	<input type="checkbox"/> No smoking	<input type="checkbox"/> No smoking
Non-school hours	<input type="checkbox"/> Smoking	<input type="checkbox"/> Smoking	<input type="checkbox"/> Smoking	<input type="checkbox"/> Smoking
	<input type="checkbox"/> No smoking	<input type="checkbox"/> No smoking	<input type="checkbox"/> No smoking	<input type="checkbox"/> No smoking

3. HANDCARD #1. I'm going to ask you the same series of questions about student smokeless tobacco use policies. By smokeless tobacco, I mean snuff or chewing tobacco. Looking at Handcard #1, are students permitted to use smokeless tobacco in any of these places during regular school hours? **IF STUDENT SMOKELESS TOBACCO USE IS NOT PERMITTED IN ANY PLACES DURING REGULAR SCHOOL HOURS, CHECK BOX 1 AT TOP OF GRID, AND GO ON TO THE NEXT PART OF THIS QUESTION ABOUT NON-SCHOOL HOURS. OTHERWISE, ASK:** Where are students permitted to use smokeless tobacco during regular school hours? **WORKING ACROSS THE GRID, CHECK THE APPROPRIATE BOX IN EACH COLUMN.**

THEN ASK: Are students permitted to use smokeless tobacco in any of these places during non-school hours? **IF STUDENT SMOKELESS TOBACCO USE IS NOT PERMITTED IN ANY PLACES DURING NON-SCHOOL HOURS, CHECK BOX 2 AT TOP OF GRID, AND GO ON TO NEXT QUESTION. OTHERWISE, ASK:** Where are students permitted to use smokeless tobacco during non-school hours? **WORKING ACROSS THE GRID, CHECK THE APPROPRIATE BOX IN EACH COLUMN.**

STUDENT SMOKELESS TOBACCO USE

1 No student smokeless tobacco during regular school hours

2 No student smokeless tobacco use during non-school hours

HOURS	School building	School grounds	School-sponsored events off-campus	School vehicles
Regular school hours	<input type="checkbox"/> Smokeless	<input type="checkbox"/> Smokeless	<input type="checkbox"/> Smokeless	<input type="checkbox"/> Smokeless
	<input type="checkbox"/> No smokeless			
Non-school hours	<input type="checkbox"/> Smokeless	<input type="checkbox"/> Smokeless	<input type="checkbox"/> Smokeless	<input type="checkbox"/> Smokeless
	<input type="checkbox"/> No smokeless			

4. HANDCARD #1. Looking at Handcard #1, are school staff permitted to smoke in any of these places during regular school hours? **IF STAFF SMOKING IS NOT PERMITTED IN ANY PLACES DURING REGULAR SCHOOL HOURS, CHECK BOX 1 AT TOP OF GRID, AND GO ON TO THE NEXT PART OF THIS QUESTION ABOUT NON-SCHOOL HOURS. OTHERWISE, ASK:** Where are school staff permitted to smoke during regular school hours? **WORKING ACROSS THE GRID, CHECK THE APPROPRIATE BOX IN EACH COLUMN.**

THEN ASK: Are school staff permitted to smoke in any of these places during non-school hours? **IF STAFF SMOKING IS NOT PERMITTED IN ANY PLACES DURING NON-SCHOOL HOURS, CHECK BOX 2 AT TOP OF GRID, AND GO ON TO NEXT QUESTION. OTHERWISE, ASK:** Where are school staff permitted to smoke during non-school hours? **WORKING ACROSS THE GRID, CHECK THE APPROPRIATE BOX IN EACH COLUMN.**

SCHOOL STAFF SMOKING

1 No school staff smoking during regular school hours

2 No school staff smoking during non-school hours

HOURS	School building	School grounds	School-sponsored events off-campus	School vehicles
Regular school hours	<input type="checkbox"/> Smoking	<input type="checkbox"/> Smoking	<input type="checkbox"/> Smoking	<input type="checkbox"/> Smoking
	<input type="checkbox"/> No smoking			
Non-school hours	<input type="checkbox"/> Smoking	<input type="checkbox"/> Smoking	<input type="checkbox"/> Smoking	<input type="checkbox"/> Smoking
	<input type="checkbox"/> No smoking			

5.HANDCARD #1. Looking at Handcard #1, are school staff permitted to use smokeless tobacco in any of these places during regular school hours? **IF STAFF SMOKELESS TOBACCO USE IS NOT PERMITTED IN ANY PLACES DURING REGULAR SCHOOL HOURS, CHECK BOX 1 AT TOP OF GRID, AND GO ON TO THE NEXT PART OF THIS QUESTION ABOUT NON-SCHOOL HOURS. OTHERWISE, ASK:** Where are school staff permitted to use smokeless tobacco during regular school hours? **WORKING ACROSS THE GRID, CHECK THE APPROPRIATE BOX IN EACH COLUMN.**

THEN ASK: Are school staff permitted to use smokeless tobacco in any of these places during non-school hours? **IF STAFF SMOKELESS TOBACCO USE IS NOT PERMITTED IN ANY PLACES DURING NON-SCHOOL HOURS, CHECK BOX 2 AT TOP OF GRID, AND GO ON TO NEXT QUESTION. OTHERWISE, ASK:** Where are school staff permitted to use smokeless tobacco during non-school hours? **WORKING ACROSS THE GRID, CHECK THE APPROPRIATE BOX IN EACH COLUMN.**

SCHOOL STAFF SMOKELESS TOBACCO USE

1 No school staff smokeless tobacco during regular school hours

2 No school staff smokeless tobacco use during non-school hours

HOURS	School building	School grounds	School-sponsored events off-campus	School vehicles
Regular school hours	<input type="checkbox"/> Smokeless	<input type="checkbox"/> Smokeless	<input type="checkbox"/> Smokeless	<input type="checkbox"/> Smokeless
	<input type="checkbox"/> No smokeless			
Non-school hours	<input type="checkbox"/> Smokeless	<input type="checkbox"/> Smokeless	<input type="checkbox"/> Smokeless	<input type="checkbox"/> Smokeless
	<input type="checkbox"/> No smokeless			

6. Do your smoking and smokeless tobacco policies apply to visitors at your school? **CHECK ALL THAT APPLY (1-3).**

1 No

- 2 Yes, smoking policies apply
- 3 Yes, smokeless tobacco policies apply

Now I'd like to ask you about recent incidents that may have occurred in your school.

