

**2016 SCHOOL HEALTH PROFILES  
LEAD HEALTH EDUCATION TEACHER QUESTIONNAIRE**

This questionnaire will be used to assess school health education 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 **lead health education teacher** (or the person acting in that capacity) and concerns only activities that occur in the **school 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. Write any additional comments you wish to make at the end of this questionnaire.
5. 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: \_\_\_\_\_

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

**2016 SCHOOL HEALTH PROFILES  
LEAD HEALTH EDUCATION TEACHER QUESTIONNAIRE**

**REQUIRED HEALTH EDUCATION COURSES**

(Definition: A required health education course is one that students must take for graduation or promotion from your school and includes instruction about health topics such as injuries and violence, alcohol and other drug use, tobacco use, nutrition, HIV infection, and physical activity.)

1. **How many required health education courses do students take in grades 6 through 12 in your school?** (Mark one response.)

- 0 courses → **Skip to Question 4**
- 1 course
- 2 courses
- 3 courses
- 4 or more courses

2. **Is a required health 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.”)

	<b>Grade</b>	<b>Yes</b>	<b>No</b>	<b>Grade not taught in your school</b>
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"/>

3. **If students fail a required health education course, are they required to repeat it?** (Mark one response.)

- Yes
- No

**HEALTH EDUCATION MATERIALS**

The following questions apply to any instruction on health topics such as those listed above Question 1, including instruction that is not required and instruction that occurs outside of health education courses.

4. Are those who teach health education at your school provided with each of the following materials? (Mark yes or no for each material.)

<b>Material</b>	<b>Yes</b>	<b>No</b>
a. Goals, objectives, and expected outcomes for health education.....	<input type="checkbox"/>	<input type="checkbox"/>
b. A chart describing the annual scope and sequence of instruction for health education.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Plans for how to assess student performance in health education.....	<input type="checkbox"/>	<input type="checkbox"/>
d. A written health education curriculum.....	<input type="checkbox"/>	<input type="checkbox"/>

5. Does your health education curriculum address each of the following skills? (Mark yes or no for each skill, or mark NA for each skill if your school does not have a health education curriculum.)

<b>Skill</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>
a. Comprehending concepts related to health promotion and disease prevention to enhance health .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Analyzing the influence of family, peers, culture, media, technology, and other factors on health behaviors.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Accessing valid information and products and services to enhance health.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Using interpersonal communication skills to enhance health and avoid or reduce health risks .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Using decision-making skills to enhance health.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Using goal-setting skills to enhance health .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Practicing health-enhancing behaviors to avoid or reduce risks.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Advocating for personal, family, and community health.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. **Are those who teach sexual health education at your school provided with each of the following materials?** (Mark yes or no for each material, or mark NA for each material if no one in your school teaches sexual health education.)

<b>Material</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>
a. Goals, objectives, and expected outcomes for sexual health education.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. A written health education curriculum that includes objectives and content addressing sexual health education .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. A chart describing the annual scope and sequence of instruction for sexual health education.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Strategies that are age-appropriate, relevant, and actively engage students in learning.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Methods to assess student knowledge and skills related to sexual health education .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. **Does your school provide curricula or supplementary materials that include HIV, STD, or pregnancy prevention information that is relevant to lesbian, gay, bisexual, transgender, and questioning youth (e.g., curricula or materials that use inclusive language or terminology)?** (Mark one response.)

- Yes  
 No

**REQUIRED HEALTH EDUCATION**

(Definition: Required health education means any classroom instruction on health topics such as those listed above Question 1, including instruction that occurs outside of health education courses that students must receive for graduation or promotion from your school.)

**8. Is health education instruction required for students in any of grades 6 through 12 in your school?** (Mark one response.)

- Yes
- No

**9. During this school year, have teachers in your school tried to increase student knowledge on each of the following topics in a required course in any of grades 6 through 12?** (Mark yes or no for each topic.)

