jurisdictional snapshot

IDENTIFYING & MEASURING INDICATORS THAT PLACE SCHOOL-AGED CHILDREN/YOUTH AT RISK FOR POOR HEALTH OUTCOMES

March 2017 | Sarah Mackey, Stephen Bornstein

A scan of health policies and practices implemented outside Newfoundland and Labrador

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To support our health system partners, CHRSP has produced this Snapshot Report of healthcare practices, processes, and protocols inside and outside of Canada. This report is designed to inform decision-makers about the healthcare landscape across jurisdictions, particularly with respect to practice variation and policy initiatives. It will also help guide topic selection for other CHRSP products, such as our Evidence in Context Reports and Rapid Evidence Reports.

1. About *Snapshot* Reports

The NL Centre for Applied Health Research, under its Contextualized Health Research Synthesis Program (CHRSP), is piloting *Snapshot Reports* in 2016 to provide rapid decision support for stakeholders in the NL Health System.

Snapshot Reports provide a brief scan of health policies and practices and a summary of established or emerging interventions that have been carried out in jurisdictions outside Newfoundland and Labrador. The reports were developed in response to health system demand for timely information about policies/practices in other jurisdictions that might be suitable for adaptation within the NL context. *Snapshot Reports* are prepared in response to specific requests from CHRSP's health system stakeholders— the topics have been identified by the health system as being of immediate interest. The results of a given *Snapshot Report* may indicate that further study is required. A *Snapshot Report* can therefore be all that is required by the health system or it can be a catalyst for preparing topics for more in-depth analysis, either as a CHRSP *Evidence in Context Report* or as a *Rapid Evidence Report*, both of which provide health stakeholders with a contextualized synthesis of the available scientific evidence for a given healthcare intervention, practice or policy.

Snapshot Reports are not intended to be a comprehensive or exhaustive evaluation of the interventions under study; rather, they offer a brief overview that includes:

- an executive summary;
- the research objective that clearly states the policy or practice under consideration;
- the focus and scope of the report;
- a summary of key findings;
- a table listing the practices/policies implemented in other jurisdictions with web links to each where available; and
- an appendix with more detailed information.

Given the limitations of this approach, *Snapshot Reports* should not be construed as a recommendation for or against the use of any particular healthcare intervention or policy.

2. Executive Summary

Topic: Upon request from the Department of Children, Seniors and Social Development, the Department of Health and Community Services, and the Department of Education and Early Childhood Development, members of the CHRSP research team completed a jurisdictional scan for tools that are being used or proposed in selected jurisdictions to identify health conditions and behaviours in school-aged individuals and populations that can be used to assess health risks. This jurisdictional scan will provide needed background information for these departments. The results will also be used to determine future directions for two planned CHRSP studies: one on developmental milestones for children and another on wellness coaching for children and youth.

Study approach: As requested, we searched for information about surveys or other instruments that have been used in other jurisdictions to collect data about child and adolescent health conditions and behaviours to assess health risks in this population. We searched for approaches used in other Canadian provinces and territories, Nordic countries, Australia, New Zealand, the UK, and some American states. We also found instruments that are available for use internationally and that may or may not be used in Canada.

Key findings:

- The results of our jurisdiction scan uncovered 47 surveys/questionnaires used to gather information in the school setting about school-aged children's health conditions and health behaviours to assess health risks. We found four Canadian surveys that are used nationally, 15 that are used in individual provinces, 24 from other selected countries and four that are used internationally.
- These surveys are very similar across jurisdictions and collect information on a number of domains including health conditions and health behaviours. Typically, they aim to collect, assess or identify trends in school-aged children's behaviours, health, and wellbeing.
- The surveys are administered primarily by teachers, research assistants, nurses or trained coordinators/researchers. Consent from parents was often required prior to student participation. Typically, surveys are voluntary, anonymous, and are filled out by students in their classrooms with paper and pencil or they are completed online.
- A variety of ages, grades and educational levels are surveyed, but surveys are usually administered to children/youth in grade 5 or higher.
- Surveys are conducted with variable frequency but cycles are most commonly every year, every 2 years or every 3 years.

- By and large, student surveys remain anonymous. Data from surveys are aggregated/used at the population level rather than to track individual students. At times, coding systems are used in order to link datasets together.
- Survey data are often used by government, public health officials, educators, researchers, community organizations, schools, teachers and parents to identify, compare, track and ultimately to improve child/youth health and wellbeing.

3. Background & Research Objective

A key policy objective identified in *"The Way Forward,"* the Government of Newfoundland and Labrador's 2016 strategy document, is to achieve better health outcomes in Newfoundland and Labrador. Outlined within this focus area is a plan to monitor healthy child development through the study, development and implementation of a health risk assessment tool for school-aged children, beginning in kindergarten (1). Government NL plans to implement a health risk assessment tool to measure child health and well-being by the 2019 school year so that future programming can be directed to address areas of concern identified by the assessment tool.