*7. During the past 12 months, have you had any incidents involving student violations of your tobacco policy? **CHECK THE ONE BEST ANSWER FOR APPROPRIATE SCHOOL(S). IF NO, SKIP TO Q.17.**

INCIDENTS	Sr. high	Jr. high
1No-- SKIP TO Q.17		
2Yes		

*8. How many students were involved, as violators, in your most recent tobacco incident? **RECORD NUMBER OF STUDENTS FOR APPROPRIATE SCHOOL(S).**

Sr. high students: _____

Jr. high students: _____

*9. Without identifying any students, please think about (**IF SEPARATE SENIOR HIGH OR JUNIOR HIGH SCHOOL, SAY "ONE SENIOR" OR "ONE JUNIOR." IF COMBINED JR/SR HIGH SCHOOL, SAY "ONE SENIOR AND ONE JUNIOR."**) high student(s). I am going to ask you a series of questions about the student(s). Was the student(s) male or female? **CHECK THE ONE BEST ANSWER FOR APPROPRIATE SCHOOL(S).**

GENDER	Sr. high	Jr. high
1Male		
2Female		

*10. Has the student been involved in any prior tobacco incidents at school? **CHECK THE ONE BEST ANSWER FOR APPROPRIATE SCHOOL(S).**

PRIOR INCIDENTS	Sr. high	Jr. high
1No		
2Yes		
3Don't know		

*11. Had the student ever been suspended or expelled from school for any reason before this incident? **CHECK ALL THAT APPLY (1-4) FOR APPROPRIATE SCHOOL(S).**

SUSPENDED/EXPELLED	Sr. high	Jr. high
1No		
2Suspended		
3Expelled		
4Don't know		

*12. **HANDCARD #2.** Looking at Handcard #2, were any of these individuals notified about this incident? **IF NO, CHECK FOR APPROPRIATE SCHOOL(S), AND GO ON TO NEXT QUESTION. IF YES, ASK:** Who was notified? **DO NOT READ LIST. CHECK ALL THAT APPLY (1-4) FOR APPROPRIATE SCHOOL(S). THEN ASK:** Were others notified who aren't listed? **RECORD (5) OTHER FOR APPROPRIATE SCHOOL(S).**

NOTIFIED	Sr. high	Jr. high
	<input type="checkbox"/> No	<input type="checkbox"/> No
1Law enforcement officials		
2Student's parents/guardians		
3School counselor		
4Administrators		
5Other (SPECIFY):		

***13.HANDCARD #3.** Looking at Handcard #3, were any of these consequences imposed on this student? **IF NO OR DON'T KNOW, CHECK APPROPRIATE BOXES, AND GO ON TO NEXT QUESTION. IF YES, ASK:** Which consequences were imposed? **DO NOT READ LIST. CHECK ALL THAT APPLY (1-10) FOR APPROPRIATE SCHOOL(S). IF ANY OF BOXES MARKED WITH "H, D, OR W" ARE SELECTED, ASK:** How long was the (READ CONSEQUENCE)? **CIRCLE APPROPRIATE UNIT, AND RECORD NUMBER OF HOURS (H), DAYS (D), OR WEEKS (W). THEN ASK:** Were other consequences imposed that aren't listed? **IF YES, RECORD (11) OTHER FOR APPROPRIATE SCHOOL(S).**

CONSEQUENCE	Sr. high	Jr. high
	<input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> No <input type="checkbox"/> Don't know
1 Student's parent/guardian required to meet with school officials		
2 Student required to meet with school counselor		
3 Student referred to an assistance program		
4 Student assigned in-school detention or suspension _____ H D W		
5 Student suspended from extracurricular activities _____ H D W		
6 Student expelled from extracurricular activities _____ H D W		
7 Student suspended from school _____ H D W		
8 Student expelled from school		
9 Alternative school programs		
10 Community service		
11 Other (SPECIFY):		

***14.** Did the student participate in any tobacco education or tobacco cessation programs as a result of this incident? **IF NO OR DON'T KNOW, CHECK APPROPRIATE BOXES, AND SKIP TO Q.17. IF YES, ASK:** Was it (READ EACH TYPE OF PROGRAM IN GRID)? **CHECK ALL THAT APPLY (1-2) FOR APPROPRIATE**

SCHOOL(S). THEN ASK: Did the student participate in any other type of program?
IF YES, RECORD (3) OTHER, AND CHECK FOR APPROPRIATE SCHOOL(S).

PROGRAMS	Sr. high	Jr. high
	<input type="checkbox"/> No <input type="checkbox"/> Don't know SKIP TO Q.17	<input type="checkbox"/> No <input type="checkbox"/> Don't know SKIP TO Q.17
1Tobacco education		
2Tobacco cessation		
3Other (SPECIFY):		

***15.DEPENDING ON THE NUMBER OF PROGRAMS MARKED IN Q.14, ASK:** Was this program/were any of these programs provided or paid for by your school? **CHECK THE ONE BEST ANSWER FOR APPROPRIATE SCHOOL(S).**

PAID FOR BY SCHOOL	Sr. high	Jr. high
1No		
2Yes		
3Don't know		

***16.DEPENDING ON THE NUMBER OF PROGRAMS MARKED IN Q.14, ASK:** Was this program/were any of these programs required for students to be readmitted or to stay in school? **CHECK THE ONE BEST ANSWER FOR APPROPRIATE SCHOOL(S).**

PROGRAM REQUIRED	Sr. high	Jr. high
1No		
2Yes		
3Don't know		

Alcohol or other drug (AOD) use--being high on AOD

17.Now, I'd like to ask about alcohol or other drug use (AOD) incidents. During the past 12 months, have you had any incidents involving students high on alcohol or other drugs (AOD) at school? This incident should not include possessing or purchasing/selling alcohol or other drugs. **CHECK THE ONE BEST ANSWER FOR APPROPRIATE SCHOOL(S). IF NO, SKIP TO Q.27.**

INCIDENTS	Sr. high	Jr. high
1No-- SKIP TO Q.27		
2Yes		

***18.**How many students were involved, as violators, in your most recent incident of students being high on AOD? **RECORD NUMBER OF STUDENTS FOR APPROPRIATE SCHOOL(S).**

Sr. high students: _____

Jr. high students: _____

*19. Without identifying any students, please think about (**IF SEPARATE SENIOR HIGH OR JUNIOR HIGH SCHOOL, SAY "ONE SENIOR" OR "ONE JUNIOR." IF COMBINED JR/SR HIGH SCHOOL, SAY "ONE SENIOR AND ONE JUNIOR."**) high student(s). I am going to ask you a series of questions about the student(s). Was the student(s) male or female? **CHECK THE ONE BEST ANSWER FOR APPROPRIATE SCHOOL(S).**

GENDER	Sr. high	Jr. high
1Male		
2Female		

*20. Has the student been involved in any prior AOD incidents at school? **CHECK THE ONE BEST ANSWER FOR APPROPRIATE SCHOOL(S).**

PRIOR INCIDENTS	Sr. high	Jr. high
1No		
2Yes		
3Don't know		

*21. Had the student ever been suspended or expelled from school for any reason before this incident? **CHECK ALL THAT APPLY (1-4) FOR APPROPRIATE SCHOOL(S).**

SUSPENDED/EXPELLED	Sr. high	Jr. high
1No		
2Suspended		
3Expelled		
4Don't know		

***22.HANDCARD #2.** Looking at Handcard #2, were any of these individuals notified about this incident? **IF NO, CHECK FOR APPROPRIATE SCHOOL(S), AND GO ON TO NEXT QUESTION. IF YES, ASK:** Who was notified? **DO NOT READ LIST. CHECK ALL THAT APPLY (1-4) FOR APPROPRIATE SCHOOL(S). THEN ASK:** Were others notified who aren't listed? **RECORD (5) OTHER FOR APPROPRIATE SCHOOL(S).**

