**­Global School Health Policies and Practices Survey**

**(G-SHPPS)**

**2023**

This questionnaire will be used to assess school health policies and practices across our country. Your cooperation is essential for making the results of this survey comprehensive, accurate, and timely. Your answers will be kept confidential. Individual school results will not be reported.

**INSTRUCTIONS**

1. This questionnaire should be completed by the principal or headteacher (or the person acting in that capacity) and concerns only activities that occur in this school and local community. Please feel free to consult with other people (such as a health education teacher or school nurse) if you are not sure of an answer.

2. For the purposes of this questionnaire, a “policy” or “school policy” is any **written** law, rule, regulation, administrative order, guideline, standard, or similar kind of mandate issued or created **by this school or a local, state, district, or federal agency or organization with authority over this school**. Schools may sometimes grant policy exceptions or waivers, but please answer each question based on what is considered the general policy and standard practice in this school.

3. For the purposes of this questionnaire, “health” is defined as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

4. Follow the instructions for each question. If you are unsure about the meaning of a word or phrase that is bolded with an asterisk you will find a definition for it at the end of that question.

5. You may move forward and backward through the questionnaire by using the navigation buttons in the questionnaire. Do not use the forward and backward arrows on your browser.

6. If you need to stop responding and resume later, your responses will be saved. Just press the **Resume later** link at the bottom of the page before closing your browser. To resume please use the same URL or token provided initially to finalize your questionnaire.

7. Once you are comfortable with all your responses, click on the SUBMIT button at the end of the questionnaire.

8. Please answer every question.

9. If you have any questions about this survey, please contact the person identified on the email you were sent about this survey.

**THANK YOU FOR YOUR ASSISTANCE.**

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**1. School Overview**

1-01. Who attends this school?

 A. All genders

 B. Only males

 C. Only females

1-02. How many students are enrolled in this school? \_\_\_\_\_

1-03. How many full-time teachers provide instruction to students in this school? \_\_\_\_\_

1-04. Are the following educational levels taught in this school? *(Mark yes or no for each level.)*

  **Yes No**

 A. Primary education (**ISCED 1\***) O O

 B. Lower secondary education (ISCED 2) O O

 C. Upper secondary education (ISCED 3) O O

\*A widely-used global reference classification for education systems that is maintained and periodically revised by the UNESCO Institute for Statistics in consultation with Member States and other international and regional organizations. The International Standard for Classification of Education (ISCED) allows comparison of education systems across countries.

1-05. Is this a boarding school where students both learn and live?

 A. Yes

 B. No

1-06. How would you classify this school?

 A. Government or public school

 B. Non-government, religious, or private school

 C. None of the above

1-07. Is this school located in a mostly rural or mostly urban setting?

 A. Mostly rural

 B. Mostly urban

1-08. Does this school have internet service reliable enough that it can be routinely used for student instruction?

 A. Yes

 B. No

**2. School Health Services**

2-01. Which of the following statements **best** describes how **health services\*** are regularly provided to students in this school?

 A. Health services are provided both on school premises and at separate

 facilities (not on school premises) through a formal agreement with this school

 B. Health services are provided only on school premises

 C. Health services are provided only at separate facilities (not on school premises) through a formal agreement with this school to provide health services

 D. Health services are only provided on an emergency basis **(Go to 2-15)**

 E. I do not know **(Go to 2-15)**

\*Services provided by a health worker to students enrolled in primary or secondary education, either on school premises or in a facility not on school premises that has a formal agreement with the school to provide health services to the school’s students.

2-02. Which of the following statements best describes how school policy addresses health services for students?

 A. School policy provides a specific plan or guidelines for implementing health services for students

 B. Health services are mentioned in a school policy, but there is no specific plan or guideline for implementing health services for students

 C. Health services for students are not addressed in any school policy

 D. I do not know

2-03. Does this school have someone officially responsible for managing or coordinating this school’s health services?

 A. Yes

 B. No

 C. I do not know

2-04. Does this school have the supplies needed for teachers and other school staff to apply **standard or universal precautions**,**\*** including disposable gloves and bandages?

 A. Yes

 B. No

 C. I do not know

\*A method of infection control in which all human blood, certain body fluids, and fresh tissues and cells of human origin are handled as if they are known to be infected with Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and/or other blood-borne pathogens.

**School health workers**

2-05. Do the following types of **health workers\*** provide health services to students in this school? *(Mark yes or no or I do not know for each type of health worker.)*

 **Yes No I do not know**

 A. Nurses O O O

 B. Physicians O O O

 C. Psychologists, counsellors, or social workers O O O

 D. Dentists or dental hygienists O O O

 E. Nutritionists O O O

\*A health worker is a person whose main function is to deliver health promotion, prevention, care, and/or treatment services to students, such as a nurse or clinical psychologist, but not a teacher.

2-06. On average, how many days per week is a **health worker\*** available to students in this school?

 A. Less than 1 day

 B. 1 day

 C. 2 days

 D. 3 days

 E. 4 days

 F. 5 or more days

 G. I do not know

\*A health worker is a person whose main function is to deliver health promotion, prevention, care, and/or treatment services to students, such as a nurse or clinical psychologist, but not a teacher.

2-07. Does this school provide professional development opportunities to health workers to improve the quality of health services for students?

 A. Yes

 B. No

 C. I do not know

**Health services for students**

2-08. As part of the health services offered to students, are the following **preventive interventions\*** routinely provided? *(Mark yes or no or I do not know for each preventive intervention.)*

 **Yes No I do not know**

 A. Routine preventive health check-ups O O O

 B. Administration of recommended immunizations

 (such as **diphtheria, HPV, tetanus, measles, and rubella\*\***) O O O

 C. **Micronutrient\*\*\*** supplements (such as iron, iodine, zinc, or Vitamin A) O O O

\*A health intervention to prevent illness, disease, or injury.

\*\*Diptheria – A serious bacterial infection of the nose and throat.

 HPV – A sexually transmitted infection caused by the human papillomavirus that may lead to genital warts or cancer.