The first step of action for the province is to gather information about the kinds of tools that are presently used in other jurisdictions to survey the health of school-aged children and youth so that an appropriate tool can be developed for schools within Newfoundland and Labrador. NLCAHR was therefore asked to complete a jurisdictional scan by March 31, 2017 that would identify current tools used within school settings elsewhere to assess health conditions and health behaviours among school-aged children. Overall, the findings from this research are intended to aid in the creation of a health risk assessment tool for children across Newfoundland and Labrador that will identify specific health issues of concern and inform the development of wellness programs that can target those issues. This report will serve as background information for the Department of Children, Seniors and Social Development, the Department of Health and Community Services and the Department of Education and Early Childhood Development. The results will be also be used to determine future directions for planned CHRSP studies on developmental milestones for children and wellness coaching for children and youth.

4. Focus & Scope of this report

The main focus of this report was to identify tools that uncover health conditions and behaviours in school-aged individuals and populations with a view to assessing health risks. The methods used to complete this project were designed to provide a brief overview of available tools rather than a comprehensive or exhaustive list or detailed analysis of these tools. Below, we outline the search parameters, search strategy and search outcomes of the project.

Search parameters

We used a number of parameters to focus our search. These criteria were refined in consultation with our contacts at the Department of Health and Community Services.

Table 1: Parameters of the Jurisdictional Scan

Parameter	Inclusion criteria	Exclusion criteria
Population	• school-aged children aged 5 to 18 years	• pre-school aged children • young adults (18+)
Area of focus of the tool	• tools that assess health conditions including: mental health, diabetes, oral health, or BMI, chronic illness • tools that assess health behaviours including: smoking, drinking, drugs, risky sexual behaviour, sedentary behaviour, poor diet	• tools that assess only one health behaviour or condition • tools that exclusively assess developmental conditions
Setting where the tool is administered	• tools that are distributed and collected within the school setting	• tools distributed in a healthcare setting (e.g., primary care physicians' offices)
Who administers the tool	• tools administered by various individuals within or outside of the school setting e.g., parents, healthcare providers, educators	• tools administered over the phone or through the mail
Jurisdictions that use the tool	• Provinces and territories in Canada • Australia, New Zealand, Norway, Finland, Sweden, Denmark, Iceland, UK, United States	• all other areas

Search Strategy

At the outset of our search process, we used a recent environmental scan of Canadian Youth Health and Education Surveys completed by the Pan-Canadian Joint Consortium for School Health and provided to us by the Department of Children, Seniors and Social Development (2). This document provided the basis for the Canadian context and helped us in the development of key search terms that were combined to form search strings for the included jurisdictions. It should be noted that we discovered that the terminology *"child health risk assessment"* or *"health risk assessment"* was not effective for use in our search because the term "*health risk assessment*" is most commonly used to describe a process for addressing environmental health concerns. Instead, we searched using terms that are more frequently used in the context of child health in schools, such as *"health risk behaviour", "health risk"* or *"health assessment."*

We combined key search terms (e.g., "health behaviours", "health indicators", "health status", "children", "adolescent", "school", "education", "survey" "questionnaire", "child health survey", "child screening", "health assessment", "health risk", "health risk behaviours") with the jurisdictions of interest to systematically search for appropriate websites. We used customized Google searches to target the websites of key stakeholders e.g., government, health, research, and education departments to ensure that we captured the most relevant information.

Search Outcome

Overall we found information on a total of 47 surveys that are administered in the school setting. These can be broken down as follows:

Table 2: Survey Tools by Jurisdiction

Jurisdiction	Description of Jurisdiction	Number of tools found
Canada	Tools that are available across Canada	4
Provincial	Tools used in individual provinces	15
Other Jurisdictions	Tools used in Australia, New Zealand, Nordic countries, the United Kingdom and the United States	24
International	Tools used in a variety of countries around the world, including (or not including) Canada	4
	Total	**47**

5. Summary of Key Findings

Overall we found 47 surveys/questionnaires administered in various jurisdictions from around the world. We have summarized the following key components of these surveys:

- Type of Health Risk Assessment Tool
- Who administers the survey?
- Whose data is collected?
- Survey frequency
- What does the survey measure?
- Can individual respondents be identified for later intervention?
- How are the survey data used?

In the next section, we summarize the findings on each of these components. For a more detailed description of each survey please see the Appendix (Page 31).

Type of Health Risk Assessment Tool: Surveys or Questionnaires

We found that surveys or questionnaires were the most frequently used instruments employed within the school setting to gather information about school-aged children's health conditions and behaviours. Surveys were very similar across jurisdictions. Typically, they aimed to collect, assess, or identify health conditions or behaviours among school-aged children within various age or school-grade categories. In some cases, the surveys were part of a larger surveillance system, part of a series of surveys, part of a larger research study or used in the evaluation of a program or strategy, but whatever the case, the objective was always similar— to capture relevant student information. Information was collected at one or more of the following jurisdictional levels:

- individual schools
- school districts

- regions
- whole nations
- multiple nations.

The surveys were initiated and conducted by various parties: individual schools, school boards, school districts, research centres, and government departments.

It should also be mentioned that some jurisdictions offer school-based health services that may include health assessment as a component of the healthcare services they provide. In the Appendix (Page 31) we include examples of these type of services-based surveys for comparison. The following are two examples are of particular interest:

- Scotland has an information system called the Child Health Systems Programme School System (CHSP School). Elements of this system include screening, immunizations, growth and development surveillance, health promotion advice, and parenting support. The Child Health Surveillance (CHS) component (surveillance/advice/support) includes the delivery of series of universally-offered child health reviews mainly provided by Health Visitors and supplemented by additional support as required. Their aim is

  > *..to identify children at increased risk of (or with) suboptimal development or other health or well-being issues at an early stage, and thus facilitate prompt access to effective services and ultimately improve children's outcomes* (3).

