

Questionnaire for Schools

A. Identification Data:

- A.1 *Name of School:* _____
- A.2 *State/ Province/ etc.:* _____
- A.3 *Country:* _____
- A.4 *Address:* _____
- A.5 *Telephone:* _____
- A.6 *Fax:* _____
- A.7 *Email:* _____
- A.8 *Contact Person/Position:* _____

B. General Information:

B.1 *Type of School:*

Public

Private

Religious

B.2 *Grades Offered:*

Elementary

Pre-School

Secondary

Kindergarten

B.3 *Age of Pupils (Youngest - Oldest):* _____

B.4 *Number of Male Pupil:* _____

B.5 *Number of Female Pupil:* _____

B.6 *Number of Staff: Teachers:* _____

Other: _____

C. Social Environment:

C.1 *Description of Area:*

Rural

Suburban

Urban

Inner City

C.2 *Ethnic Background of Pupil:*

Percentage:

European:

Indigenous:

African:

Asian:

Latin (US/CAN):

“Nationals”:

Others:

C.3 *Which parts of the city, towns or villages do the school children come from:*

C.4 *How many children do not have adult supervision after school?*

Many

Medium

Few

C.5 How would you consider the after school opportunities for children/adolescents?

	<i>adequate</i>	<i>moderate</i>	<i>inadequate</i>	<i>not available</i>
<i>recreation/sports</i>				
<i>arts/crafts</i>				
<i>education</i>				
<i>Others: _____</i>				

C.6 Average Family Income:

high

medium

low

C.7 Unemployment Rate in School Area: _____%

C.8 Percentage of Single Parent Families: _____%

C.9 Percentage of female headed households: _____%

C.10 Housing Situation in school area:

One Family Houses

Two Family Houses

Farms

Apartments

Hotels

Homeless

Other: _____

C.11 How would you consider the conditions and environment of the school

	<i>adequate</i>	<i>moderate</i>	<i>inadequate</i>	<i>not available</i>
<i>sanitation</i>				
<i>electricity</i>				
<i>classrooms</i>				
<i>windows/light supply</i>				
<i>water supply</i>				
<i>classroom equipment</i>				
<i>green areas</i>				
<i>play ground</i>				
<i>lounge for breaks</i>				

D. Needs Assessment and Analysis of the Situation

	<i>at school</i>	<i>in the community</i>
D.1 <i>Is there a needs assessment and/or diagnosis of the local health situation? (If the answer is NO please go to Section E)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
D.2 <i>Date it was completed (Day, Month, Year):</i>	___/___/___	___/___/___

D.3 *Participation in the study design:*

<i>Did representatives of the school participate in the study design?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Did any parents participate?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Did any pupil participate?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Did any NGO's participate?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Did any local personal from health and other sectors participate?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

D.4 Please state the key elements/ instruments for the needs assessment and/or the diagnosis of the local health situation. (please check)

surveys

interviews

focus groups

meetings

Other:

E. Implementation of an Action Plan

E.1 Is there a plan of action to create a health promoting school?
(If the answer is NO, go to question E.6)

Yes No

E.2 What are the main goals of the plan of action for the next 2-3 years?

E.3 Have activities been implemented according to the plan of action?

Yes No

E.4 Major areas of action (use the table below to indicate what programs are being implemented as part of the health promoting school process), please check:

		<i>Program Activities</i>			
		<i>Health Education</i>	<i>Improving Environment</i>	<i>Service Delivery</i>	<i>Research</i>
<i>A r e a o f A c t i o n</i>	<i>Accidents</i>				
	<i>Addictions (tobacco, alcohol, illegal drugs)</i>				
	<i>Immunization</i>				
	<i>Drivers Education</i>				
	<i>Physical Exercise</i>				
	<i>Food and Nutrition</i>				
	<i>Disease Prevention: infections: dengue diarrhea malaria parasites chronic illness HIV/AIDS, STD</i>				
	<i>Mental Health</i>				
	<i>Violence</i>				
	<i>Stress-Coping</i>				
	<i>Personal Development</i>				
	<i>Sex-Education</i>				
	<i>Family Planning</i>				
	<i>Self-esteem</i>				
	<i>Peace</i>				
	<i>Democracy</i>				
	<i>Environment</i>				
<i>Ecology</i>					

E.5 What sectors participate in these activities?:

Health

Education

Community

Local Government

Private Sector

Sanitation

Others:

(Please go to Section F)

E.6 If there is no action plan, are there projects and activities that respond to specific needs identified by the school?