 Tetanus – A bacterial infection that causes painful muscle contractions particularly in the jaw and neck.

 Measles – A highly contagious viral disease characterized by a high fever and rash.

 Rubella – A viral disease characterized by a low fever, sore throat, and rash.

\*\*\*Vitamins and minerals vital to healthy development, disease prevention, and well-being.

2-09. Does this school provide information to students, parents, caregivers, and families about the value and importance of receiving routine immunizations to prevent infectious diseases?

 A. Yes

 B. No

 C. I do not know

2-10. As part of the health services offered to students, are the following **screenings\*** routinely provided for at least most students? *(Mark yes or no or I do not know for each screening.)*

  **Yes No I do not know**

 A. Eye and vision O O O

 B. Ear and hearing O O O

 C. Oral health O O O

 D. Nutrition (such as for **anaemia, malnutrition, and obesity\*\*)** O O O

**Note: If A, B, C, and D are all No or I do not know – Go to 2-12.**

\*Medical tests to check for diseases and health conditions before there are any signs or symptoms.

\*\*Anaemia – A condition marked by a lack of red blood cells or of hemoglobin in the blood.

 Malnutrition – Lack of proper nutrition caused by not having enough to eat, not eating enough of the right things, or another disease.

 Obesity – A disorder involving excess body fat that increases the risk of other health problems.

2-11. Do the following actions typically occur when a student’s screening indicates a potential problem? *(Mark yes or no or I do not know for each action.)*

  **Yes No I do not know**

 A. The student is notified O O O

 B. The student’s parents or caregiver are notified O O O

 C. The student’s teachers are notified O O O

 D. A referral is provided for an appropriate health worker O O O

2-12. As part of the health services offered to students, are the following **health promotion**\*activities routinely provided? *(Mark yes or no or I do not know for each health promotion activity.)*

 **Yes No I do not know**

 A. Timely care-seeking from an appropriate provider O O O

 B. Increased health literacy O O O

 C. Improved personal hygiene and handwashing with soap O O O

 D. Improved oral health care O O O

 E. Reduced consumption of sugar and **sugar-sweetened\*\*** beverages O O O

 F. Increased physical activity and limited **sedentary behaviour\*\*\*** O O O

 G. Appropriate use of electronic devices O O O

 H. Attainment of adequate sleep O O O

 I. Appropriate sun exposure for the context O O O

 J. Menstrual hygiene management O O O

**Note:** **Ask J only if females attend this school.**

\*The process of enabling individuals to increase control over, and to improve, their health. Health promotion can happen formally or informally, in a group or one-on-one, and in a clinical setting.

\*\*Sugar-sweetened beverages include carbonated soft drinks, sports drinks, energy drinks,100% fruit juices, fruit drinks that are not 100% juice, sugar-sweetened flavoured milks, and sugar-sweetened teas, coffees, or flavoured waters.

\*\*\*Activities occurring in a reclining, seated, or lying position requiring very low energy expenditure.

2-13. As part of the health services offered to students, are the following health services in each health area routinely provided to students? Health services may include a clinical assessment and subsequent care and support or referral to another facility for care. *(Mark yes or no or I do not know for each health service.)*

 **Yes No I do not know**

 **General/cross cutting**

 A. Provision of first aid O O O

 B. Administration of over-the-counter and prescribed medications O O O

 C. Control and management of pain (such as from a

 headache or toothache) O O O

 D. Management of non-specific symptoms (such as diarrhoea or fever) O O O

 **Positive health development**

 E. Identification of developmental difficulties and disabilities O O O

 F. Counselling related to physical and psychosocial development

 (such as puberty, skin changes, body image, or child marriage) O O O

 **Unintentional injury**

 G. Management of common childhood injuries (such as

 fractures or wounds) O O O

 H. Management of burns O O O

 I. Management of non-fatal drowning and related complications O O O

 **Violence**

 J. Counselling to prevent violence (including intimate partner

 violence, sexual violence, gender-based violence, bullying,

 and gang violence) O O O

 K. Support for victims of violence O O O

 **Sexual and reproductive health, including HIV**

 L. Contraceptive counselling O O O

 M. Counselling on prevention of HIV or sexually-transmitted infections O O O

 N. **HIV pre-exposure and/or post-exposure prophylaxis\*** O O O

 O. HIV testing services O O O

 P. Management of sexually-transmitted infections O O O

 Q. Management of pregnancy (including the option to continue

 or return to school) O O O

**Note: Ask Q only if females attend this school.**

\*Medicine taken to prevent getting HIV either before or after high risk behaviour.

2-14. As part of the health services offered to students, are the following health services in each health area routinely provided to students? Health services may include a clinical assessment and subsequent care and support or referral to another facility for care. *(Mark yes or no or I do not know for each health service.)*

 **Yes No I do not know**

 **Communicable disease**

 A. Management of common infections (such as ear, eye, dental,

 skin, throat, or urinary tract infections) O O O

 B. Management of other infectious diseases (such as **cholera, dengue,**

 **dysentery, helminths, tuberculosis, or malaria\***) O O O

 C. Support for chronic care of HIV-infected children O O O

 **Noncommunicable disease, physical disability, and nutrition**

 D. Management of **anaemia\*\*** (such as iron supplementation) O O O

 E. Support for management of overweight and **obesity\*\*\*** O O O

 F. Management of asthma O O O

 G. Management of other chronic conditions (such as developmental

 disabilities, diabetes, heart disease, or seizures) O O O

 H. Rehabilitation, assistive technology, and other services for injured or

 disabled children O O O

 **Mental health, substance use, and self-harm**

 I. Assessment of risk factors and health behaviours (such as tobacco

 use, drug use, or physical inactivity) O O O

 J. Counselling on tobacco, alcohol, and other substance use O O O

 K. Short-term counselling or crisis intervention focused on mental health

 or situational concerns (such as grief or difficult transitions) O O O

 L. Management of common behavioural disorders in

 children (such as ADHD) O O O

 M. Management of emotional, anxiety, and depressive disorders O O O

 N. Management of eating disorders (such as **anorexia or bulimia\*\*\*\***) O O O

 O. Stress management O O O

 P. Management of self-harm and/or suicide risk O O O

 Q. Management of **somatoform disorders\*\*\*\*\*** and other

 psychosomatic conditions O O O

 R. Management of psychotic disorders O O O

 S. Management of harmful use of, dependence on, or

 withdrawal from a substance (such as alcohol or illicit drugs) O O O

\*Cholera – A bacterial disease causing acute diarrhoea and dehydration.