- In Colorado and New Mexico, a computer tablet-based risk screening instrument has been developed for School Based Health Centers (SBHC) in the United States. The instrument is called the SBHC Electronic Student Health Questionnaire (eSHQ). Students are given an iPad and asked to complete the questionnaire before they see their healthcare provider for their first visit of the year to the SBHC. The results are then used by qualified health professionals (physicians, nurses, mental health staff) to identify health, safety, mental health, and substance abuse risks as well as protective factors among youth served by the SBHC. Results are discussed by providers with students and their answers become part of the medical record (4). Of course, the use of this tool is contingent on students attending a school that has a School Based Health Centre associated with it.

Who administers the survey?

We found that a variety of stakeholders are involved in coordinating and administering surveys, from Governmental Health and Education Departments to national or regional research organizations, school boards, universities, child advocacy organizations, municipalities, school

boards or districts, principals, teachers, and staff. For the most part, surveys are administered by teachers, research assistants, nurses or trained coordinators/researchers. Consent from parents is often required before the surveys are administered.

Different degrees of training are put in place for those distributing and collecting surveys from students, particularly in the cases where survey information is scanned and analyzed or sent to another organization for analysis. More extensive training and consent procedures are put in place for certain surveys (usually those gathering data at regional, national or international levels or seeking more sensitive information). Even for more simplified localized surveys, the allotted time, distribution and collection instructions for the person administering the survey are usually specified. It should be noted in the rare case when exact measurements of physical health are required e.g., height/weight measurements, this is done by the child's parent (in the case of younger children) or a health professional/ trained researcher. However, most surveys are self-reported by students.

It is typical that surveys are filled out using a paper and pencil. Some surveys have the option of being filled out using a paper and pencil or online, and others are filled out exclusively online. The number of survey questions ranges from a customizable amount to upwards of 100 or more questions. Survey questions take various forms: multiple choice, yes/no, and open-ended. Some surveyors use survey booklets in which students fill in circles to indicate their answers and the document can then be computer-scanned to make the data easier to collect and analyze. Usually, surveys are completed during regular class time.

Whose data is collected?

For the most part, surveys are filled out by students designated by age or grade. However, there are some surveys in which parents or teachers fill out information on behalf of young students or as a supplement to the student responses.

Surveys typically target children either by specific age or age group, by specific grade or grades, or by division of level (e.g., kindergarten, middle school, junior high, high school). When ages or levels of students are surveyed, the following groupings are most often used:

- elementary grades/ages,
- junior high grades/ages,
- junior high and high school/ages or
- high school students.

When selected ages/grades are surveyed, the questionnaire tends to measure transitional years for students (e.g., grades 5, 7, 10, 12). We found no instruments in which all ages or schools are given the exact same survey or in which all ages and levels are surveyed. Very few surveys gather information about primary school students. Of those that we found, most of the surveys are filled out by parents or teachers rather than by the younger students themselves. Even though our findings include some surveys on kindergarten students, these tend to assess developmental issues rather than health conditions or health behaviours.

Survey frequency

School health surveys are conducted with varying frequency. Some surveys are done each year while others are conducted either based on the need of the school or in cycles that range from every 2-6 years. The most common findings were surveys that are conducted annually, every 2 years or every 3 years. Occasionally, surveys are administered less regularly in response to perceived need or the availability of funding.

What does the survey measure?

Generally, surveys gather information about a number of domains related to child and youth health and wellbeing. We relied on descriptions of the surveys from websites and report materials to categorize the survey domains as:

1) **Health Conditions**: questions about BMI (height and weight), chronic illness, physical health, mental health, oral health, etc.
2) **Health Behaviours**: questions about diet, physical activity, smoking, drinking, illicit/licit drug use, risky sexual behavior, etc.
3) **Other**: questions about other aspects of child and youth health/wellbeing such as demographics,[1] social/socioeconomic variables, school climate, learning and achievement, development, etc.

This report focuses on tools that assess a variety of health conditions and health behaviours in combination; we did not report on tools that exclusively examine a single component of one particular domain (e.g., oral health). We included surveys that assess components of the domain defined as "other" above *only* if they also assess additional health conditions/health behaviors. Frequently, surveys measure components of a combination of the three domains listed above. It is also common for surveys to include questions on *both* health conditions and on health behaviours.

[1] Demographic categories measured in these surveys usually included factors apart from age and gender; most surveys record basic demographic information.

Overall, more surveys focus on health behaviours than they do on health conditions. Surveys assessing health behaviours tend to include questions about physical activity, diet, tobacco, alcohol consumption and drug use. Some examples are listed below:

- BC Adolescent Health Survey (BC AHS) (5),
- Saskatchewan Alliance for Youth and Community Well-being Youth Health Survey (SAYCW) (6),
- Highland Lifestyle Survey (Scotland) (7),
- Youth Risk Behavior Surveillance System (USA) and associated surveys (8),
- Massachusetts Youth Health Survey (MYHS) (9),
- Health Behaviour in School-aged Children Survey (HBSC)(10).