NOTIFIED	Sr. high	Jr. high
	<input type="checkbox"/> No	<input type="checkbox"/> No
1Law enforcement officials		
2Student's parents/guardians		
3School counselor		
4Administrators		
5Other (SPECIFY):		

***23.HANDCARD #3.** Looking at Handcard #3, were any of these consequences imposed on this student? **IF NO OR DON'T KNOW, CHECK APPROPRIATE BOXES, AND GO ON TO NEXT QUESTION. IF YES, ASK:** Which consequences were imposed? **DO NOT READ LIST. CHECK ALL THAT APPLY (1-10) FOR APPROPRIATE SCHOOL(S). IF ANY OF BOXES MARKED WITH "H, D, OR W" ARE SELECTED, ASK:** How long was the (READ CONSEQUENCE)? **CIRCLE APPROPRIATE UNIT, AND RECORD NUMBER OF HOURS (H), DAYS (D), OR WEEKS (W). THEN ASK:** Were other consequences imposed that aren't listed? **IF YES, RECORD (11) OTHER FOR APPROPRIATE SCHOOL(S).**

CONSEQUENCE	Sr. high	Jr. high
	<input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> No <input type="checkbox"/> Don't know
1 Student's parent/guardian required to meet with school officials		
2 Student required to meet with school counselor		
3 Student referred to an assistance program		
4 Student assigned in-school detention or suspension _____ H D W		
5 Student suspended from extracurricular activities _____ H D W		
6 Student expelled from extracurricular activities _____ H D W		
7 Student suspended from school _____ H D W		
8 Student expelled from school		
9 Alternative school programs		
10 Community service		
11 Other (SPECIFY):		

*24. Did the student participate in any alcohol or other drug program as a result of this incident? **IF NO OR DON'T KNOW, CHECK APPROPRIATE BOXES, AND SKIP TO Q.27. IF YES, ASK: Was it (READ EACH TYPE OF PROGRAM IN GRID)? CHECK ALL THAT APPLY (1-3) FOR APPROPRIATE SCHOOL(S). THEN ASK: Did the student participate in any other type of program? IF YES, RECORD (4) OTHER, AND CHECK FOR APPROPRIATE SCHOOL(S).**

PROGRAMS	Sr. high	Jr. high
	<input type="checkbox"/> No <input type="checkbox"/> Don't know SKIP TO Q.27	<input type="checkbox"/> No <input type="checkbox"/> Don't know SKIP TO Q.27
1 Alcohol or other drug education		
2 Alcoholics/Narcotics Anonymous		
3 Alcohol or other drug counseling		
4 Other (SPECIFY):		

*25. **DEPENDING ON THE NUMBER OF PROGRAMS MARKED IN Q.24, ASK: Was this program/were any of these programs provided or paid for by your school? CHECK THE ONE BEST ANSWER FOR APPROPRIATE SCHOOL(S).**

PAID FOR BY SCHOOL	Sr. high	Jr. high
1 No		
2 Yes		
3 Don't know		

***26.DEPENDING ON THE NUMBER OF PROGRAMS MARKED IN Q.24, ASK:** Was this program/were any of these programs required for students to be readmitted or to stay in school? **CHECK THE ONE BEST ANSWER FOR APPROPRIATE SCHOOL(S).**

PROGRAM REQUIRED	Sr. high	Jr. high
1No		
2Yes		
3Don't know		

Possession of alcohol or other drug (AOD) at school

27.Now, I'd like to ask about alcohol or other drug (AOD) possession incidents. During the past 12 months, have you had any incidents that involved students possessing alcohol or other drugs at school? This incident may or may not have involved students being high or selling/purchasing alcohol or other drugs, but it must be a different incident from the one we just discussed. **CHECK THE ONE BEST ANSWER FOR APPROPRIATE SCHOOL(S). IF NO, SKIP TO Q.37.**

INCIDENTS	Sr. high	Jr. high
1No-- SKIP TO Q.37		
2Yes		

***28.**How many students were involved, as violators, in your most recent AOD possession incident? **RECORD NUMBER OF STUDENTS FOR APPROPRIATE SCHOOL(S).**

Sr. high students: _____

Jr. high students: _____

*29. Without identifying any students, please think about (**IF SEPARATE SENIOR HIGH OR JUNIOR HIGH SCHOOL, SAY "ONE SENIOR" OR "ONE JUNIOR." IF COMBINED JR/SR HIGH SCHOOL, SAY "ONE SENIOR AND ONE JUNIOR."**) high student(s). I am going to ask you a series of questions about the student(s). Was the student(s) male or female? **CHECK THE ONE BEST ANSWER FOR APPROPRIATE SCHOOL(S).**

GENDER	Sr. high	Jr. high
1Male		
2Female		

30. Has the student been involved in any prior AOD incidents at school? **CHECK THE ONE BEST ANSWER FOR APPROPRIATE SCHOOL(S).**

PRIOR INCIDENTS	Sr. high	Jr. high
1No		
2Yes		
3Don't know		

*31. Had the student ever been suspended or expelled from school for any reason before this incident? **CHECK ALL THAT APPLY (1-4) FOR APPROPRIATE SCHOOL(S).**

SUSPENDED/EXPELLED	Sr. high	Jr. high
1No		
2Suspended		
3Expelled		
4Don't know		

***32.HANDCARD #2.** Looking at Handcard #2, were any of these individuals notified about this incident? **IF NO, CHECK FOR APPROPRIATE SCHOOL(S), AND GO ON TO NEXT QUESTION. IF YES, ASK:** Who was notified? **DO NOT READ LIST. CHECK ALL THAT APPLY (1-4) FOR APPROPRIATE SCHOOL(S). THEN ASK:** Were others notified who aren't listed? **RECORD (5) OTHER FOR APPROPRIATE SCHOOL(S).**

NOTIFIED	Sr. high	Jr. high
	<input type="checkbox"/> No	<input type="checkbox"/> No
1Law enforcement officials		
2Student's parents/guardians		
3School counselor		
4Administrators		
5Other (SPECIFY):		

***33.HANDCARD #3.** Looking at Handcard #3, were any of these consequences imposed on this student? **IF NO OR DON'T KNOW, CHECK APPROPRIATE BOXES, AND GO ON TO NEXT QUESTION. IF YES, ASK:** Which consequences were imposed? **DO NOT READ LIST. CHECK ALL THAT APPLY (1-10) FOR APPROPRIATE SCHOOL(S). IF ANY OF BOXES MARKED WITH "H, D, OR W" ARE SELECTED, ASK:** How long was the (READ CONSEQUENCE)? **CIRCLE APPROPRIATE UNIT, AND RECORD NUMBER OF HOURS (H), DAYS (D), OR WEEKS (W). THEN ASK:** Were other consequences imposed that aren't listed? **IF YES, RECORD (11) OTHER FOR APPROPRIATE SCHOOL(S).**

CONSEQUENCE	Sr. high	Jr. high
	<input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> No <input type="checkbox"/> Don't know
1 Student's parent/guardian required to meet with school officials		
2 Student required to meet with school counselor		
3 Student referred to an assistance program		
4 Student assigned in-school detention or suspension _____ H D W		
5 Student suspended from extracurricular activities _____ H D W		
6 Student expelled from extracurricular activities _____ H D W		
7 Student suspended from school _____ H D W		
8 Student expelled from school		
9 Alternative school programs		
10 Community service		
11 Other (SPECIFY):		