<b>Topic</b>	<b>Yes</b>	<b>No</b>
a. Alcohol- or other drug-use prevention .....	<input type="checkbox"/>	<input type="checkbox"/>
b. Asthma .....	<input type="checkbox"/>	<input type="checkbox"/>
c. Chronic disease prevention (e.g., diabetes, obesity prevention) .....	<input type="checkbox"/>	<input type="checkbox"/>
d. Emotional and mental health.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Epilepsy or seizure disorder.....	<input type="checkbox"/>	<input type="checkbox"/>
f. Food allergies .....	<input type="checkbox"/>	<input type="checkbox"/>
g. Foodborne illness prevention .....	<input type="checkbox"/>	<input type="checkbox"/>
h. Human immunodeficiency virus (HIV) prevention .....	<input type="checkbox"/>	<input type="checkbox"/>
i. Human sexuality .....	<input type="checkbox"/>	<input type="checkbox"/>
j. Infectious disease prevention (e.g., influenza [flu] prevention) .....	<input type="checkbox"/>	<input type="checkbox"/>
k. Injury prevention and safety .....	<input type="checkbox"/>	<input type="checkbox"/>
l. Nutrition and dietary behavior .....	<input type="checkbox"/>	<input type="checkbox"/>
m. Physical activity and fitness .....	<input type="checkbox"/>	<input type="checkbox"/>
n. Pregnancy prevention .....	<input type="checkbox"/>	<input type="checkbox"/>
o. Sexually transmitted disease (STD) prevention.....	<input type="checkbox"/>	<input type="checkbox"/>
p. Suicide prevention .....	<input type="checkbox"/>	<input type="checkbox"/>
q. Tobacco-use prevention .....	<input type="checkbox"/>	<input type="checkbox"/>
r. Violence prevention (e.g., bullying, fighting, dating violence prevention).....	<input type="checkbox"/>	<input type="checkbox"/>

**10. During this school year, did teachers in your school teach each of the following tobacco-use prevention topics in a required course for students in any of grades 6 through 12? (Mark yes or no for each topic.)**

<b>Topic</b>	<b>Yes</b>	<b>No</b>
a. Identifying tobacco products and the harmful substances they contain..	<input type="checkbox"/>	<input type="checkbox"/>
b. Identifying short- and long-term health consequences of tobacco use....	<input type="checkbox"/>	<input type="checkbox"/>
c. Identifying social, economic, and cosmetic consequences of tobacco use .....	<input type="checkbox"/>	<input type="checkbox"/>
d. Understanding the addictive nature of nicotine .....	<input type="checkbox"/>	<input type="checkbox"/>
e. Effects of nicotine on the adolescent brain.....	<input type="checkbox"/>	<input type="checkbox"/>
f. Effects of tobacco use on athletic performance .....	<input type="checkbox"/>	<input type="checkbox"/>
g. Effects of second-hand smoke and benefits of a smoke-free environment .....	<input type="checkbox"/>	<input type="checkbox"/>
h. Understanding the social influences on tobacco use, including media, family, peers, and culture .....	<input type="checkbox"/>	<input type="checkbox"/>
i. Identifying reasons why students do and do not use tobacco .....	<input type="checkbox"/>	<input type="checkbox"/>
j. Making accurate assessments of how many peers use tobacco .....	<input type="checkbox"/>	<input type="checkbox"/>
k. Using interpersonal communication skills to avoid tobacco use (e.g., refusal skills, assertiveness).....	<input type="checkbox"/>	<input type="checkbox"/>
l. Using goal-setting and decision-making skills related to not using tobacco .....	<input type="checkbox"/>	<input type="checkbox"/>
m. Finding valid information and services related to tobacco-use prevention and cessation .....	<input type="checkbox"/>	<input type="checkbox"/>
n. Supporting others who abstain from or want to quit using tobacco .....	<input type="checkbox"/>	<input type="checkbox"/>
o. Identifying harmful effects of tobacco use on fetal development.....	<input type="checkbox"/>	<input type="checkbox"/>
p. Relationship between using tobacco and alcohol or other drugs .....	<input type="checkbox"/>	<input type="checkbox"/>
q. How addiction to tobacco use can be treated .....	<input type="checkbox"/>	<input type="checkbox"/>
r. Understanding school policies and community laws related to the sale and use of tobacco products .....	<input type="checkbox"/>	<input type="checkbox"/>
s. Benefits of tobacco cessation programs.....	<input type="checkbox"/>	<input type="checkbox"/>

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**11. During this school year, did teachers in your school teach each of the following sexual health topics in a required course for students in each of the grade spans below? (Mark yes or no for each topic for each grade span, or mark NA for each topic if your school does not contain grades in that grade span.)**