Detailed information about the specific domains measured within each of the 47 surveys is included in the Appendix (Page 31).

It is important to point out that developmental assessment tools were *not* the focus of this jurisdictional scan. Surveys assessing childhood development were included only if they *also measured health behaviours and/or health conditions.* As a result, only a few tools included in this report assess kindergarten students, as children in kindergarten are more typically assessed from a developmental perspective. The three survey tools included in this report that align more closely with the developmental category are:

- Early Development Instrument (EDI) (11),
- Australian Early Development Census (AEDC) [based on the EDI] (12),
- Kindergarten Health Check (13).

Table 3 below lists the common components of health conditions, behaviours and other categories measured in the surveys we located in this jurisdictional scan.

Table 3: Common Components Assessed by the Surveys in the Jurisdictional Scan

Domain	Examples of components assessed within surveys
Health Conditions	• Physical health • Height/ weight/ BMI • Mental health/mental wellbeing • Health complaints • Physical health indicators • Health status • Oral health • Overall health
Health Behaviours	• Physical activity, diet, screen time • Substance use: smoking, drinking, drug use • Sleep • Experience of violence or discrimination • Help-seeking behaviour • Use of after-school time • Sun exposure safety • Injury prevention • Sexual behaviour • Parental eating habits • Parental lifestyle • Psychological distress, sad feelings, attempted suicide • Structured or unstructured pastimes or activities • Sport, play and leisure • Participation in cultural and leisure activities • Bullying

Other	Demographics: • Age • Gender • Level at school • Ethnicity • Family occupation • Financial situation • School location Social Variables: • Prosocial behaviour • Social relationships • Support from parents or friends • Social circumstances School Climate/ Conditions: • School connectedness/belonging • School safety • Peer victimization • School satisfaction • E-learning, new technologies Learning • Grades • Learning opportunity • Academic Achievement Developmental Questions: • Vision • Hearing • Growth • Cognition

Can individual respondents be identified for later intervention?

Of all the assessment tools we uncovered, only one survey actually identified individual respondents for later intervention. Results from the Kindergarten Check (Australia) are given to parents and family physicians to inform them as to whether an individual child requires additional assessment or intervention. Hearing and vision results are provided to a child's teacher only after the parents have given consent. However, as we pointed out in the section above, this tool, administered at the kindergarten level, is more developmentally based; it was only included in this report because it also measures height and weight.

We found two surveys that provide an option for students to ask for help. The request for help is on the last page of the survey and is detached from the rest of the responses and given to the teacher so that survey responses themselves remain anonymous (Middle Years Development instrument from BC and the Survey of Wellbeing and Student Engagement from Australia [adapted from the former]).

The vast majority of health assessment surveys are conducted anonymously with the results being compiled for use at the population level rather than being used to track individual students. In some cases, surveys use unique identifiers that allow survey data to be linked with other datasets but, again, these procedures are used to identify groups rather than individuals.

How is the survey data used?

At all levels, information gleaned from survey reports is being used in a variety of ways:

- to support evidence-informed decision-making;
- to identify trends and compare populations;
- to monitor priority health-risk behaviours and health indicators;
- to set priorities, plans, goals and policies;
- to make improvements in child and youth health;
- to inform decision makers about the best allocation of existing resources;
- to advocate for children's health;
- to ascertain what programs and services are required; and
- to evaluate policy, programs and strategies already in place.

At times, data are shared with multiple stakeholders at different levels, while at other times data remain at the school district or individual school level. This typically depends on the intended purpose of the survey and how the data are collected and analyzed. For example, some data collected by individual schools may not be weighted for comparison with other schools or jurisdictions or questions may only be applicable to a certain school or geographical area.

6. Summary Tables

The tables on the following pages summarize the key components of the surveys we found in our jurisdictional scan. Three separate tables are included

- Table 4: Canadian Health Risk Assessment Tools for School Aged Children & Youth
- Table 5: Health Assessment Tools for School Aged Children & Youth Used in Non-Canadian Jurisdictions. and
- Table 6: Health Assessment Tools for School Aged Children & Youth that are internationally available

For each of the instruments contained on the following tables, the Appendix (Page 31) contains more detailed information about the surveys; the Appendix also includes data about some surveys and instruments that have now been discontinued and about school health services that are available in other jurisdictions.