*34. Did the student participate in any alcohol or other drug program as a result of this incident? **IF NO OR DON'T KNOW, CHECK BOX FOR APPROPRIATE SCHOOL(S), AND SKIP TO Q.37. IF YES, ASK: Was it (READ EACH TYPE PROGRAM IN GRID)? CHECK ALL THAT APPLY (1-3) FOR APPROPRIATE SCHOOL(S). THEN ASK: Did the student participate in any other type of program? IF YES, RECORD (4) OTHER, AND CHECK FOR APPROPRIATE SCHOOL(S).**

PROGRAMS	Sr. high	Jr. high
	<input type="checkbox"/> No <input type="checkbox"/> Don't know SKIP TO Q.37	<input type="checkbox"/> No <input type="checkbox"/> Don't know SKIP TO Q.37
1 Alcohol or other drug education		
2 Alcoholics/Narcotics Anonymous		
3 Alcohol or other drug counseling		
4 Other (SPECIFY):		

*35. **DEPENDING ON THE NUMBER OF PROGRAMS MARKED IN Q.34, ASK: Was this program/were any of these programs provided or paid for by your school? CHECK THE ONE BEST ANSWER FOR APPROPRIATE SCHOOL(S).**

PAID FOR BY SCHOOL	Sr. high	Jr. high
1 No		
2 Yes		
3 Don't know		

*36. **DEPENDING ON THE NUMBER OF PROGRAMS MARKED IN Q.34, ASK: Was**

this program/were any of these programs required for students to be readmitted or to stay in school? **CHECK THE ONE BEST ANSWER FOR APPROPRIATE SCHOOL(S).**

PROGRAM REQUIRED	Sr. high	Jr. high
1No		
2Yes		
3Don't know		

37.Does your school define a drug-free school zone? **IF NO, CHECK BOX 1, AND GO ON TO NEXT QUESTION. IF YES, ASK:** What areas in or around your school are defined as the drug-free school zone? **RECORD RESPONSE.**

- 1 No
- 2 Yes (**SPECIFY AREAS**):

IF THIS INDIVIDUAL IS RESPONDING ONLY TO MODULE I (TOBACCO, ALCOHOL, AND OTHER DRUG USE), END THIS INTERVIEW BY SAYING: Thank you for your time talking with me! Your answers will really help us get a feel for what schools like yours are doing and what they need!



II.VIOLENCE PREVENTION -- PHYSICAL FIGHTING AND WEAPONS

IF THIS IS A NEW RESPONDENT, READ INTRODUCTION, AND ASK QUESTION 38. IF THIS IS NOT A NEW RESPONDENT, SKIP TO Q.39.

38.You've been identified as the _____ for (READ NAME OF SCHOOL). Is this correct? **IF YES, CHECK THE CORRECT BOX, AND GO ON TO QUESTION 39. IF NO, ASK:** What is your position? **CHECK THE ONE BEST ANSWER (1-5). RECORD (6) OTHER.**

- 1 Principal or head of school
- 2 Assistant principal
- 3 Dean of students
- 4 Counselor
- 5 Other administrator (SPECIFY):
- 6 Other (SPECIFY):

Physical fighting

*39.During the past 12 months, have you had any incidents involving students' physically fighting? **CHECK THE ONE BEST ANSWER FOR APPROPRIATE SCHOOL(S). IF NO, SKIP TO Q.49.**

INCIDENTS	Sr. high	Jr. high
1No-- SKIP TO Q.49		
2Yes		

*40.How many students were involved, as violators, in your most recent physical fighting incident? **RECORD NUMBER OF STUDENTS FOR APPROPRIATE SCHOOL(S).**

Sr. high students: _____

Jr. high students: _____

*41. Without identifying any students, please think about (**IF SEPARATE SENIOR HIGH OR JUNIOR HIGH SCHOOL, SAY "ONE SENIOR" OR "ONE JUNIOR." IF COMBINED JR/SR HIGH SCHOOL, SAY "ONE SENIOR AND ONE JUNIOR."**) high student(s). I am going to ask you a series of questions about the student(s). Was the student(s) male or female? **CHECK THE ONE BEST ANSWER FOR APPROPRIATE SCHOOL(S).**

GENDER	Sr. high	Jr. high
1Male		
2Female		

*42. Has the student been involved in any prior physical fighting incidents at school? **CHECK THE ONE BEST ANSWER FOR APPROPRIATE SCHOOL(S).**

PRIOR INCIDENTS	Sr. high	Jr. high
1No		
2Yes		
3Don't know		

*43. Had the student ever been suspended or expelled from school for any reason before this incident? **CHECK ALL THAT APPLY (1-4) FOR APPROPRIATE SCHOOL(S).**

SUSPENDED/EXPELLED	Sr. high	Jr. high
1No		
2Suspended		
3Expelled		
4Don't know		

***44. HANDCARD #2.** Looking at Handcard #2, were any of these individuals notified about this incident? **IF NO, CHECK FOR APPROPRIATE SCHOOL(S), AND GO ON TO NEXT QUESTION. IF YES, ASK:** Who was notified? **DO NOT READ LIST. CHECK ALL THAT APPLY (1-4) FOR APPROPRIATE SCHOOL(S). THEN ASK:** Were others notified who aren't listed? **RECORD (5) OTHER FOR APPROPRIATE SCHOOL(S).**

NOTIFIED	Sr. high	Jr. high
	<input type="checkbox"/> No	<input type="checkbox"/> No
1Law enforcement officials		
2Student's parents/guardians		
3School counselor		
4Administrators		
5Other (SPECIFY):		

***45. HANDCARD #3.** Looking at Handcard #3, were any of these consequences imposed on this student? **IF NO OR DON'T KNOW, CHECK APPROPRIATE BOXES, AND GO ON TO NEXT QUESTION. IF YES, ASK:** Which consequences were imposed? **DO NOT READ LIST. CHECK ALL THAT APPLY (1-10) FOR APPROPRIATE SCHOOL(S). IF ANY OF BOXES MARKED WITH "H, D, OR W" ARE SELECTED, ASK:** How long was the (READ CONSEQUENCE)? **CIRCLE APPROPRIATE UNIT, AND RECORD NUMBER OF HOURS (H), DAYS (D), OR WEEKS (W). THEN ASK:** Were other consequences imposed that aren't listed? **IF YES, RECORD (11) OTHER FOR APPROPRIATE SCHOOL(S).**

CONSEQUENCE	Sr. high	Jr. high
	<input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> No <input type="checkbox"/> Don't know
1 Student's parent/guardian required to meet with school officials		
2 Student required to meet with school counselor		
3 Student referred to an assistance program		
4 Student assigned in-school detention or suspension _____ H D W		
5 Student suspended from extracurricular activities _____ H D W		
6 Student expelled from extracurricular activities _____ H D W		
7 Student suspended from school _____ H D W		
8 Student expelled from school		
9 Alternative school programs		
10 Community service		
11 Other (SPECIFY):		