<b>Topic</b>	<b>Grades</b>			<b>Grades</b>		
	<b>6, 7, or 8</b>			<b>9, 10, 11, or 12</b>		
	Yes	No	NA	Yes	No	NA
a. How HIV and other STDs are transmitted .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Health consequences of HIV, other STDs, and pregnancy .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The benefits of being sexually abstinent .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How to access valid and reliable health information, products, and services related to HIV, other STDs, and pregnancy .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The influences of family, peers, media, technology and other factors on sexual risk behaviors.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Communication and negotiation skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Goal-setting and decision-making skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Influencing and supporting others to avoid or reduce sexual risk behaviors.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Efficacy of condoms, that is, how well condoms work and do not work .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. The importance of using condoms consistently and correctly.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. How to obtain condoms.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. How to correctly use a condom .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Methods of contraception other than condoms .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. The importance of using a condom at the same time as another form of contraception to prevent both STDs and pregnancy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. How to create and sustain healthy and respectful relationships.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. The importance of limiting the number of sexual partners.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Preventive care (such as screenings and immunizations) that is necessary to maintain reproductive and sexual health .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Sexual orientation .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Gender roles, gender identity, or gender expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. **During this school year, did teachers in your school assess the ability of students to do each of the following in a required course for students in each of the grade spans below?** (Mark yes or no for each topic for each grade span, or mark NA for each topic if your school does not contain grades in that grade span.)

<b>Topic</b>	<u>Grades</u>			<u>Grades</u>		
	<u>6, 7, or 8</u>			<u>9, 10, 11, or 12</u>		
	Yes	No	NA	Yes	No	NA
a. Comprehend concepts important to prevent HIV, other STDs and pregnancy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Analyze the influence of family, peers, culture, media, technology, and other factors on sexual risk behaviors.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Access valid information, products, and services to prevent HIV, other STDs and pregnancy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Use interpersonal communication skills to avoid or reduce sexual risk behaviors.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Use decision-making skills to prevent HIV, other STDs and pregnancy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Set personal goals that enhance health, take steps to achieve these goals, and monitor progress in achieving them.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Influence and support others to avoid or reduce sexual risk behaviors.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**13. During this school year, did teachers in your school teach each of the following nutrition and dietary behavior topics in a required course for students in any of grades 6 through 12? (Mark yes or no for each topic.)**

<b>Topic</b>	<b>Yes</b>	<b>No</b>
a. Benefits of healthy eating .....	<input type="checkbox"/>	<input type="checkbox"/>
b. Benefits of drinking plenty of water .....	<input type="checkbox"/>	<input type="checkbox"/>
c. Benefits of eating breakfast every day .....	<input type="checkbox"/>	<input type="checkbox"/>
d. Food guidance using the current Dietary Guidelines for Americans (e.g., MyPlate, MyPyramid) .....	<input type="checkbox"/>	<input type="checkbox"/>
e. Using food labels .....	<input type="checkbox"/>	<input type="checkbox"/>
f. Differentiating between nutritious and non-nutritious beverages.....	<input type="checkbox"/>	<input type="checkbox"/>
g. Balancing food intake and physical activity .....	<input type="checkbox"/>	<input type="checkbox"/>
h. Eating more fruits, vegetables, and whole grain products.....	<input type="checkbox"/>	<input type="checkbox"/>
i. Choosing foods and snacks that are low in solid fat (i.e., saturated and trans fat).....	<input type="checkbox"/>	<input type="checkbox"/>
j. Choosing foods, snacks, and beverages that are low in added sugars .....	<input type="checkbox"/>	<input type="checkbox"/>
k. Choosing foods and snacks that are low in sodium .....	<input type="checkbox"/>	<input type="checkbox"/>
l. Eating a variety of foods that are high in calcium .....	<input type="checkbox"/>	<input type="checkbox"/>
m. Eating a variety of foods that are high in iron.....	<input type="checkbox"/>	<input type="checkbox"/>
n. Food safety .....	<input type="checkbox"/>	<input type="checkbox"/>
o. Preparing healthy meals and snacks.....	<input type="checkbox"/>	<input type="checkbox"/>
p. Risks of unhealthy weight control practices .....	<input type="checkbox"/>	<input type="checkbox"/>
q. Accepting body size differences .....	<input type="checkbox"/>	<input type="checkbox"/>
r. Signs, symptoms, and treatment for eating disorders .....	<input type="checkbox"/>	<input type="checkbox"/>
s. Relationship between diet and chronic diseases .....	<input type="checkbox"/>	<input type="checkbox"/>
t. Assessing body mass index (BMI) .....	<input type="checkbox"/>	<input type="checkbox"/>