Table 4: Canadian Health Risk Assessment Tools for School Aged Children & Youth

HEALTH RISK ASSESSMENT TOOL	Jurisdiction	Who administers the survey?	Who completes the survey?	Survey Frequency	Whose data is collected?	What does the survey measure?			Can individual respondents be identified for later intervention?		How is the survey data used?	
						Health Behaviours	Health Conditions	Other	Yes	No	School-wide	Regional/Population health
Canadian Student Tobacco, Alcohol and Drugs Survey (CSTADS)	Canada-wide	Coordinated by Propel Centre for Population Health Impact and classroom teachers Support from Health Canada	Students grades 7-12	Every 2 yrs.	Grades 7-12	●		●		●	● Help schools create a healthier environment	● Help government and public health officials identify areas of concern and emerging trends
Healthy School Planner	Canada-wide	Developed by PCJCSH Coordinated by team of teachers, administrators, food service directors, health representatives, parents, community members, and (for middle and high school) student representatives	Students, staff and school community members	Needs-based/ decided by school	School staff / school health teams	●	Not clear	●		●	● Help identify and build a plan to improve health of school	
Our SCHOOL/ TTFM	Canada-wide	Developed by the Learning Bar and data complied on their server, survey can be designed by schools	2 Surveys: ● Grades 4-6 ● Grades 7-12	Decided by school, district or province	Grades 4-6 Grades 7-12	● Customiz-able	● Customiz-able	● Customiz-able		●	● Help inform school improvements	● Help set direction for school division and system improvement
COMPASS Student Questionnaire	Alberta and Ontario	Funded by CIHR, conducted by researchers from Western U, U Alberta, UBC, University of Toronto	Students grades 9-12	Annual until 2020	Grades 9-12	●	●	●		●	● Help track and inform schools about what policies, programs, and resources are effective in promoting healthy lifestyles	● Provide researchers with data for further study Provide data on Canadian youth to track health behaviors, effectiveness of school health policies and programs and work with schools to implement change

HEALTH RISK ASSESSMENT TOOL	Jurisdiction	Who administers the survey?	Who completes the survey?	Survey Frequency	Whose data is collected?	What does the survey measure?			Can individual respondents be identified for intervention?		How is the survey data used?	
						Health Behaviours	Health conditions	Other	YES	NO	School-wide	Regional/Population health
Real Kids Alberta (not clear if still active)	Alberta	School of Public Health at UA and Alberta Health. Trained evaluations assistant help in schools when survey is administered.	3 surveys: ● Parents ●Students ● Principals	Every 2 yrs.	Grade 5	●	●	● (for Parent and Principal survey only)		●		● Data used to assess the impact of Alberta Health's Healthy Weights Initiative and to provide some measurable behavioural and health outcomes for children in Alberta
BC Adolescent Health Survey (BC AHS)	British Columbia	Conducted by McCreary Centre Society in collaboration with provincial government, public health system, cooperation of BC school district. Data collected by Public health nurses, nursing students, and trained staff.	Students Grades 7-12 in regular public schools	Every 5 yrs.	Grades 7-12	●	●	●		●	● Track trends over time to help plan youth programs and services	● Track trends over time to help plan youth programs and services
Middle Years Development Instrument	British Columbia (piloted in other Canadian provinces and has been implemented in parts of Australia, Peru and USA.	Funded by United Way of the Lower mainland, BC Provincial Ministries of Education, Health and Children and Family Development and participating BC school boards. Supervised by classroom teacher. UBC stores data.	Students in Grade 4 and Grade 7	Annual	Grade 4 and Grade 7	●	●	●	● Students can ask for help on removable last page but survey results stay anonymous	● Unique identifier to allow data to be linked with other sets, but not used to identify individuals	● Set goals, develop strategies for creating supportive environments for children, and to build connections with community organizations	● Mainly used as a tool to support governments, educators, health professionals and community organizations to make evidence-based decisions
Satisfaction Survey	British Columbia	Developed with input from partner groups, teachers and experts in educational measurement and special education. Students must obtain a logon number from the school to access the appropriate survey.	Students[2] in Grades 4, 7, 10 and 12	Annual	Grades 4,7,10, 12	●		●		●	● Schools and districts use data for planning	● Government ministries and other external organizations use data for planning, research and advocacy work for youth

[2] Surveys are also administered to parents and staff (of students in grades 4, 7, 10 and 12) but more related to parent and staff experience of school.

HEALTH RISK ASSESSMENT TOOL	Jurisdiction	Who administers the survey?	Who completes the survey?	Survey Frequency	Whose data is collected?	What does the survey measure?			Can individual respondents be identified for intervention?		How is the survey data used?	
						Health Behaviours	Health Conditions	Other	YES	NO	School-wide	Regional/Population health
Manitoba Youth Health Survey	Manitoba	Implemented by Partners in Planning for Healthy Living Data collected by Regional Health Authorities, Data analyzed by Epidemiology Unit at Cancer Care Manitoba	Last survey was for students grades 7-12 In last survey, Administrators completed a survey as well	Every 4 yrs.	Grades 7-12	●	● (BMI only)			● Complex coding process developed to track students' health behaviours long-term while maintaining student anonymity	● Data to inform policy, program, program evaluation, policy evaluation for health planning and health promotion at school level	● Data to inform policy, program, program evaluation, policy evaluation for health planning and health promotion at RHA and community level
New Brunswick Family Wellness Survey (A)	New Brunswick	Provincial initiative of the Department of Social Development – Wellness Branch, in partnership with the Department of Education and Early Childhood Development and the New Brunswick Health Council (NBHC). Given out at schools by school contact person through teachers to take home to parents.	Parents of students in K-5	Every 3 yrs.	Parents of grades K-5	●	● (height and weight only)	●		●	● Data used for planning by school districts	● Data used by other government departments to develop strategies and programs, as well as by local groups to support healthier communities
New Brunswick Elementary Student Wellness Survey (B)	New Brunswick	Provincial initiative of the Department of Social Development – Wellness Branch, in partnership with the Department of Education and Early Childhood Development and the New Brunswick Health Council (NBHC). Given out at schools by school contact person through teachers in class.	Students in grades 4 and 5.	Every 3 yrs.	Grade 4 and 5 students	●		●		●	● Data used for planning by school districts	● Data used by other government departments to develop strategies and programs, as well as by local groups to support healthier communities
New Brunswick Student Wellness Survey (C)	New Brunswick	Provincial initiative of the New Brunswick Department of Social Development - Wellness Branch in cooperation with the Department of Education and Early Childhood Development Data collection and analysis is carried out by the NBHC	Students in grades 6-12	Every 3 yrs.	Grade 6-12 students	●	●	●		● Not explicitly stated, but assume it is the same as the A and B survey models	● Data used for planning by school districts This is not explicitly stated but assume it is the same as the A and B survey models	● To use data to compare outcomes of selected New Brunswick Wellness Strategy indicators and targets related to surveyed behaviors and health indicators To share data to promote action around wellness