 Dengue – A viral disease spread through the bite of a certain type of infected mosquito.

 Dysentery – A bacterial disease causing inflammation of the intestines and bloody diarrhoea.

 Helminths – A parasitic worm that causes disease.

 Tuberculosis – A bacterial infection that mainly effects the lungs.

 Malaria – A serious and sometimes fatal disease caused by a parasite that infects a certain type of mosquito that feeds on humans.

\*\*Anaemia – A condition marked by a lack of red blood cells or of hemoglobin in the blood.

\*\*\*Obesity – A disorder involving excess body fat that increases the risk of other health problems.

\*\*\*\*Anorexia – An eating disorder characterized by a very low body weight, an intense fear of gaining weight, and a distorted perception of weight.

 Bulimia - An eating disorder marked by binging followed by methods to avoid weight gain.

\*\*\*\*\*Physical symptoms that suggest illness or injury, but which cannot be explained fully by a general medical condition or by the direct effect of a substance.

**Health information management**

2-15. Are the following types of health information recorded or kept on file in hard copy or electronic format for students in this school? *(Mark yes or no or I do not know for each type of health information.)*

  **Yes No I do not know**

 A. Emergency contact information O O O

 B. Physical health history O O O

 C. Mental health history O O O

 D. Screening results O O O

 E. Vaccination history O O O

 F. Food allergy or other allergy information O O O

 G. Disabilities or special learning needs O O O

2-16. Are the following types of data routinely collected from all students that attend this school? *(Mark yes or no or I do not know for each type of data.)*

 **Yes No I do not know**

 A. Student health risk behaviours O O O

 B. Student injuries or illnesses that occur at school O O O

 C. Student use of school health services O O O

 D. Student perception of the quality of school health services O O O

 E. Reasons why students are absent from school O O O

**Note: If A, B, C, D, and E are all No or I do not know - Go to 2-18.**

2-17. Does this school have an established process for routinely reviewing these data collected from students to help develop and implement school policies, programs, or activities?

 A. Yes

 B. No

 C. I do not know

2-18. Does this school report any **notifiable diseases\*** or infectious disease outbreaks that occur at school among students to the federal, state, or local ministry of health?

 A. Yes

 B. No

 C. I do not know

\*A notifiable disease is any disease that is required by law to be reported to government authorities.

**School entry requirements**

2-19. Does this school have a policy of checking student’s vaccination history prior to enrollment?

 A. Yes

 B. No

 C. I do not know

2-20. Does this school require students to have a preventive health check-up prior to enrollment in this school?

 A. Yes

 B. No

 C. I do not know

**3. School Physical Environment**

**Water, sanitation, and hygiene**

3-01. Which of the following statements **best** describes the **current** service level of this school’s handwashing facilities for students?

 A. Soap and water are available at handwashing facilities for students

 B. Only water, but no soap, is available at handwashing facilities for students

 C. No water is available at handwashing facilities for students

 D. No handwashing facilities for students are available

 E. I do not know

3-02. Which of the following statements **best** describes the **current** service level of this school’s drinking water for students?

 A. Drinking water for students is available from an **improved source\***

 B. Drinking water for students comes from an **improved source**\*, but is not available

 C. Drinking water for students is available from an **unimproved source\*\***

 D. No drinking water for students is available

 E. I do not know

\*Improved drinking water sources includes sources that, by nature of their construction or through active intervention, are protected from outside contamination, particularly fecal matter. These include piped water in a dwelling, plot, or yard; public standpipe; borehole; protected dug well; protected spring; and rainwater collection.

\*\*Unimproved drinking water sources include unprotected dug well, unprotected spring, cart with small tank/drum, tanker truck, and surface water (river, dam, lake, pond, stream, canal, and irrigation channels).

3-03. Which of the following statements **best** describes the **current** service level of this school’s sanitation facilities (such as toilets or latrines) for students?

 A. Students have access to **improved sanitation facilities\*** that are single sex, functional, and private

 B. Students have access to **improved sanitation facilities**,\* but they are not single sex, they are not functional, or they are not private

 C. Students only have access to **unimproved sanitation facilities\*\***

 D. No sanitation facilities for students are available **(Go to 3-06)**

 E. I do not know **(Go to 3-06)**

\*Improved sanitation facilities include a connection to a public sewer system, connection to a septic system, pour-flush latrine, and a ventilated improved pit latrine.

\*\*Unimproved sanitation facilities include a public or shared latrine, an open pit latrine, and a bucket latrine.

3-04. Does this school have sanitation facilities (such as toilets or latrines) that are accessible to students with physical disabilities?

 A. Yes

 B. No

 C. I do not know

3-05. Are the school’s sanitation facilities (such as toilets or latrines) usually cleaned daily when this school is in session?

 A. Yes

 B. No

 C. I do not know

3-06. Is garbage usually removed daily from the school premises when this school is in session?

 A. Yes

 B. No

 C. I do not know

3-07. Does this school provide sanitary napkins or other menstrual supplies to students?