14. **During this school year, did teachers in your school teach each of the following physical activity topics in a required course for students in any of grades 6 through 12? (Mark yes or no for each topic.)**

<b>Topic</b>	<b>Yes</b>	<b>No</b>
a. Short-term and long-term benefits of physical activity, including reducing the risks for chronic disease.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Mental and social benefits of physical activity .....	<input type="checkbox"/>	<input type="checkbox"/>
c. Health-related fitness (i.e., cardiorespiratory endurance, muscular endurance, muscular strength, flexibility, and body composition) .....	<input type="checkbox"/>	<input type="checkbox"/>
d. Phases of a workout (i.e., warm-up, workout, and cool down) .....	<input type="checkbox"/>	<input type="checkbox"/>
e. Recommended amounts and types of moderate, vigorous, muscle-strengthening, and bone-strengthening physical activity .....	<input type="checkbox"/>	<input type="checkbox"/>
f. Decreasing sedentary activities (e.g., television viewing, using video games).....	<input type="checkbox"/>	<input type="checkbox"/>
g. Preventing injury during physical activity .....	<input type="checkbox"/>	<input type="checkbox"/>
h. Weather-related safety (e.g., avoiding heat stroke, hypothermia, and sunburn while physically active) .....	<input type="checkbox"/>	<input type="checkbox"/>
i. Dangers of using performance-enhancing drugs (e.g., steroids) .....	<input type="checkbox"/>	<input type="checkbox"/>
j. Increasing daily physical activity.....	<input type="checkbox"/>	<input type="checkbox"/>
k. Incorporating physical activity into daily life (without relying on a structured exercise plan or special equipment) .....	<input type="checkbox"/>	<input type="checkbox"/>
l. Using safety equipment for specific physical activities .....	<input type="checkbox"/>	<input type="checkbox"/>
m. Benefits of drinking water before, during, and after physical activity .....	<input type="checkbox"/>	<input type="checkbox"/>

**COLLABORATION**

**15. During this school year, have any health education staff worked with each of the following groups on health education activities?** (Mark yes or no for each group.)

<b>Group</b>	<b>Yes</b>	<b>No</b>
a. Physical education staff.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Health services staff (e.g., nurses) .....	<input type="checkbox"/>	<input type="checkbox"/>
c. Mental health or social services staff (e.g., psychologists, counselors, social workers).....	<input type="checkbox"/>	<input type="checkbox"/>
d. Nutrition or food service staff.....	<input type="checkbox"/>	<input type="checkbox"/>
e. School health council, committee, or team.....	<input type="checkbox"/>	<input type="checkbox"/>

**16. During this school year, did your school provide parents and families with health information designed to increase parent and family knowledge of each of the following topics?** (Mark yes or no for each topic.)

<b>Topic</b>	<b>Yes</b>	<b>No</b>
a. HIV prevention, STD prevention, or teen pregnancy prevention.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Tobacco-use prevention .....	<input type="checkbox"/>	<input type="checkbox"/>
c. Alcohol- or other drug-use prevention .....	<input type="checkbox"/>	<input type="checkbox"/>
d. Physical activity .....	<input type="checkbox"/>	<input type="checkbox"/>
e. Nutrition and healthy eating .....	<input type="checkbox"/>	<input type="checkbox"/>
f. Asthma .....	<input type="checkbox"/>	<input type="checkbox"/>
g. Food allergies .....	<input type="checkbox"/>	<input type="checkbox"/>
h. Diabetes .....	<input type="checkbox"/>	<input type="checkbox"/>
i. Preventing student bullying and sexual harassment, including electronic aggression (i.e., cyber-bullying) .....	<input type="checkbox"/>	<input type="checkbox"/>

**17. During this school year, have teachers in this school given students homework assignments or health education activities to do at home with their parents?** (Mark one response.)

- Yes
- No

**PROFESSIONAL DEVELOPMENT**

**18. During the past two years, did you receive professional development (e.g., workshops, conferences, continuing education, any other kind of in-service) on each of the following topics?** (Mark yes or no for each topic.)