HEALTH RISK ASSESSMENT TOOL	Jurisdiction	Who administers the survey?	Who completes the survey?	Survey Frequency	Whose data is collected?	What does the survey measure?			Can individual respondents be identified for intervention?		How is the survey data used?	
						Health Behaviours	Health Conditions	Other	YES	NO	School-wide	Regional/Population health
Grade 12 Exit Survey	New Brunswick	Department of Education and Early Childhood Development sends link to online survey	3 Student surveys: ●Grades 1-3 ●Grades 4-9 ●Grades 7-12 Teachers Parents	Annual	Grade 12	●		●		●		● Part of the Department's ongoing effort to be transparent and accountable Data helps inform decision-making
School Climate Surveys	Newfoundland and Labrador	Administered by Department of Education and Early Childhood Development, Conducted in schools for students and teachers Completed online by parents	Students in grades 2, 5, 7, 8, 9, 10, 11, 12 Teachers Parents	Annual	Student data from Grades 2, 5, 7, 8, 9, 10, 11, 12 Teacher data Parent data	● Minimal Drug and alcohol use (for older grades)		●		●		● Used by NLESD and EECD to measure school climate factors
School Development Surveys	Newfoundland and Labrador	Developed collaboratively by the Department of Education, school district personnel, teachers School staff administer the survey	Students grades 4-12	3-5 year cycle	Grades 4-12 (Students, Staff, Parents)	● Very briefly touch on health behaviors		●		●	● Valuable to the creation of the School Development Plan	● School districts can access survey results and serves as internal review component of the School Development Plan
Eastern Ontario Health Unit-Youth Risk Behaviour Survey (EOHU-YRBS)	Ontario	Public health nurses and public health educator administers in classroom	Students grades 7–12	Every 3 yrs. approx. (unclear if still active)	Grades 7-12	●	● (only BMI all others health behavior)	●		●	● To help strengthen and support the work of Public Health Nurses, Health Educator Promoters, teachers and administrators working with students in the schools	● Provide updated assessment of health risk behaviors for Eastern Ontario Health Unit region, to assess behavior trends and prevalence, to use for program planning and evaluation

Table 5: Health Risk Assessment Tools for School Aged Children & Youth in Non-Canadian Jurisdictions

HEALTH RISK ASSESSMENT TOOL	Jurisdiction	Who administers the survey?	Who completes the survey?	Survey Frequency	Whose data is collected?	What does the survey measure?			Can individual respondents be identified for later intervention?		How is the survey data used?	
						Health Behaviours	Health Conditions	Other	Yes	No	Classroom/ School-wide	Regional/Population Health
Australian Early Development Census (AEDC)	Australia	Australian Department of Education & Training With State and Territory Governments The Social Research Centre in Melbourne collects and manages the data. Teachers enter student data into a secure data entry system.	Teachers	Annual	Children in their first year of school		● from develop-mental perspective	●		●	● Data provides information about student needs that assists in transition to school/developing class programs. Data assists planning for overall school programs.	● Data informs early childhood education and care policies at government, community, and school levels.
Australian (Secondary) School Students' Alcohol and Drug survey (ASSAD)	Australia, National	Coordinated by Cancer Council Victoria's Centre for Behavioral Research in Cancer. Partially funded by CBRC, state health departments, state cancer councils and the Australian Department of Health and Aging. National school sample drawn by Australian Centre for Education Research Members of the research team administer the survey to students in class.	Students aged 12-17yrs.	Every 3 years	Students ages 12-17yrs.	●	●			●		● Data used by policy makers and researchers to better understand drug and alcohol-related issues in schools. Helps identify targets for campaigns and programs
NSW School Students Health Behaviours Survey	New South Wales, Australia	Conducted with permission from NSW Department of Education and Training, Catholic Education Office and Association of Independent Schools. McNair Ingenuity Research Pty Ltd contracted to administer the survey on the school premises.	Students aged 12-17 yrs.	Every 3 years	Students ages 12-17 yrs.	●	●			● Data cleaned and weighted		● Data helps to identify trends that help inform population health initiatives.
Survey of Wellbeing and Student Engagement (adapted from the Middle Years Development Instrument)	South Australia	Teachers administer the survey.	Students ages 11-15yrs. (approx.)	Not clear	Students ages 11-15 yrs. (approx.)	●	●	●	● Students can ask for help on last page that is removed.	●	● Schools receive a report of overall findings to help determine how to promote positive development, where to allocate resources, set priorities, plans, goals, advocate for children's health, and ascertain requirements for programs.	● Provides government insight into what needs to occur to ensure student success and that they are provided with resources and opportunities to reach their full potential.