Yes

No

If YES, please explain:

E.7 What sectors and/or community organizations were involved?

E.8 What have been the greatest outputs and results, and what difficulties and limitations were encountered while implementing the plan of action?

List the outputs and results:

List the difficulties and limitations:

F. Follow-up, Monitoring and Evaluation

F.1 *Is there a plan for monitoring and evaluation?* Yes No
(If the answer is NO, please go to Section G)

F.2 *Participation in follow-up, monitoring and evaluation; check participants below:*

Community

Teachers

Parents

Students

Others: _____

F.3 *Does the plan have process indicators and/or outcome, impact evaluation indicators?*

list three process indicators that you consider most relevant:

list three outcome or impact indicators that are most effective:

F.4 *Subjective assessment of the degree of development of the evaluation plan and indicators:*

Evaluation is included as the final phase of the project, mostly quantitative indicators, and little school participation Yes No

Results of process evaluation are used to adjust the activities, these are frequently discussed at school meetings Yes No

Representatives of the school and other sectors of the community participate in designing the evaluation

Yes No

Follow-up actions are being implemented with the participation of the school and other sectors of the community

Yes No

Comments: _____

F.5 How has the healthy schools movement contributed to the promotion of health: Health Outcomes (please check below):

	<i>Students</i>			<i>Teachers</i>		
<i>Health Outcomes</i>	<i>increased</i>	<i>decreased</i>	<i>same</i>	<i>increased</i>	<i>decreased</i>	<i>same</i>
<i>Infections</i>						
<i>Nutrition</i>						
<i>Tobacco</i>						
<i>Alcohol</i>						
<i>Marihuana</i>						
<i>Exercise</i>						
<i>Mental Health</i>						

F.6 Educational Outcomes (please check below)

	<i>Students</i>			<i>Teachers</i>		
<i>Educational Outcomes</i>	<i>increased</i>	<i>decreased</i>	<i>same</i>	<i>increased</i>	<i>decreased</i>	<i>same</i>
<i>Absenteeism</i>						
<i>Drop out</i>						
<i>School Failure</i>						

F.7 Institutional and Environmental Outcomes (list the outcomes) What has been the impact on the relationship:

of the school with the health personnel?:

of the school with the community?:

of the school with the parents?:

between teachers and students?:

among students ?:

G. Network Activities:

*G.1 Date of the Beginning of Activities as a Health Promoting School
(Day, Month, Year): __/__/__*

G.2 Motivation to Join a Health Promoting School Network: _____

G.3 Name of network:

*G.4 Joining other (state, local) networks:
(If answer is NO go to no. F.9)*

Yes No

If answer is YES, please list:

*G.5 Did the school send to the network an information
bulletin for dissemination of experiences?
(If the answer is YES, please include a copy of one)*

Yes No

G.6 *Has a teacher training been accomplished in health promotion?* Yes No

G.7 *Are further teacher training sessions to be conducted.* Yes No

G.8 *Has a Youth risk behavior survey been completed?* Yes No

G.9 *Name of Network coordinator:* _____

G.10 *Address:* _____

G.11 *Telephone* _____

G.12 *Fax:* _____

G.13 *Email:* _____

G.14 *Name of Person who answered this form:* _____

G.15 *Address:* _____

G.16 *Phone:* _____

G.17 *Fax:* _____

G.18 *Email:* _____

G.19 *Date of completion (Day/Month/Year):* ___/___/___

G.20 *General observations:* _____