<b>Topic</b>	<b>Yes</b>	<b>No</b>
a. Alcohol- or other drug-use prevention .....	<input type="checkbox"/>	<input type="checkbox"/>
b. Asthma .....	<input type="checkbox"/>	<input type="checkbox"/>
c. Chronic disease prevention (e.g., diabetes, obesity prevention) .....	<input type="checkbox"/>	<input type="checkbox"/>
d. Emotional and mental health.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Epilepsy or seizure disorder.....	<input type="checkbox"/>	<input type="checkbox"/>
f. Food allergies .....	<input type="checkbox"/>	<input type="checkbox"/>
g. Foodborne illness prevention .....	<input type="checkbox"/>	<input type="checkbox"/>
h. HIV prevention.....	<input type="checkbox"/>	<input type="checkbox"/>
i. Human sexuality .....	<input type="checkbox"/>	<input type="checkbox"/>
j. Infectious disease prevention (e.g., flu prevention) .....	<input type="checkbox"/>	<input type="checkbox"/>
k. Injury prevention and safety .....	<input type="checkbox"/>	<input type="checkbox"/>
l. Nutrition and dietary behavior .....	<input type="checkbox"/>	<input type="checkbox"/>
m. Physical activity and fitness .....	<input type="checkbox"/>	<input type="checkbox"/>
n. Pregnancy prevention .....	<input type="checkbox"/>	<input type="checkbox"/>
o. STD prevention .....	<input type="checkbox"/>	<input type="checkbox"/>
p. Suicide prevention .....	<input type="checkbox"/>	<input type="checkbox"/>
q. Tobacco-use prevention .....	<input type="checkbox"/>	<input type="checkbox"/>
r. Violence prevention (e.g., bullying, fighting, dating violence prevention).....	<input type="checkbox"/>	<input type="checkbox"/>

**19. During the past two years, did you receive professional development (e.g., workshops, conferences, continuing education, any other kind of in-service) on each of the following topics?** (Mark yes or no for each topic.)

<b>Topic</b>	<b>Yes</b>	<b>No</b>
a. Teaching students with physical, medical, or cognitive disabilities .....	<input type="checkbox"/>	<input type="checkbox"/>
b. Teaching students of various cultural backgrounds .....	<input type="checkbox"/>	<input type="checkbox"/>
c. Teaching students with limited English proficiency.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Teaching students of different sexual orientations or gender identities...	<input type="checkbox"/>	<input type="checkbox"/>
e. Using interactive teaching methods (e.g., role plays, cooperative group activities).....	<input type="checkbox"/>	<input type="checkbox"/>
f. Encouraging family or community involvement .....	<input type="checkbox"/>	<input type="checkbox"/>
g. Teaching skills for behavior change.....	<input type="checkbox"/>	<input type="checkbox"/>
h. Classroom management techniques (e.g., social skills training, environmental modification, conflict resolution and mediation, behavior management).....	<input type="checkbox"/>	<input type="checkbox"/>
i. Assessing or evaluating students in health education.....	<input type="checkbox"/>	<input type="checkbox"/>

**20. During the past two years, did you receive professional development (e.g., workshops, conferences, continuing education, any other kind of in-service) on each of the following topics related to teaching sexual health education?** (Mark yes or no for each topic. If you did not receive professional development on sexual health education, mark no for each topic.)

<b>Topic</b>	<b>Yes</b>	<b>No</b>
a. Aligning lessons and materials with the district scope and sequence for sexual health education.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Creating a comfortable and safe learning environment for students receiving sexual health education .....	<input type="checkbox"/>	<input type="checkbox"/>
c. Connecting students to on-site or community-based sexual health services .....	<input type="checkbox"/>	<input type="checkbox"/>
d. Using a variety of effective instructional strategies to deliver sexual health education.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Building student skills in HIV, other STD, and pregnancy prevention....	<input type="checkbox"/>	<input type="checkbox"/>
f. Assessing student knowledge and skills in sexual health education.....	<input type="checkbox"/>	<input type="checkbox"/>
g. Understanding current district or school board policies or curriculum guidance regarding sexual health education.....	<input type="checkbox"/>	<input type="checkbox"/>

**21. Would you like to receive professional development on each of the following topics?** (Mark yes or no for each topic.)