HEALTH RISK ASSESSMENT TOOL	Jurisdiction	Who administers the survey?	Who completes the survey?	Survey Frequency	Whose data is collected?	What does the survey measure?			Can individual respondents be identified for later intervention?		How is the survey data used?	
						Health Behaviours	Health Conditions	Other	Yes	No	Classroom/ School-wide	Regional/Population Health
Kindergarten Health Check	Australian Capital Territory, Australia	Registered Nurses employed by ACT Health conduct the Kindergarten Health Check in the school.	Students in Kindergarten	Annual	Kindergarten students		● Vision, hearing, height/weight (develop-mental)		● Only parents and GPs see results		NEITHER This health check is conducted in the school but is used to let parents and GPs know about any individual health issues and help them get referrals/ access to appropriate healthcare services for children starting out in school. Data does not inform school or population health policy.	
Youth2000 National Health and Wellbeing Survey Series	New Zealand	Methods from the Adolescent Health Research Group Funded by the Ministries of Youth Development, Social Development, Health, Education and Justice, the Department of Labour, the Families Commission & Health Promotion Agency Students answer the questions on small hand-held computers/tablets Height and weight measured by researchers.	Random sample of 20% of the Year 9-13 Students (ages 12-18) at schools throughout New Zealand	~ Every 6-7 yrs. Hoping to secure funding for a 2018 study	Students aged 12-18 from 1/3 of NZ schools. Randomly selected to participate in study.	●	●	●		●	● Results are used to inform planning and program development for communities, schools and policy makers.	● Results are used to inform planning and program development for communities, schools and policy makers.
School Health Promotion Study Questionnaire	Finland, National	Anonymous and voluntary teacher-administered questionnaire in the classroom. National Institute for Health and Welfare (THL) holds the data. The study reaches 80% of the age group in comprehensive schools and 70% in upper secondary schools.	Grade 8 & 9 from comprehensive school 1st & 2nd graders from upper secondary school & vocational school	Every 2 yrs.	Students ages 14-20 yrs.	●	●	●		●	● Helps monitor trends and assess differences between genders/ municipal areas. Results can be used for planning and evaluation of health education and co-operation between different professionals and students.	● Regional and national results are made available via the web. Used for research and in different welfare programs, strategies and policies. Municipalities can order their own results. Municipalities get a written report with municipality- and school-specific indicators / tables.
School Well-being Profile	Finland	Data are collected through an Internet survey on the web page of the Finnish National Board of Education. Administered in schools online.	Students aged 10-18 yrs. School personnel	Annual	Grades 4–6 (age 10–12) Grades 7–9 (age 13– 15) Grades 10–12 (age 16–18+) **Personnel**	●	●	●		●	● Helps to evaluate school well-being. Results can be viewed and printed in school for individual classes, grade levels or whole school.	

HEALTH RISK ASSESSMENT TOOL	Jurisdiction	Who administers the survey?	Who completes the survey?	Survey Frequency	Whose data is collected?	What does the survey measure?			Can individual respondents be identified for later intervention?		How is the survey data used?	
						Health Behaviours	Health Conditions	Other	Yes	No	Classroom/ School-wide	Regional/Population Health
Youth in Iceland Survey	Iceland	Data collection approved by an Icelandic central human subjects review committee. Supervised by the ICSRA. Teachers at individual school sites supervise students in the study and administer the survey.	5th-7th graders in all elementary schools, 8th-10th graders in high school, All secondary school students	Annual and Every 3 yrs. more comprehen sive	Grades 5-7 Grades 8-10 All secondary school students	●		●		●		● Results are used for scientific articles in peer-reviewed journals and as basis for local prevention work amongst children and adolescents in municipalities across Iceland.
The Stockholm School Survey	Stockholm, Sweden	Run by the City of Stockholm School-specific information has been retrieved from the Swedish National Agency for Education	Students in 9th and 11th grade	Every 2 yrs.	Students in 9th and 11th grade	●	●	●		●		● Part of the preventive work against drugs and delinquency, and covers all public and most private schools.
Smoking, Drinking and Drug Use among Youth People in England	United Kingdom	Carried out by Ipsos MORI on behalf of the HSCIC Funded by the Department of Health	Students aged 11 – 15 yrs.	Every 2 yrs.	Students in aged 11 – 15 yrs.	●				●		● Data used for statistical/ research purposes for academic institutions. Provides information which is used by central and local government to better understand behaviours and to develop policies, plan services/new initiatives and to monitor and evaluate their impact. Data used by Governmental Departments, local authorities and other organizations.
What About YOUth? Survey	England	Researchers from the Health and Social Care Information Centre are running the What About YOUth? study together with Ipsos MORI and The National Children's Bureau (NCB), with funding from the Department of Health. Students sampled from the Department for Education's National Pupil Database (NPD)	15 year olds across England	Annual	Students age 15	●	●	●		●		● Data used by local authority commissioners, policy makers, service providers and third-sector organizations to target resources and improve services for this age group Used to inform policy development.