*46. Did the student participate in any violence prevention programs as a result of this incident? **IF NO OR DON'T KNOW, CHECK APPROPRIATE BOXES, AND SKIP TO Q.49. IF YES, ASK: Was it (READ EACH TYPE OF PROGRAM IN GRID)? CHECK ALL THAT APPLY (1-2) FOR APPROPRIATE SCHOOL(S). THEN ASK: Did the student participate in any other type of program? IF YES, RECORD (3) OTHER, AND CHECK FOR APPROPRIATE SCHOOL(S).**

PROGRAMS	Sr. high	Jr. high
	<input type="checkbox"/> No <input type="checkbox"/> Don't know SKIP TO Q.49	<input type="checkbox"/> No <input type="checkbox"/> Don't know SKIP TO Q.49
1 Conflict resolution		
2 Counseling		
3 Other (SPECIFY):		

*47. **DEPENDING ON THE NUMBER OF PROGRAMS MARKED IN Q.46, ASK:** Was this program/were any of these programs provided or paid for by your school? **CHECK THE ONE BEST ANSWER FOR APPROPRIATE SCHOOL(S).**

PAID FOR BY SCHOOL	Sr. high	Jr. high
1 No		
2 Yes		
3 Don't know		

*48. **DEPENDING ON THE NUMBER OF PROGRAMS MARKED IN Q.46, ASK:** Was this program/were any of these programs required for students to be readmitted or to stay in school? **CHECK THE ONE BEST ANSWER FOR APPROPRIATE SCHOOL(S).**

PROGRAM REQUIRED	Sr. high	Jr. high
1 No		
2 Yes		

3Don't know		
-------------	--	--

49. Are you aware of gang activity in your community that has contributed to fighting and other disruptions in your school? **CHECK THE ONE BEST ANSWER.**

- 1 No
- 2 Yes

50. **HANDCARD #4.** Looking at Handcard #4, does your school define any of these as a weapon and prohibit them from school grounds? **IF NO, CHECK BOX 1, AND GO ON TO NEXT QUESTION. IF YES, ASK:** Which are defined as weapons? **CHECK ALL THAT APPLY (2-12).** **THEN ASK:** Are other things defined as weapons that aren't listed? **IF YES, ASK:** What are they? **RECORD (13) OTHER.**

- 1 None of these
- 2 Firearms
- 3 All knives
- 4 All knives except pocket knives
- 5 Clubs or nunchakus
- 6 Mace
- 7 Hair/hat pins
- 8 Any facsimile of a weapon (toy guns)
- 9 Matches or lighters
- 10 Explosives or inflammables
- 11 Any type of ammunition
- 12 Slingshots
- 13 Other (**SPECIFY**):

51. Are students who bring a weapon to school offered a waiver or reduction of consequences if they turn in the weapon to a school authority before it is discovered? **CHECK THE ONE BEST ANSWER (1-4).** **RECORD (5) OTHER OR CHECK (6) DON'T KNOW.**

- 1 No policy
- 2 No waiver or reduction
- 3 Depends on type of weapon
- 4 Yes
- 5 Other (**SPECIFY**):
- 6 Don't know

52.**HANDCARD #5.** Looking at the top of Handcard #5, does your school have any of these security measures for your school grounds? **DO NOT READ LIST. IF NO, CHECK BOX 1, AND GO ON TO NEXT QUESTION. IF YES, ASK:** Which security measures does your school have? **CHECK ALL THAT APPLY (2-8). THEN ASK:** Do you have any other security measures on school grounds? **RECORD (9) OTHER.**

- 1 None of these
- 2 Metal detectors
- 3 Fence around school buildings/grounds
- 4 Locked outside doors
 - 5 Locked or heavily metal-meshed windows
- 6 Gun-free zone signs posted around school grounds
- 7 Security guards
- 8 Undercover law enforcement officials
- 9 Other (**SPECIFY**):

53.**HANDCARD (#5).** Looking at the bottom of Handcard #5, does your school have any of these security measures for students? **DO NOT READ LIST. IF NO, CHECK BOX 1, AND GO ON TO NEXT QUESTION. IF YES, ASK:** Which security measures for students does your school have? **CHECK ALL THAT APPLY (2-6). THEN ASK:** Do you have any other security measures for students that aren't listed? **RECORD (7) OTHER.**

- 1 None of these
- 2 Prohibition of gang colors or symbols
- 3 Prohibition of oversized clothes that can hide weapons
- 4 Student identification checks
- 5 Bag, desk, or locker checks
- 6 Closed campus (i.e., student remain on school grounds during school hours)
- 7 Other (**SPECIFY**):

54.Does your school define a weapon-free school zone? **IF NO OR DON'T KNOW, CHECK BOX 1 OR 3, AND GO ON TO NEXT QUESTION. IF YES, ASK:** What areas in and around your school are defined as the weapon-free zone? **RECORD RESPONSE.**

- 1 No
- 2 Yes (**SPECIFY AREAS**):
- 3 Don't know

Possession of weapons at school:

*55. During the past 12 months, have you had any incidents involving students possessing a weapon at school? **CHECK THE ONE BEST ANSWER FOR APPROPRIATE SCHOOL(S). IF NO, SKIP TO Q.66.**

INCIDENTS	Sr. high	Jr. high
1No-- SKIP TO Q.66		
2Yes		

*56. How many students were involved, as violators, in your most recent weapons possession incident? **RECORD NUMBER OF STUDENTS FOR APPROPRIATE SCHOOL(S).**

Sr. high students: _____

Jr. high students: _____

*57. Without identifying any students, please think about (**IF SEPARATE SENIOR HIGH OR JUNIOR HIGH SCHOOL, SAY "ONE SENIOR" OR "ONE JUNIOR."** **IF COMBINED JR/SR HIGH SCHOOL, SAY "ONE SENIOR AND ONE JUNIOR."**) high student(s). I am going to ask you a series of questions about the student(s). Was the student(s) male or female? **CHECK THE ONE BEST ANSWER FOR APPROPRIATE SCHOOL(S).**

GENDER	Sr. high	Jr. high
1Male		
2Female		

***58.HANDCARD #4.** What type of weapon was involved? **DO NOT READ LIST. CHECK ALL THAT APPLY (2-12) FOR APPROPRIATE SCHOOL(S). RECORD (13) OTHER.**

WEAPON	Sr. high	Jr. high
(↓ Numbered to match handcard)		
2Firearms		
3All knives		
4All knives except pocket knives		
5Clubs or nunchakus		
6 Mace		
7 Hair/hat pins		
8 Any facsimile of a weapon (toy guns)		
9 Matches or lighters		
10Explosives or inflammables		
11Any type of ammunition		
12Slingshots		
13Other (SPECIFY):		

***59.**Has the student been involved in any prior weapons incidents at school? **CHECK THE ONE BEST ANSWER FOR APPROPRIATE SCHOOL(S).**

PRIOR INCIDENTS	Sr. high	Jr. high
1No		
2Yes		
3Don't know		

*60. Had the student ever been suspended or expelled from school for any reason before this incident? **CHECK ALL THAT APPLY (1-4) FOR APPROPRIATE SCHOOL(S).**

SUSPENDED/EXPELLED	Sr. high	Jr. high
1 No		
2 Suspended		
3 Expelled		
4 Don't know		