 A. Yes, for free

 B. Yes, for a fee

 C. No

 D. I do not know

**Note: Ask this question only if females attend this school.**

**Injury prevention and safety**

3-08. Are the following places or types of equipment routinely inspected for safety issues and hazards? *(Mark yes or no or I do not know for each place or type of equipment or mark not applicable (N/A) if this school does not have the place or type of equipment.)*

  **Yes No I do not know N/A**

 A. Playground equipment O O O O

 B. Sports facilities O O O O

 C. Fire extinguishers or other equipment to extinguish

 a fire (such as buckets of sand) O O O O

 D. School structures and buildings O O O O

 E. School grounds O O O O

 F. Water source O O O O

3-09. Does this school have the following features to promote safety among students, including students with disabilities? *(Mark yes or no or I do not know for each feature.)*

  **Yes No I do not know**

 A. Handrails on stairs O O O

 B. Ramps to facilitate change of level O O O

 C. Assistive devices (such as wheelchairs, wider doorways, specialized

 software, or adaptive switches or knobs) O O O

 D. Signage or paint to address vision impairments O O O

**Sun safety**

3-10. Does this school use the following strategies to reduce sun exposure among students? *(Mark yes or no or I do not know for each strategy.)*

  **Yes No I do not know**

A. Schedule outdoor activities to avoid peak sun intensity O O O

 B. Provide shade areas O O O

 C. Encourage students to wear hats, other head coverings, or

 protective clothing when they are outside O O O

 D. Encourage students to wear sunscreen or other skin protection

 products when they are outside O O O

**Pest control**

3-11. Are the school grounds where students play or exercise surrounded by a fence to keep out stray or roaming animals?

 A. Yes

 B. No

 C. Not applicable. Stray or roaming animals are not a problem on school grounds

 D. I do not know

3-12. Are procedures routinely implemented to control common pests (such as rodents, insects, or snakes) on school grounds?

 A. Yes

 B. No

 C. I do not know

**Road Safety**

3-13 Are measures (such as providing crossing guards, enforcing speed limits, requiring the use of safety restraints in motor vehicles, or using appropriate traffic signs) routinely implemented to reduce motor vehicle incidents around this school?

 A. Yes

 B. No

 C. I do not know

**4. Food and Nutrition Services**

4-01. Does this school provide **food and nutrition services\*** to students?

 A. Yes

 B. No **(Go to 4-13)**

 C. I do not know **(Go to 4-13)**

\*The provision of food support either in the form of actual food or cash/vouchers/stipends for students to buy food available on school grounds.

4-02. Which of the following statements **best** describes how school policy addresses food and nutrition services for students?

 A. School policy provides a specific plan or guidelines for implementing food and nutrition services for students

 B. Food and nutrition services are mentioned in a school policy, but there is no specific plan or guideline for implementing food and nutrition services for students

 C. Food and nutrition services for students are not addressed in any school policy

 D. I do not know

4-03. Does this school have someone officially responsible for managing or coordinating this school’s food and nutrition services?

 A. Yes

 B. No

 C. I do not know

4-04. Are the following meals or snacks routinely made available to students as part of this school’s food and nutrition services? *(Mark yes or no or I do not know for each meal or snack.)*

  **Yes No I do not know**

 A. Breakfast O O O

 B. Lunch O O O

 C. Evening meal O O O

 D. Snack(s) O O O

 E. Take-home rations O O O

4-05. Which of the following statements **best** describes which students receive free or deeply discounted food as part of this school’s food and nutrition services?

 A. All students receive free or deeply discounted food

 B. Some students receive free or deeply discounted food as determined by some kind of **social means testing\*** or other quantitative criteria

 C. No students receive free or deeply discounted food

 D. I do not know

\*Assessment using set criteria to identify students who should receive school meals at no cost or at a deeply discounted price.

4-06. Does this school routinely conduct the following activities as part of its food and nutrition services for students? *(Mark yes or no or I do not know for each activity.)*

  **Yes No I do not know**

 A. Collect suggestions from students, families, teachers, or other

 school staff on nutritious food and beverage preferences O O O

 B. Provide information to students or families on the nutrition and

 caloric content of foods and beverages O O O

 C. Work with local businesses to enhance the quality or variety of

 foods offered as part of this school’s food and nutrition services O O O

4-07. Are the following foods and beverages routinely made available to students through the school’s food and nutrition services. *(Mark yes or no or I do not know for each food or beverage.)*

 **Yes No I do not know**

 A. Fruit O O O

 B. Vegetables O O O

 C. Milk or milk products O O O

 D. Foods high in fiber such as whole grains, legumes, or nuts O O O

 E. Foods high in sugar including cookies, pastries, or other baked goods O O O

 F. Salty foods such as chips or crackers O O O

 G. Chocolate or other candy O O O

 H. Fried foods or other foods high in unhealthy fats O O O

 I. Sugar-sweetened carbonated soft drinks O O O

 J. Sports and energy drinks O O O

 K. 100% fruit or vegetable juices O O O

 L. Fruit or vegetable drinks that are not 100% juice O O O

 M. Sugar-sweetened flavoured milks O O O

 N. Sugar-sweetened teas, coffees, or flavoured waters O O O

 O. Water O O O

**Food preparation**

4-08. Does this school have a policy describing how food served as part of the food and nutrition services should be prepared (in the school or elsewhere) to maximize its nutritional quality?

 A. Yes

 B. No **(Go to 4-13)**

 C. I do not know **(Go to 4-13)**

4-09. Are the following nutrition objectives specifically addressed by this policy? *(Mark yes or no or I do not know for each nutrition objective.)*

 **Yes No I do not know**

 A. Reduce saturated or trans-fat intake O O O

 B. Reduce salt intake O O O

 C. Reduce sugar intake O O O

 D. Increase fruit and vegetable consumption O O O

 E. Increase consumption of whole grains, legumes, and nuts O O O

 F. Increase **micronutrient\*** intake O O O

\*Vitamins and minerals vital to healthy development, disease prevention, and well-being.

4-10. Are any foods served as part of this school’s food and nutrition services fortified with **micronutrients\*** (such as iron, iodine, zinc, or Vitamin A)?

 A. Yes

 B. No

 C. I do not know

\*Vitamins and minerals vital to healthy development, disease prevention, and well-being.

