

Form Approved
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Faculty and Staff Health Promotion School Questionnaire

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Special Instructions

This questionnaire will be administered using Computer Assisted Personal Interviewing. The interviewer will read the questions aloud and type responses to the questions into the laptop computer. The interview program will 1) display the correct tense of verbs, 2) provide alternate answers to questions (e.g., not applicable, "I don't know"), 3) navigate complex skip patterns, 4) access information that was provided in previous contact with a school, and 5) perform other useful functions. The programming specifications for the interview are not included in this printed version of the questionnaire.

If you would like more information about this study or would like clarification of any questions in this questionnaire, please call Tim Smith at 1-800-647-9664, extension 6095.

School Health Promotion for Faculty and Staff Questionnaire

What is your job title at the school? (In which role do you spend more time?)

- | | |
|---|--|
| 1) Principal | 11) Guidance Counselor |
| 2) Asst. Principal/Other School Administrator | 12) Social Worker |
| 3) School Secretary | 13) Psychologist |
| 4) Physical Ed Teacher | 14) Other Mental Health/Social Services Provider |
| 5) Athletic Director | 15) Nurse |
| 6) Health Ed Teacher | 16) Health Aide |
| 7) Other Teacher | 17) Physician |
| 8) Food Service Manager | 18) Other Health Services Provider |
| 9) Commercial Food Service Provider | 19) SBHC Health Services Staff |
| 10) Other School Food Service Staff | 20) SBHC Mental Health/Social Services Staff |
| | 50) Other Staff |

During this interview, I will ask about health promotion activities or services that are offered to this school's faculty and staff because they work for this school. Faculty and staff health promotion activities or services focus on prevention of physical illnesses or injuries, promotion of physical fitness, promotion of mental health, or other activities or services designed to assist school faculty and staff experiencing problems that can impact job performance, physical health, or overall well-being.

Please include those activities or services offered by your state, district, school, or anyone outside the school system. However, do not include those activities or services that faculty and staff receive through their personal employee health plans or insurance programs. If I ask you about things that do not apply to this school or that this school does not do, please bear with me.

1. First, I would like to ask about "wellness workshops," that is, seminars, classes, or other activities focusing on ways to improve or maintain physical health or overall well-being. During the past 12 months, has a wellness workshop been offered to this school's faculty and staff?

Yes..... 1
 No 2

2. Employee Assistance Programs, or EAP's, provide services designed to assist faculty and

staff experiencing personal or social problems that can impact work performance, physical health, or overall well-being. During the past 12 months, has an EAP been offered to this school's faculty and staff?

Yes..... 1
 No2

3. During the past 12 months have faculty and staff at this school been offered screening for...

	Yes	No
1. Hearing problems?.....	1	2
2. Vision problems?.....	1	2
3. Oral health problems?.....	1	2
4. Tuberculosis (TB)?.....	1	2
5. Height and weight or body mass?.....	1	2
6. Serum cholesterol level?.....	1	2
7. Blood pressure level?.....	1	2
8. Diabetes?.....	1	2
9. Skin cancer?.....	1	2
10. Breast cancer?.....	1	2
11. Colorectal cancer?.....	1	2

4. Please tell me if each of the following services or programs have been offered to this school's faculty and staff during the past 12 months. Remember that I am asking about services that this school's faculty and staff can receive because they work for this school.

During the past 12 months, have this school's faculty and staff been offered...

	Yes	No
1. Alcohol or other drug use treatment?	1	2
2. Tobacco use cessation?.....	1	2
3. Nutrition and dietary behavior counseling?.....	1	2
4. Weight management?.....	1	2
5. Physical activity and fitness counseling?	1	2
6. Stress management?.....	1	2
7. Identification of or counseling for mental or emotional disorders, such as anxiety or depression?.....	1	2
8. Identification of or referral for physical, sexual, or emotional abuse?	1	2
9. Crisis intervention for personal problems?.....	1	2
10. Human immunodeficiency virus (HIV) testing and counseling?.....	1	2
11. Referrals for child care?	1	2
12. Identification of or referral for dental problems?.....	1	2
13. Prenatal education?.....	1	2
14. Identification or treatment of STDs?.....	1	2

5. During the past 12 months, have any physical activity programs, such as aerobics classes, basketball leagues, or walking or jogging clubs been offered to this school's faculty and staff?

Yes..... 1
 No 2

6. I'd like to ask about the use of school facilities or equipment that could be used for physical activity, such as a gym, cafeteria, swimming pool, weight-lifting equipment, and cardiovascular exercise equipment. Are any indoor or outdoor facilities or is any equipment made available for this school's faculty or staff to use?