*61. **HANDCARD #2.** Looking at Handcard #2, were any of these individuals notified about this incident? **IF NO, CHECK FOR APPROPRIATE SCHOOL(S), AND GO ON TO NEXT QUESTION. IF YES, ASK: Who was notified? DO NOT READ LIST. CHECK ALL THAT APPLY (1-4) FOR APPROPRIATE SCHOOL(S). THEN ASK: Were others notified who aren't listed? RECORD (5) OTHER FOR APPROPRIATE SCHOOL(S).**

NOTIFIED	Sr. high	Jr. high
	<input type="checkbox"/> No	<input type="checkbox"/> No
1 Law enforcement officials		
2 Student's parents/guardians		
3 School counselor		
4 Administrators		
5 Other (SPECIFY):		

***62.HANDCARD #3.** Looking at Handcard #3, were any of these consequences imposed on this student? **IF NO OR DON'T KNOW, CHECK APPROPRIATE BOXES, AND GO ON TO NEXT QUESTION. IF YES, ASK:** Which consequences were imposed? **DO NOT READ LIST. CHECK ALL THAT APPLY (1-10) FOR APPROPRIATE SCHOOL(S). IF ANY OF BOXES MARKED WITH "H, D, OR W" ARE SELECTED, ASK:** How long was the (READ CONSEQUENCE)? **CIRCLE APPROPRIATE UNIT, AND RECORD NUMBER OF HOURS (H), DAYS (D), OR WEEKS (W). THEN ASK:** Were other consequences imposed that aren't listed? **IF YES, RECORD (11) OTHER FOR APPROPRIATE SCHOOL(S).**

CONSEQUENCE	Sr. high	Jr. high
	<input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> No <input type="checkbox"/> Don't know
1 Student's parent/guardian required to meet with school officials		
2 Student required to meet with school counselor		
3 Student referred to an assistance program		
4 Student assigned in-school detention or suspension _____ H D W		
5 Student suspended from extracurricular activities _____ H D W		
6 Student expelled from extracurricular activities _____ H D W		
7 Student suspended from school _____ H D W		
8 Student expelled from school		
9 Alternative school programs		
10 Community service		
11 Other (SPECIFY):		

*63. Did the student participate in any violence prevention programs as a result of this incident? **IF NO OR DON'T KNOW, CHECK APPROPRIATE BOXES, AND SKIP TO Q.66. IF YES, ASK: Was it (READ EACH TYPE OF PROGRAM IN GRID)? CHECK ALL THAT APPLY (1-2) FOR APPROPRIATE SCHOOL(S). THEN ASK: Did the student participate in any other type of program? IF YES, RECORD (3) OTHER, AND CHECK FOR APPROPRIATE SCHOOL(S).**

PROGRAMS	Sr. high	Jr. high
	<input type="checkbox"/> No <input type="checkbox"/> Don't know SKIP TO Q.66	<input type="checkbox"/> No <input type="checkbox"/> Don't know SKIP TO Q.66
1 Conflict resolution		
2 Counseling		
3 Other (SPECIFY):		

*64. **DEPENDING ON THE NUMBER OF PROGRAMS MARKED IN Q.63, ASK:** Was this program/were any of these programs provided or paid for by your school? **CHECK THE ONE BEST ANSWER FOR APPROPRIATE SCHOOL(S).**

PAID FOR BY SCHOOL	Sr. high	Jr. high
1 No		
2 Yes		
3 Don't know		

*65. **DEPENDING ON THE NUMBER OF PROGRAMS MARKED IN Q.63, ASK:** Was this program/were any of these programs required for students to be readmitted or to stay in school? **CHECK THE ONE BEST ANSWER FOR APPROPRIATE SCHOOL(S).**

PROGRAM REQUIRED	Sr. high	Jr. high
1 No		
2 Yes		

3Don't know		
-------------	--	--

Using weapons at school:

*66. During the past 12 months, have you had any incidents involving students using a weapon at school? **CHECK THE ONE BEST ANSWER FOR APPROPRIATE SCHOOL(S).**
IF NO, SKIP TO Q.77.

INCIDENTS	Sr. high	Jr. high
1No-- SKIP TO Q.77		
2Yes		

*67. How many students were involved, as violators, in your most recent weapons use incident?
RECORD NUMBER OF STUDENTS FOR APPROPRIATE SCHOOL(S).

Sr. high students: _____

Jr. high students: _____

*68. Without identifying any students, please think about (**IF SEPARATE SENIOR HIGH OR JUNIOR HIGH SCHOOL, SAY "ONE SENIOR" OR "ONE JUNIOR."** **IF COMBINED JR/SR HIGH SCHOOL, SAY "ONE SENIOR AND ONE JUNIOR."**) high student(s). I am going to ask you a series of questions about the student(s). Was the student(s) male or female? **CHECK THE ONE BEST ANSWER FOR APPROPRIATE SCHOOL(S).**

GENDER	Sr. high	Jr. high
1Male		
2Female		

***69.HANDCARD #4.** What type of weapon was involved? **DO NOT READ LIST. CHECK ALL THAT APPLY (2-12) FOR APPROPRIATE SCHOOL(S). RECORD (13) OTHER.**

WEAPON	Sr. high	Jr. high
(↓ Numbered to match handcard)		
2 Firearms		
3 All knives		
4 All knives except pocket knives		
5 Clubs or nunchakus		
6 Mace		
7 Hair/hat pins		
8 Any facsimile of a weapon (toy guns)		
9 Matches or lighters		
10Explosives or inflammables		
11Any type of ammunition		
12Slingshots		
13Other (SPECIFY):		

***70.**Has the student been involved in any prior weapons incidents at school? **CHECK THE ONE BEST ANSWER FOR APPROPRIATE SCHOOL(S).**

PRIOR INCIDENTS	Sr. high	Jr. high
1No		
2Yes		
3Don't know		

*71. Had the student ever been suspended or expelled from school for any reason before this incident? **CHECK ALL THAT APPLY (1-4) FOR APPROPRIATE SCHOOL(S).**

SUSPENDED/EXPELLED	Sr. high	Jr. high
1 No		
2 Suspended		
3 Expelled		
4 Don't know		

*72. **HANDCARD #2.** Looking at Handcard #2, were any of these individuals notified about this incident? **IF NO, CHECK FOR APPROPRIATE SCHOOL(S), AND GO ON TO NEXT QUESTION. IF YES, ASK: Who was notified? DO NOT READ LIST. CHECK ALL THAT APPLY (1-4) FOR APPROPRIATE SCHOOL(S). THEN ASK: Were others notified who aren't listed? RECORD (5) OTHER FOR APPROPRIATE SCHOOL(S).**

NOTIFIED	Sr. high	Jr. high
	<input type="checkbox"/> No	<input type="checkbox"/> No
1 Law enforcement officials		
2 Student's parents/guardians		
3 School counselor		
4 Administrators		
5 Other (SPECIFY):		