4-11. Are the foods that are part of this school’s food and nutrition services prepared in the following locations? *(Mark yes or no or I do not know for each location.)*

  **Yes No I do not know**

 A. On school grounds O O O

 B. Off-site in a centralized (not private) facility O O O

 C. Off-site in a private facility, such as a caterer O O O

4-12. Does this school have a policy requiring food preparation staff (on school grounds or off-site) to follow safe food handling practices, such as **WHO’s 5 Keys to Safer Food\***?

 A. Yes

 B. No

 C. I do not know

\*WHO’s 5 Keys to Safer Food are clean, separate raw and cooked, cook thoroughly, keep food at safe temperatures, and use safe water and raw materials.

**Other foods and beverages available at school**

4-13. May students purchase food or beverages from a vending machine, school store, canteen, or snack bar on school premises?

 A. Yes

 B. No **(Go to 4-17)**

 C. I do not know **(Go to 4-17)**

4-14. Are healthy foods and beverages in the vending machine, school store, canteen, or snack bar on school premises

 priced lower than unhealthy options to encourage students to purchase the healthy ones?

 A. Yes

 B. No

 C. I do not know

4-15. Does this school have a policy banning the sale of **sugar-sweetened beverages\*** to students?

 A. Yes

 B. No

 C. I do not know

\*Sugar-sweetened beverages include carbonated soft drinks, sports drinks, energy drinks, 100% fruit juices, fruit drinks that are not 100% juice, sugar-sweetened flavoured milks, and sugar-sweetened teas, coffees, or flavoured waters.

4-16. Are the following foods and beverages routinely made available to students through the vending machines, stores, canteens, or snack bars on school premises. *(Mark yes or no or I do not know for each food or beverage.)*

 **Yes No I do not know**

 A. Fruit O O O

 B. Vegetables O O O

 C. Milk or milk products O O O

 D. Foods high in fiber such as whole grains, legumes, or nuts O O O

 E. Foods high in sugar including cookies, pastries, or other baked goods O O O

 F. Salty foods such as chips or crackers O O O

 G. Chocolate or other candy O O O

 H. Fried foods or other foods high in unhealthy fats O O O

 I. Sugar-sweetened carbonated soft drinks O O O

 J. Sports and energy drinks O O O

 K. 100% fruit or vegetable juices O O O

 L. Fruit or vegetable drinks that are not 100% juice O O O

 M. Sugar-sweetened flavoured milks O O O

 N. Sugar-sweetened teas, coffees, or flavoured waters O O O

 O. Water O O O

**Food and nutrition services environment**

4-17. Does this school have a policy that students may bring food from home to eat during the school day?

 A. Yes

 B. No

 C. I do not know

4-18. Does this school have a policy that students may bring water from home to drink during the school day?

 A. Yes

 B. No

 C. I do not know

4-19. Where do most students **usually** eat meals during the school day?

 A. In their regular classroom

 B. In a dedicated eating space, such as a school cafeteria, dining hall, or other special room besides their regular classroom

 C. Outside on school grounds

 D. Somewhere else

 E. Students do not eat meals during the school day

 F. I do not know

4-20. Does this school have a policy prohibiting advertisements or promotions, including sponsorships, for candy, **sugar-sweetened beverages**,**\*** or other unhealthy foods and beverages on school premises?

 A. Yes

 B. No

 C. I do not know

\*Sugar-sweetened beverages include carbonated soft drinks, sports drinks, energy drinks, 100% fruit juices, fruit drinks that are not 100% juice, sugar-sweetened flavoured milks, and sugar-sweetened teas, coffees, or flavoured waters.

**5.**  **Health Education**

5-01. Does this school teach **health education\***?

 A. Yes

 B. No **(Go to 6-01)**

 C. I do not know **(Go to 6-01)**

\*Any combination of learning experiences designed to help students improve their health by increasing their knowledge, influencing motivation, and improving health literacy.

5-02. Which of the following statements **best** describes how health education instruction occurs in this school?

 A. Health education instruction occurs only in a regular classroom setting

 B. Health education instruction occurs only through extra-curricular activities (such as after school, during lunch, or via clubs or school assemblies)

 C. Health education instruction occurs both in a regular classroom setting and through extra-curricular activities

 D. I do not know

5-03. Do students receive a grade for health education?

 A. Yes

 B. No

 C. I do not know

5-04. Does this school have someone officially responsible for managing or coordinating this school’s health education?

 A. Yes

 B. No

 C. I do not know

5-05. Who provides **most** of the health education instruction in this school?

 A. A health education teacher or specialist

 B. A nurse or some other kind of health worker

 C. A teacher of a core curriculum subject such as science or math

 D. Someone else

 E. I do not know

5-06. Are the following materials provided to teachers in this school to guide health education instruction? *(Mark yes or no or I do not know for each material.)*

  **Yes No I do not know**

 A. Learning outcomes or objectives O O O

 B. A planned progression of lesson plans or learning

 strategies and experiences O O O

 C. Teaching and learning resources and content O O O

 D. Assessment tools O O O

5-07 Are health education materials regularly reviewed to determine if updates or changes are needed?

 A. Yes

 B. No

 C. I do not know

5-08. Which of the following statements **best** describes how school policy addresses teaching **skills-based, participatory health education\***?

 A. School policy provides a specific plan or guidance on teaching skills-based participatory health education

 B. School policy mentions health education, but not teaching skills-based participatory health education

 C. School policy does not mention health education

 D. I do not know

\*Skills-based, participatory health education includes strategies and techniques focused on skill development that encourage students to become actively involved in their learning process.

5-09. Does this school routinely provide professional development opportunities for teachers or other school staff to improve the quality of health education instruction?

 A. Yes

 B. No

 C. I do not know

5-10 Are teachers or other school staff who provide health education instruction monitored or evaluated at least annually to improve the quality of health education instruction?