Yes..... 1
 No 2

7. Currently, does someone at this school oversee or coordinate health promotion activities or services for this school's faculty and staff?

Yes..... 1
 No 2

If this school does not offer any faculty and staff health promotion or services (Q1, Q2, Q3a-k, Q4a-n, Q5, and Q6 are No), skip to Q12.

SHOW CARD 1

8. This card lists organizations or agencies that might offer health promotion activities or services to faculty and staff from this school. During the past 12 months, have any activities or services been offered to this school's faculty and staff by...

	Yes	No
1. A local health department?.....	1	2
2. A local hospital?	1	2
3. A local mental health or social services agency?	1	2
4. A university or medical school?.....	1	2
5. A managed care organization?	1	2
6. Any health organization, such as the American Heart Association or the American Cancer Society?	1	2
7. Your school district?.....	1	2

9. During the past 12 months, have...

	Yes	No
1. Notices been included with paychecks or sent with pay stubs to publicize the health promotion activities or services offered to faculty and staff from this school?	1	2
2. Fliers or bulletins been posted at the school to publicize the health promotion activities or services offered to faculty and staff ?.....	1	2
3. Letters been mailed directly to faculty and staff?	1	2
4. Announcements been made at staff meetings?	1	2
5. Special assemblies or presentations been offered?.....	1	2

10. During the past 12 months, ...

	Yes	No
1. Have financial incentives been offered to encourage participation in the health promotion activities or services?	1	2
2. Have prizes been awarded for individual participation to encourage participation in the health promotion activities or services?	1	2
3. Have competitions between groups of faculty and staff been held, for example, a contest between teachers from different grades or departments?	1	2
4. Has release time for participation been given?	1	2

11. I'd like to ask about the objectives of health promotion activities or services for this school's faculty and staff. When planning activities or services for this school's faculty and staff, is consideration given to...

	Yes	No
1. Reducing the number of sick days used?.....	1	2
2. Reducing the use or cost of health insurance benefits?.....	1	2
3. Reducing the number of faculty and staff injuries?.....	1	2
4. Improving faculty and staff morale?	1	2
5. Creating an environment in which faculty and staff serve as "healthy" role models for students?	1	2

Next, I would like to ask about faculty and staff health examinations and screenings required for employment.

SHOW CARD 2

12. Please tell me which of these statements best describes the requirement for a physical health examination prior to employment.

- It is required of all faculty and staff prior to employment. 1
- It is required depending on the position the person will have at the school..... 2
- It is required depending on something other than the person's position..... 3
- It is not required of any faculty or staff prior to employment... .. 4

13. Which of the statements on this card best describes the requirement for tuberculosis or TB screening prior to employment?

- It is required of all faculty and staff prior to employment..... 1
- It is required depending on the position the person will have at the school..... 2
- It is required depending on something other than the person's position..... 3
- It is not required of any faculty or staff prior to employment. 4

14. Which of the statements on this card best describes the requirement for illegal drug use screening prior to employment?

- It is required of all faculty and staff prior to employment..... 1
- It is required depending on the position the person will have at the school..... 2
- It is required depending on something other than the person's position..... 3
- It is not required of any faculty or staff prior to employment. 4

SHOW CARD 3

15. Finally, I would like to ask about health examinations that this school's faculty and staff are required to receive periodically while they are employed at this school.

Which of the statements on this card best describes the requirement for a physical health examination while employed at this school?

- It is required periodically of all faculty and staff while employed at the school. 1
- It is required periodically depending on the position the person has at the school. 2
- It is required periodically depending on something other than the person's position..... 3
- It is not required of any faculty or staff while employed at the school..... 4

16. Which of the statements on this card best describes the requirement for tuberculosis or TB screening while employed at this school?

- It is required periodically of all faculty and staff while employed at the school. 1
- It is required periodically depending on the position the person has at the school.2
- It is required periodically depending on something other than the person's position.3
- It is not required of any faculty or staff while employed at the school.4

17. Which of the statements on this card best describes the requirement for illegal drug use screening while employed at this school?

- It is required periodically of all faculty and staff while employed at the school. 1
- It is required periodically depending on the position the person has at the school.2
- It is required periodically depending on something other than the person's position.3
- It is not required of any faculty or staff while employed at the school.4

18. My supervisor may wish to call you to ask about how I conducted this interview. Would you please tell me a telephone number where we might reach you starting with the area code?

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- 1) Daytime or
- 2) Evening/weekend

Thank you very much for taking the time to complete this interview.