***73.HANDCARD #3.** Looking at Handcard #3, were any of these consequences imposed on this student? **IF NO OR DON'T KNOW, CHECK APPROPRIATE BOXES, AND GO ON TO NEXT QUESTION. IF YES, ASK:** Which consequences were imposed? **DO NOT READ LIST. CHECK ALL THAT APPLY (1-10) FOR APPROPRIATE SCHOOL(S). IF ANY OF BOXES MARKED WITH "H, D, OR W" ARE SELECTED, ASK:** How long was the (READ CONSEQUENCE)? **CIRCLE APPROPRIATE UNIT, AND RECORD NUMBER OF HOURS (H), DAYS (D), OR WEEKS (W). THEN ASK:** Were other consequences imposed that aren't listed? **IF YES, RECORD (11) OTHER FOR APPROPRIATE SCHOOL(S).**

CONSEQUENCE	Sr. high	Jr. high
	<input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> No <input type="checkbox"/> Don't know
1 Student's parent/guardian required to meet with school officials		
2 Student required to meet with school counselor		
3 Student referred to an assistance program		
4 Student assigned in-school detention or suspension _____ H D W		
5 Student suspended from extracurricular activities _____ H D W		
6 Student expelled from extracurricular activities _____ H D W		
7 Student suspended from school _____ H D W		
8 Student expelled from school		
9 Alternative school programs		
10 Community service		
11 Other (SPECIFY):		

*74..Did the student participate in any violence prevention programs as a result of this incident?
IF NO OR DON'T KNOW, CHECK APPROPRIATE BOXES, AND SKIP TO Q.77. IF YES, ASK: Was it a (READ EACH TYPE OF PROGRAM IN GRID)?
CHECK ALL THAT APPLY (1-2) FOR APPROPRIATE SCHOOL(S). THEN ASK: Did the student participate in any other type of program? **IF YES, RECORD (3) OTHER, AND CHECK FOR APPROPRIATE SCHOOL(S).**

PROGRAMS	Sr. high	Jr. high
	<input type="checkbox"/> No <input type="checkbox"/> Don't know SKIP TO Q.77	<input type="checkbox"/> No <input type="checkbox"/> Don't know SKIP TO Q.77
1 Conflict resolution		
2 Counseling		
3 Other (SPECIFY):		

*75.**DEPENDING ON THE NUMBER OF PROGRAMS MARKED IN Q.74, ASK:** Was this program/were any of these programs provided or paid for by your school? **CHECK THE ONE BEST ANSWER FOR APPROPRIATE SCHOOL(S).**

PAID FOR BY SCHOOL	Sr. high	Jr. high
1 No		
2 Yes		
3 Don't know		

*76.**DEPENDING ON THE NUMBER OF PROGRAMS MARKED IN Q.74, ASK:** Was this program/were any of these programs required for students to be readmitted or to stay in school? **CHECK THE ONE BEST ANSWER FOR APPROPRIATE SCHOOL(S).**

PROGRAM REQUIRED	Sr. high	Jr. high
1 No		
2 Yes		
3 Don't know		

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

III.HIV INFECTION

IF THIS IS A NEW RESPONDENT, READ INTRODUCTION, AND ASK QUESTION 77. IF THIS IS NOT A NEW RESPONDENT, SKIP TO Q.78.

77.You've been identified as the _____ for (READ NAME OF SCHOOL). Is this correct? **IF YES, CHECK THE CORRECT BOX, AND GO ON TO QUESTION 78. IF NO, ASK: What is your position? CHECK THE ONE BEST ANSWER (1-5). RECORD (6) OTHER.**

- 1 Principal or head of school
- 2 Assistant principal
- 3 Dean of students
- 4 Counselor
- 5 Other administrator (SPECIFY):
- 6 Other (SPECIFY):

78.I'd like to ask a few questions about HIV infection. By written policy, are students who are infected with HIV allowed to attend school if their health permits? **CHECK THE ONE BEST ANSWER. IF NO POLICY, SKIP TO Q.81.**

- 1 No policy of any kind on HIV infection--**SKIP TO Q.81**
- 2 Not specified in written policy
- 3 No
- 4 Yes

79.By written policy, are school staff who are infected with HIV allowed to work in your school if their health permits? **CHECK THE ONE BEST ANSWER.**

- 1 Not specified in written policy
- 2 No
- 3 Yes

80.Who in your school has lead responsibility for implementing your HIV policy? **CHECK THE ONE BEST ANSWER (1-6). RECORD (7) OTHER OR CHECK (8) DON'T KNOW.**

- 1 No one
- 2 Principal or head of school
- 3 Other administrator (SPECIFY):
- 4 Counselor
- 5 School nurse
- 6 Health education teacher

7 Other (**SPECIFY**):

8 Don't know

**IF THIS INDIVIDUAL IS RESPONDING ONLY TO MODULE III (HIV INFECTION),
END THIS INTERVIEW BY SAYING:** Thank you for your time talking with me! Your
answers will really help us get a feel for what schools like yours are doing and what they need!



IV.SCHOOL PROGRAMS FOR STUDENTS IN HIGH RISK SITUATIONS AND IMPROVING SCHOOL HEALTH POLICIES

IF THIS IS A NEW RESPONDENT, READ INTRODUCTION, AND ASK QUESTION 81. IF THIS IS NOT A NEW RESPONDENT, SKIP TO Q.82.

81.You've been identified as the _____ for (READ NAME OF SCHOOL). Is this correct? **IF YES, CHECK THE CORRECT BOX, AND GO ON TO QUESTION 82. IF NO, ASK:** What is your position? **CHECK THE ONE BEST ANSWER (1-5). RECORD (6) OTHER.**

- 1 Principal or head of school
- 2 Assistant principal
- 3 Dean of students
- 4 Counselor
- 5 Other administrator (**SPECIFY**):
- 6 Other (**SPECIFY**):

82.I'd like to ask about services that may be available in or through your school to help your school staff assist youth in high-risk situations. **NOTE: THE SCHOOL SHOULD USE ITS OWN DEFINITION OF HIGH-RISK YOUTH.**

During the past 12 months, if a student violated a policy that would lead to suspension or expulsion, were alternatives to this suspension/expulsion offered to the student? **CHECK THE ONE BEST ANSWER.**

- 1 No--**SKIP TO Q.84**
- 2 Yes

83.What were these alternatives? **RECORD RESPONSE.**

84. Does your school have a psychologist or counselor, who provides individual or group counseling other than academic or career guidance to students. **CHECK THE ONE BEST ANSWER (1-3).**

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

85. Does your school have access to community intervention or treatment programs for student referral? **CHECK THE ONE BEST ANSWER (1-3).**

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

86. During the past two years, have any members of your school's staff attended in-service training on dealing with high risk youth, who are considered at risk for failing, dropping out, or other problems? **CHECK THE ONE BEST ANSWER (1-3).**

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

87. **HANDCARD # 6.** Look at the top of Handcard #6. Are any of these types of support for students provided in your school? **DO NOT READ LIST. IF NO, CHECK BOX 1, AND GO ON TO NEXT QUESTION. IF YES, ASK: Which are provided? CHECK ALL THAT APPLY (2-6). THEN ASK: Does your school have any other types of support that aren't listed? RECORD (7) OTHER.**

- 1 None of these
- 2 Tutoring support
- 3 A mediator/ intermediary for students
- 4 Special clubs or groups that meet regularly (**SPECIFY**):
- 5 Alcohol or other drug counseling
- 6 Counseling, other than alcohol or other drug counseling (**SPECIFY**):
- 7 Other (**SPECIFY**):