 A. Yes

 B. No

 C. I do not know

**Content of health education**

5-11. Are the following skills taught to students in this school to help them avoid or reduce health risks? *(Mark yes or no or I do not know for each skill.)*

 **Yes No I do not know**

 A. How to access high quality health information, products, or services O O O

 B. Interpersonal communication O O O

 C. Decision-making O O O

 D. Problem-solving O O O

 E. Goal-setting O O O

 F. Refusal O O O

 G. Coping or stress management O O O

 H. Hand washing with soap O O O

 I. Tooth brushing with fluoride toothpaste O O O

 J. Using the internet and social media safely O O O

 K. Advocating for personal, family, or community health and well-being O O O

5-12. Are the following health topics taught to students in this school? *(Mark yes or no or I do not know for each topic.)*

 **Yes No I do not know**

 A. Physical activity and fitness O O O

 B. Nutrition and dietary behaviour O O O

 C. **Sexual and reproductive health\*** O O O

 D. HIV transmission, prevention, and treatment O O O

 E. Road safety O O O

 F. Violence and bullying prevention O O O

 G. Suicide prevention O O O

 H. Emotional and mental health O O O

 I. Tobacco and nicotine use prevention O O O

 J. Alcohol use prevention O O O

 K. Illicit drug use prevention O O O

 L. Infectious disease (such as the cold, flu, or COVID-19) prevention O O O

 M. Non-communicable disease (such as diabetes, cancer,

 or obesity) prevention O O O

 N. Oral health and prevention of oral disease O O O

 O. Healthy sleep O O O

 P. Personal hygiene, including handwashing O O O

 Q. Environmental health (such as the importance of clean air or water) O O O

 R. Sustainable development and consumption O O O

 S. Natural disaster preparedness and response O O O

 T. First aid O O O

 U. Immunizations (such as the HPV or COVID-19 vaccinations) O O O

 V. Safe sun exposure O O O

 W. Equity, inclusion, diversity, and human rights O O O

 X. Gender inequality and social norms O O O

\*Includes instruction on human growth and development, family life, reproduction, condoms and contraception, pregnancy, sexual behaviour, sexual abuse, and transmission and prevention of sexually transmitted infections.

**6. Physical Education**

**Note: Ask this question if only males or only females attend this school.**

6-01. Does this school teach **physical education**?**\***

 A. Yes

 B. No **(Go to 6-18)**

 C. I do not know **(Go to 6-18)**

\*Class time spent teaching a physical education curriculum. Does not include instruction on physical activity topics in health education or any other subject.

**Note: Ask this question if both males and females attend this school.**

6-02. Who is taught **physical education\*** in this school?

 A. All genders

 B. Only males

 C. Only females

 D. No one **(Go to 6-18)**

 E. I do not know **(Go to 6-18)**

\*Class time spent teaching a physical education curriculum. Does not include instruction on physical activity topics in health education or any other subject.

6-03. Does this school provide adapted physical education for students with disabilities?

 A. Yes

 B. No

 C. I do not know

6-04. Do students receive a grade for physical education?

 A. Yes

 B. No

 C. I do not know

6-05. Can students in this school be excused from physical education for an extended period for the following reasons? *(Mark yes or no or I do not know for each reason.)*

 **Yes No I do not know**

 A. Cultural O O O

 B. Gender O O O

 C. Academic achievement O O O

 D. Academic struggles or failure O O O

 E. Participation in other school activities O O O

 F. Poor physical health O O O

 G. Menstruation O O O

**Note:** **Ask G only if females attend this school.**

6-06. Who provides **most** of the physical education instruction in this school?

 A. A physical education teacher or specialist

 B. A nurse or some other kind of health worker

 C. A teacher of a core curriculum subject such as science or math

 D. Someone else

 E. I do not know

6-07. Are the following materials provided to teachers in this school to guide physical education? *(Mark yes or no or I do not know for each type of material.)*

 **Yes No I do not know**

 A. Learning outcomes or objectives O O O

 B. A planned progression of lesson plans or learning

 strategies and experiences O O O

 C. Teaching and learning resources and content O O O

 D. Assessment tools O O O

6-08 Are physical education materials regularly reviewed to determine if updates or changes are needed?

 A. Yes

 B. No

 C. I do not know

6-09. Which of the following statements **best** describes how school policy addresses physical education for students?

 A. School policy provides a specific plan or guidelines for implementing physical education

 B. Physical education is mentioned in a school policy, but there is no specific plan or guideline for implementing physical education

 C. Physical education is not addressed in any school policy

 D. I do not know

6-10. Does this school routinely provide professional development opportunities for teachers or other school staff to improve the quality of physical education instruction?

 A. Yes

 B. No

 C. I do not know

6-11. Are teachers or other school staff who provide physical education instruction monitored or evaluated at least annually to improve the quality of physical education instruction?

 A. Yes

 B. No

 C. I do not know

**Content of physical education**

6-12. Are the following topics taught to students in this school? *(Mark yes or no or I do not know for each topic.)*

 **Yes No I do not know**

 A. Movement concepts and skills (including motor skills such as

 walking or skipping and manipulative skills such as throwing,

 catching, or kicking) O O O

 B. The importance of life-long participation in physical activity O O O

 C. Developing an individualized physical activity plan, including

 frequency, intensity, and duration O O O

 D. The value and importance of fair play O O O

 E. Preventing injury during physical activity O O O

 F. The value of physical activity for health, enjoyment, challenge,

 self-expression, and/or social interaction O O O

 G. Strength training O O O

 H. Group or team sports or activities O O O

 I. Individual or paired sports or activities O O O

 J. The importance of endurance (aerobic) exercise for overall health

 and fitness O O O

 K. Flexibility or range of movement O O O

**Facilities and equipment**

6-13. Does this school have a safe and clean **indoor** space for physical education class?

 A. Yes

 B. No

 C. I do not know

6-14. Does this school have a safe and clean **outdoor** space for physical education class?

 A. Yes

 B. No **(Go to 6-18)**

 C. I do not know **(Go to 6-18)**

6-15. Does this school allow community members to access this outdoor space for physical activity when school is not in session?

 A. Yes

 B. No

 C. I do not know

6-16. Does this school provide a place where males and females can separately and privately change clothes before and after physical education?