<b>Topic</b>	<b>Yes</b>	<b>No</b>
a. Alcohol- or other drug-use prevention .....	<input type="checkbox"/>	<input type="checkbox"/>
b. Asthma .....	<input type="checkbox"/>	<input type="checkbox"/>
c. Chronic disease prevention (e.g., diabetes, obesity prevention) .....	<input type="checkbox"/>	<input type="checkbox"/>
d. Emotional and mental health.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Epilepsy or seizure disorder.....	<input type="checkbox"/>	<input type="checkbox"/>
f. Food allergies .....	<input type="checkbox"/>	<input type="checkbox"/>
g. Foodborne illness prevention .....	<input type="checkbox"/>	<input type="checkbox"/>
h. HIV prevention.....	<input type="checkbox"/>	<input type="checkbox"/>
i. Human sexuality .....	<input type="checkbox"/>	<input type="checkbox"/>
j. Infectious disease prevention (e.g., flu prevention) .....	<input type="checkbox"/>	<input type="checkbox"/>
k. Injury prevention and safety .....	<input type="checkbox"/>	<input type="checkbox"/>
l. Nutrition and dietary behavior .....	<input type="checkbox"/>	<input type="checkbox"/>
m. Physical activity and fitness .....	<input type="checkbox"/>	<input type="checkbox"/>
n. Pregnancy prevention .....	<input type="checkbox"/>	<input type="checkbox"/>
o. STD prevention .....	<input type="checkbox"/>	<input type="checkbox"/>
p. Suicide prevention .....	<input type="checkbox"/>	<input type="checkbox"/>
q. Tobacco-use prevention .....	<input type="checkbox"/>	<input type="checkbox"/>
r. Violence prevention (e.g., bullying, fighting, dating violence prevention).....	<input type="checkbox"/>	<input type="checkbox"/>

**22. Would you like to receive professional development on each of the following topics?**  
(Mark yes or no for each topic.)

<b>Topic</b>	<b>Yes</b>	<b>No</b>
a. Teaching students with physical, medical, or cognitive disabilities .....	<input type="checkbox"/>	<input type="checkbox"/>
b. Teaching students of various cultural backgrounds .....	<input type="checkbox"/>	<input type="checkbox"/>
c. Teaching students with limited English proficiency.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Teaching students of different sexual orientations or gender identities...	<input type="checkbox"/>	<input type="checkbox"/>
e. Using interactive teaching methods (e.g., role plays, cooperative group activities).....	<input type="checkbox"/>	<input type="checkbox"/>
f. Encouraging family or community involvement .....	<input type="checkbox"/>	<input type="checkbox"/>
g. Teaching skills for behavior change.....	<input type="checkbox"/>	<input type="checkbox"/>
h. Classroom management techniques (e.g., social skills training, environmental modification, conflict resolution and mediation, behavior management).....	<input type="checkbox"/>	<input type="checkbox"/>
i. Assessing or evaluating students in health education.....	<input type="checkbox"/>	<input type="checkbox"/>

**23. Would you like to receive professional development on each of the following topics related to teaching sexual health education?** (Mark yes or no for each topic.)

<b>Topic</b>	<b>Yes</b>	<b>No</b>
a. Aligning lessons and materials with the district scope and sequence for sexual health education.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Creating a comfortable and safe learning environment for students receiving sexual health education .....	<input type="checkbox"/>	<input type="checkbox"/>
c. Connecting students to on-site or community-based sexual health services .....	<input type="checkbox"/>	<input type="checkbox"/>
d. Using a variety of effective instructional strategies to deliver sexual health education.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Building student skills in HIV, other STD, and pregnancy prevention....	<input type="checkbox"/>	<input type="checkbox"/>
f. Assessing student knowledge and skills in sexual health education.....	<input type="checkbox"/>	<input type="checkbox"/>
g. Understanding current district or school board policies or curriculum guidance regarding sexual health education.....	<input type="checkbox"/>	<input type="checkbox"/>

**PROFESSIONAL PREPARATION**

24. **What was the major emphasis of your professional preparation?** (Mark one response.)

- Health and physical education combined
- Health education
- Physical education
- Other education degree
- Kinesiology, exercise science, or exercise physiology
- Home economics or family and consumer science
- Biology or other science
- Nursing
- Counseling
- Public health
- Nutrition
- Other

25. **Currently, are you certified, licensed, or endorsed by the state to teach health education in middle school or high school?** (Mark one response.)

- Yes
- No

26. **Including this school year, how many years of experience do you have teaching health education courses or topics?** (Mark one response.)

- 1 year
- 2 to 5 years
- 6 to 9 years
- 10 to 14 years
- 15 years or more

**Thank you for your responses. Please return this questionnaire.**