88.**HANDCARD #6.** Looking at the middle of Handcard #6, do your students have any of these opportunities to manage responsibility at school? **DO NOT READ LIST. IF NO, CHECK BOX 1, AND GO ON TO NEXT QUESTION. IF YES, ASK:** Which opportunities do they have? **CHECK ALL THAT APPLY (2-7). THEN ASK:** Do your students have other opportunities that aren't listed? **RECORD (8) OTHER.**

- 1 None of these
- 2 Students act as safety guards (at crosswalks, bus time etc.)
- 3 Students act as monitors (hall, class, lunchroom)
- 4 Students participate as members on school staff committees
- 5 Students participate in deciding consequences for students who break rules
- 6 Students act as liaison between community programs and school
- 7 Students operate a drop-in center or other student service
- 8 Other (**SPECIFY**):

89.**HANDCARD #6.** Looking at the bottom of Handcard #6, do your students have the opportunity to participate in any kinds of peer programs? **DO NOT READ LIST. IF NO, CHECK BOX 1, AND GO ON TO NEXT QUESTION. IF YES, ASK:** Which opportunities do they have? **CHECK ALL THAT APPLY (2-4). THEN ASK:** Do your students have other opportunities that aren't listed? **RECORD (5) OTHER.**

- 1 None of these
- 2 Peer education about health topics
- 3 Peer conflict mediation
- 4 Peer academic tutoring in any subject
- 5 Other (**SPECIFY**):

90.**HANDCARD #7.** Looking at Handcard #7, for which of these topics does your school have written policies? If you have adopted your state's or district's written policies, please answer "yes." **DO NOT READ LIST. CHECK ALL THAT APPLY (2-7). IF NO WRITTEN POLICIES, CHECK BOX 1, AND SKIP TO Q.92.**

- 1 No written policies--**SKIP TO Q.92**
- 2 Tobacco use
- 3 Alcohol or other drug (AOD) use
- 4 Violence prevention (physical fighting, weapon possession and use)
- 5 HIV-infected school staff
- 6 HIV-infected students
- 7 Policies to protect students from sexual harassment

NOTE: THE SCHOOL SHOULD USE ITS OWN DEFINITION OF SEXUAL HARASSMENT.

91.HANDCARD (#7). FOR THIS QUESTION, WORK DOWN THE LIST OF POLICIES FOR EACH COLUMN. BEGIN BY ASKING: Still looking at Handcard #7, which, if any, of these policies have been provided in writing to students? **IF YES, CHECK ALL POLICIES FOR STUDENTS IN COLUMN 1. IF NO, CHECK BOX 1 AT TOP OF GRID. THEN ASK:.** How about to parents? **IF YES, CHECK ALL POLICIES FOR PARENTS IN COLUMN 2. IF NO, CHECK BOX 2 AT TOP OF GRID. THEN ASK:** Have any of the policies been provided in writing to school staff? **IF YES, CHECK ALL POLICES FOR SCHOOL STAFF IN COLUMN 3. IF NO, CHECK BOX 3 AT TOP OF GRID.**

- 1 No policies provided to students in writing
- 2 No policies provided to parents in writing
- 3 No policies provided to staff in writing

POLICY (↓ Numbered to match handcard)	(1) Students	(2) Parents	(3) Staff
2Tobacco use			
3 AOD use			
4 Violence prevention (physical fighting, weapon possession and use			
5HIV-infected school staff			
6HIV-infected students			
7Policies to protect students from sexual harassment			

92.During the past 12 months, has your school had an incident in which a student reported being sexually harassed? **CHECK THE ONE BEST ANSWER.**

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

93. What are your biggest concerns for the health of the students in your school? **IF NO CONCERNS, CHECK BOX 1, AND SKIP TO THANK YOU AT END OF INTERVIEW. IF CONCERNS, CHECK BOX 2, AND RECORD RESPONSE.**

- 1 No concerns--**SKIP TO THANK YOU AT END OF INTERVIEW**
- 2 Concerns (**SPECIFY**):

94. What needs to happen for these health concerns to change? **RECORD RESPONSE.**

AT THE END OF THE INTERVIEW, SAY:

Thank you for your time talking with me! Your answers will really help us get a feel for what schools like yours are doing and what they need!

HANDCARD #1

TOBACCO USE POLICIES

1 School building

2 School grounds

3 School-sponsored events off-campus

4 School vehicles

HANDCARD #2

NOTIFICATION POLICIES

1 Law enforcement officials

2 Student's parents/guardians

3 School counselor

4 Administrators

HANDCARD #3

STUDENT CONSEQUENCES

1 Student's parent/guardian required to meet with school officials

2 Student required to meet with school counselor

3 Student referred to an assistance program

4 Student assigned in-school detention or suspension

5 Student suspended from extracurricular activities

6 Student expelled from extracurricular activities

7 Student suspended from school

8 Student expelled from school

9 Alternative school programs

10 Community service

HANDCARD #4

WEAPONS

1None of these

2Firearms

3All knives

4All knives except pocket knives

5Clubs or nunchakus

6Mace

7Hair/hat pins

8Any facsimile of a weapon (toy guns)

9Matches or lighters

10Explosives or inflammables

11Any type of ammunition

12Slingshots

HANDCARD #5

SCHOOL SECURITY MEASURES

SCHOOL GROUNDS:

- 1None of these
 - 2Metal detectors
 - 3Fence around school buildings/grounds
 - 4Locked outside doors
 - 5Locked or heavily metal-meshed windows
 - 6Gun-free zone signs posted around school grounds
 - 7Security guards
 - 8Undercover law enforcement officials
-

STUDENTS:

- 1None of these
- 2Prohibition of gang colors or symbols
- 3Prohibition of oversized clothes that can hide weapons
- 4Student identification checks
- 5Bag, desk, or locker checks
- 6Closed campus (i.e., student remain on school grounds during school hours)

HANDCARD #6 SCHOOL PROGRAMS

SCHOOL SUPPORT:

- 1 None of these
 - 2 Tutoring support
 - 3 A mediator/ intermediary for students
 - 4 Special clubs or groups that meet regularly
 - 5 Alcohol or other drug counseling
 - 6 Counseling, other than alcohol or other drug counseling
-

OPPORTUNITIES FOR STUDENT RESPONSIBILITY:

- 1 None of these
 - 2 Students act as safety guards (at crosswalks, bus time etc.)
 - 3 Students act as monitors (hall, class, lunchroom)
 - 4 Students participate as members on school staff committees
 - 5 Students participate in deciding consequences for students who break rules
 - 6 Students act as liaison between community programs and school
 - 7 Students operate a drop-in center or other student service
-

PEER PROGRAMS:

- 1 None of these
- 2 Peer education about health topics
- 3 Peer conflict mediation
- 4 Peer academic tutoring in any subject

HANDCARD #7
WRITTEN POLICIES

1None of these

2Tobacco use

3Alcohol or other drug (AOD) use

4Violence prevention (physical fighting, weapon possession and use)

5HIV-infected school staff

6HIV-infected students

7Policies to protect students from sexual harassment