 A. Yes

 B. No

 C. I do not know

**Note: Ask this question if both males and females attend this school.**

6-17. Does this school have equipment (such as skipping ropes or balls) for use during physical education?

 A. Yes

 B. No

 C. I do not know

**Physical activity or recreation clubs and competitive sports**

6-18. Does this school regularly provide recess or other physical activity breaks to students during the school day?

 A. Yes

 B. No

 C. I do not know

6-19. Does this school offer **non-competitive physical activity or recreation clubs\*** for students?

 A. Yes

 B. No

 C. I do not know

\*Any non-competitive physical activity program that is voluntary for students, in which students are given an equal opportunity to participate regardless of physical ability, and in which students have the opportunity to be involved in the planning, organization, and administration of the program, under the supervision of a qualified adult.

6-20. Does this school offer school-sponsored sports teams that compete against teams from other schools?

 A. Yes, for males only

 B. Yes, for females only

 C. Yes, for all genders

 D. No

 E. I do not know

**Note: Ask this question if both males and females attend this school.**

6-21. Does this school offer school-sponsored sports teams that compete against teams from other schools?

A. Yes

 B. No

 C. I do not know

**Note: Ask this question if only males or only females attend this school.**

**7. School Governance and Leadership**

**School health councils, committees, or teams**

7-01. Does this school have an official council, committee, or team responsible for implementing health promoting school policies, programs, and activities?

 A. Yes

 B. No **(Go to 7-05)**

 C. I do not know **(Go to 7-05)**

7-02. How often each year does this council, committee, or team routinely meet to address health promoting school policies, programs, and activities?

 A. Weekly or more often

 B. Monthly

 C. Quarterly

 D. Twice a year

 E. Once a year or less often

 F. I do not know

7-03. Are the following groups formally represented on this council, committee, or team? *(Mark yes or no or I do not know for each group.)*

 **Yes No I do not know**

 A. School administrators O O O

 B. Teachers O O O

 C. Other school staff O O O

 D. Students O O O

 E. Parents, caregivers, or families O O O

 F. Government officials O O O

 G. Local businesses O O O

 H. Health workers (such as doctors or nurses) O O O

 I. Religious leaders O O O

7-04. Does this council, committee, or team routinely conduct the following activities? *(Mark yes or no or I do not know for each activity.)*

  **Yes No I do not know**

 A. Identify student health needs based on a review of relevant data O O O

 B. Review or recommend new or revised health promoting policies,

 programs, or activities to school administrators O O O

 C. Seek funding or leverage resources to support health promoting

 policies, programs, or activities for students or school staff O O O

 D. Communicate the importance of health promoting policies,

programs, or activities to the school or community O O O

 E. Review health-related curricula or instructional materials O O O

**Community partnerships**

7-05. Are the following groups regularly involved and engaged in **developing** health promoting school policies?  *(Mark yes or no or I do not know for each group.)*

 **Yes No I do not know**

 A. School administrators O O O

 B. Teachers O O O

 C. Other school staff O O O

 D. Students O O O

 E. Parents, caregivers, or families O O O

 F. Government officials O O O

 G. Local businesses O O O

 H. Health workers (such as doctors or nurses) O O O

 I. Religious leaders O O O

7-06. Do the following groups regularly **receive copies of or information about** updated or new health promoting school policies? *(Mark yes or no or I do not know for each group.)*

 **Yes No I do not know**

 A. School administrators O O O

 B. Teachers O O O

 C. Other school staff O O O

 D. Students O O O

 E. Parents, caregivers, or families O O O

 F. Government officials O O O

 G. Local businesses O O O

 H. Health workers (such as doctors or nurses) O O O

 I. Religious leaders O O O

**8. School Policies and Resources**

8-01. Which of the following statements **best** describes how overall student health is promoted in school policy?

 A. School policy provides a specific plan or guidance for promoting overall student health

 B. Overall student health is mentioned in school policy, but without a specific plan or guidance on how to promote it

 C. Overall student health is not addressed in any school policy

 D. I do not know

8-02. Which of the following statements **best** describes the availability of resources in this school’s budget to improve overall student health?

 A. The school budget contains adequate resources to improve overall student health

 B. The school budget contains some resources for improvement of overall student health, but not enough to do what is needed

 C. The school budget does not contain any resources for improvement of overall student health

 D. I do not know

8-03. Which of the following statements **best** describes how the health of teachers and other school staff is promoted in school policy?

 A. School policy provides a specific plan or guidance for promoting the health of teachers and other school staff

 B. The health of teachers and other school staff is mentioned in school policy, but without a specific plan or guidance on how to promote it

 C. The health of teachers and other school staff is not addressed in any school policy

 D. I do not know

8-04. Does this school regularly monitor, evaluate, or assess the quality of its health promoting policies, programs, or activities?

 A. Yes

 B. No

 C. I do not know

**The concept of a health promoting school embodies a whole-school approach to promoting health and educational attainment by capitalizing on the organizational potential of schools to foster the physical, social–emotional, and psychological conditions for health and positive educational outcomes. A health promoting school constantly strengthens its capacity as a safe and healthy setting for living, learning, and working. Other terms used to describe health promoting schools are “comprehensive school health,” “healthy school communities,” and “school health education.”**

8-05. Does this school have a policy specifically about becoming or continuing to be a health promoting school?

 A. Yes

 B. No

 C. I do not know

**Overall curriculum**

8-06. Does this school support **skills-based, participatory teaching methods\***?

 A. Yes

 B. No

 C. I do not know

\*Skills-based, participatory teaching methods are strategies and techniques focused on skill development that encourage students to become actively involved in their learning process.

8-07. Does this school allow teachers to make curriculum adaptations as appropriate to address the learning needs of students with disabilities?

 A. Yes

 B. No

 C. I do not know

**Professional development for teachers**

8-08. Does this school routinely provide professional development opportunities for teachers or other school staff on the following topics? *(Mark yes or no or I do not know for each topic.)*

  **Yes No I do not know**

 A. The link between health and learning O O O

 B. Skills-based, participatory teaching methods O O O

 C. **Positive classroom management techniques\*** O O O

 D. How to be a health promoting school O O O

 E. How to assess the well-being and health-related needs of students O O O

 F. How to deliver health-related content that best meets the

 needs of students O O O

 G. Standards for a healthy and safe learning environment O O O

 H. Child and adolescent development O O O

 I, Conflict management and resolution techniques O O O

 J. How to plan and manage a school health program O O O

\*Positive classroom management techniques are focused on supporting and involving students to help them learn rather than focusing on bad behaviour.

**Bullying and violence prevention**

8-09.Does this school havea policy specifically prohibiting the following types of violence? *(Mark yes or no or I do not know for each type of violence.)*

  **Yes No I do not know**

1. Bullying among students O O O
2. Fighting among students O O O
3. Corporal punishment of students by teachers or other school staff O O O
4. Physical, emotional, or sexual abuse of students by teachers

or other school staff O O O

8-10. Does this school have specific procedures in place for how a student can safely report any type of violence (such as bullying; fighting; corporal punishment; or physical, emotional, or sexual abuse)?

 A. Yes

 B. No

 C. I do not know

8-11. Does this school have a policy describing how to respond when any type of violence (such as bullying; fighting; corporal punishment; or physical, emotional, or sexual abuse) occurs?

 A. Yes

 B. No

 C. I do not know

8-12. Does this school collect data about incidences of violence (such as bullying; fighting; corporal punishment; or physical, emotional, or sexual abuse) including when, where, or how it occurred or who was involved?

 A. Yes

 B. No

 C. I do not know

**Tobacco use prevention**

8-13. Does this school have a policy prohibiting use of at least some tobacco or nicotine products (such as cigarettes, other forms of smoked tobacco products, smokeless tobacco products, or electronic cigarettes) among the following groups on school premises? *(Mark yes or no or I do not know for each group.)*

  **Yes No I do not know**

 A. Students O O O

 B. Teachers and other school staff O O O

 C. Visitors to the school O O O

8-14. Does this school take the following actions to help reduce use of tobacco or nicotine products among students? *(Mark yes or no or I do not know for each action.)*

  **Yes No I do not know**

 A. Implement policies on how to respond when students are caught

 using a tobacco or nicotine product on school premises O O O

 B. Post signs marking a tobacco-free school zone, that is, a specified

 distance from school grounds where tobacco use is prohibited O O O

 C. Prohibit advertising and promotion for tobacco and nicotine

 products on school premises O O O

**Alcohol use prevention**

8-15. Does this school have a policy prohibiting use of alcohol among the following groups on school premises? *(Mark yes or no or I do not know for each group.)*

  **Yes No I do not know**

 A. Students O O O

 B. Teachers and other school staff O O O

 C. Visitors to the school O O O

8-16. Does this school take the following actions to help reduce use of alcohol among students? *(Mark yes or no or I do not know for each action.)*

  **Yes No I do not know**

 A. Implement policies on how to respond when students are

 caught using alcohol on school premises O O O

 B. Post signs marking an alcohol-free school zone, that is, a specified

 distance from school grounds where alcohol use is prohibited O O O

 C. Prohibit advertising and promotion for alcohol products

 on school premises O O O

**Illicit drug use prevention**

8-17. Does this school have a policy prohibiting use of illicit drugs among the following groups on school premises? *(Mark yes or no or I do not know for each group.)*

  **Yes No I do not know**

 A. Students O O O

 B. Teachers and other school staff O O O

 C. Visitors to the school O O O

8-18. Does this school take the following actions to help reduce use of illicit drugs among students? *(Mark yes or no or I do not know for each action.)*

  **Yes No I do not know**

 A. Implement policies on how to respond when students are

 caught using illicit drugs on school premises O O O

 B. Post signs marking an illicit drug-free school zone, that is, a specified

 distance from school grounds where illicit drug use is prohibited O O O

**Crisis preparedness and emergency response**

8-19. Does this school have a policy on crisis preparedness, response, and recovery from a natural disaster, conflict, pandemic, or other emergency situation?

 A. Yes

 B. No **(Go to 8-22)**

 C. I do not know **(Go to 8-22)**

8-20. Does this policy ensure continuity for the following school services if the school building needs to be closed to students? *(Mark yes or no or I do not know for each service.)*

  **Yes No I do not know**

 A. School health services O O O

 B. School food and nutrition services O O O

8-21. Does this policy ensure continuity of instruction (possibly via remote learning) for the following subjects (or curricula) if the school building needs to be closed to students? *(Mark yes or no or I do not know for each subject.)*

  **Yes No I do not know**

 A. Health education O O O

 B. Physical education O O O

 C. Other subjects O O O

8-22. Does this school conduct regular emergency drills, such as fire or earthquake drills?

 A. Yes

 B. No

 C. I do not know

8-23. Is this school officially designated to serve as a shelter for community members during or after a natural disaster?

 A. Yes

 B. No

 C. I do not know

8-24. Does this school have measures in place in case of violence or conflict to help protect students and school staff (such as locked entry points, outsider identification processes, metal detectors, or security guards)?

 A. Yes

 B. No

 C. I do not know

**Eye health**

8-25. Does this school have a policy requiring a minimum amount of outdoor activity daily to help prevent myopia or nearsightedness?

 A. Yes

 B. No

 C. I do not know

**Social-emotional environment**

8-26 Does this school have a policy promoting a positive social-emotional environment for students that addresses the following topics?

  **Yes No I do not know**

 A. Equity, including gender equity O O O

 B. Tolerance, inclusiveness, and diversity O O O

**Pregnant students**

8-27. Does this school have a policy to allow pregnant students to attend school either in person or via remote learning?

 A. Yes

 B. No

 C. I do not know

**Note:** **Ask this question only if females attend this school.**

8-28. Does this school have a policy to allow students who give birth to return to school either in person or via remote learning?

 A. Yes

 B. No

 C. I do not know

**Note:** **Ask this question only if females attend this school.**