HEALTH RISK ASSESSMENT TOOL	Jurisdiction	Who administers the survey?	Who completes the survey?	Survey Frequency	Whose data is collected?	What does the survey measure?			Can individual respondents be identified for later intervention?		How is the survey data used?	
						Health Behaviours	Health Conditions	Other	Yes	No	Classroom/ School-wide	Regional/Population Health
Young Person's Behaviour and Attitudes Survey	Northern Ireland	Central Survey Unit (CSU) was commissioned by a consortium of government departments to design and conduct a study on the behaviour and attitudes of young people in post-primary education. CSU interviewers and staff set up laptops to administer surveys to students.	11-16 year-olds	Every 3 yrs.	11-16 year-olds	●	●	●		●		● Used by government to identify and monitor young people and to help develop related policies and strategies
Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS)	Scotland	Commissioned by the Scottish Government and conducted by Ipsos MORI Scotland. Administered by teachers in the classroom.	13yr. olds and 15 yr. olds	Every 2 yrs.	13yr. olds and 15yr. olds	●				●		● Measures progress towards Scottish Government targets for smoking and drug use Informs policy and practice by providing patterns of behavior that need to be addressed
Young People in Scotland Survey	Scotland	Conducted by Ipsos MORI and administered in schools.	11-18 year olds	Variable	11-18 year olds	● depends on what is chosen for study	● depends on what is chosen for study	● depends on what is chosen for study		●		● Used by the Government to track behavioral trends in youth. Used by academic teams, charities, education researchers and specialist organizations as well.
Glasgow Secondary Schools Health & Wellbeing Survey	Glasgow, Scotland	Carried out on behalf of Glasgow Health & Social Care Partnership. Data entry by Progressive Partnership. Analysis and reporting by Traci Leven Research. Administered to students in class	Secondary school students S1-S6	Every 3 years	Secondary school students S1-S6	●	●	●		●		● Used to inform, influence and support effective planning to improve health and wellbeing outcomes for all our young people.

HEALTH RISK ASSESSMENT TOOL	Jurisdiction	Who administers the survey?	Who completes the survey?	Survey Frequency	Whose data is collected?	What does the survey measure?			Can individual respondents be identified for later intervention?		How is the survey data used?	
						Health Behaviours	Health Conditions	Other	Yes	No	Classroom/ School-wide	Regional/Population Health
Highland Lifestyle Survey	Highland, Scotland	Developed by a multi-agency steering group.	Ages 10/11, ages 12/13, ages 14/15	Every 2 yrs.	Ages 10/11, ages 12/13, ages 14/15	●	●	●		●	● Information supports Head Teachers.	● Helps the Highland Council work with NHS Highland uphold priorities related to children and youth.
Youth Risk Behavior Surveillance System (YRBSS) Includes 3 surveys • National • State/Local • Middle School See entries below	National-across U.S.A.	National school-based survey conducted by CDC as well as school-based state, territorial, tribal, and large urban school district surveys conducted by education and health agencies. Survey administered in class to students.	Students in grades 9-12 Middle School survey for students in grades 6-8	Every 2 yrs.	Students in grades 9-12 Middle School survey for students in grades 6-8	●	●	● (demo-graphic info)		●		● State, territorial, tribal government, and local agencies and nongovernmental organizations use YRBSS data to set and track progress toward meeting school health and health promotion program goals, support modification of school health curricula or other programs, support new legislation and policies that promote health, and seek funding and other support for new initiatives
National Youth Risk Behavior Survey (YRBS) E.g., of National Survey used in YRBSS	National-across U.S.A.	Students complete self-administered questionnaire during one class period and record their responses directly on a computer/scannable booklet or answer sheet	Students in grades 9-12	Every 2 yrs.	Students grades 9-12	●	●	● (demo-graphic info)		●		● Tool used for planning, implementing, and evaluating public health policies, programs, and practices nationwide
Youth Risk Behavior Survey (YRBS) E.g., of State survey used in the YRBSS	Florida, U.S.A.	Conducted by the CDC. Statistics Solutions consists of a team of professional methodologists and statisticians that can assist the student or professional researcher in administering the survey instrument, collecting the data, conducting the analyses and explaining the results.	Students in grades 9-12	Every 2 yrs.	Grades 9-12	●	●	● (demo-graphic info)		●		● Tool used for monitor priority health risk behaviors
Middle School Health Behavior Survey (MSHBS) E.g., of a survey used in YRBSS	Florida, U.S.A.	An inter-agency collaboration of the Florida Departments of Education, Children and Families, Health, Juvenile Justice. Surveys administered in the classroom.	Public middle school students Grades 6-8	Every 2 yrs.	Grades 6-8	●	●	● (demo-graphic info)		●		● Monitor priority health-risk behaviors

HEALTH RISK ASSESSMENT TOOL	Jurisdiction	Who administers the survey?	Who completes the survey?	Survey Frequency	Whose data is collected?	What does the survey measure?			Can individual respondents be identified for later intervention?		How is the survey data used?	
						Health Behaviours	Health Conditions	Other	Yes	No	Classroom/ School-wide	Regional/Population Health
California Healthy Kids Survey (CHKS) Part of Cal-SCHLS System, includes a School Parent Survey and School Climate Survey for staff	California, U.S.A.	County and/or District Coordinator responsible for planning and administering at all participating schools in the district. Can be administered online or on paper, or both and can be customized.	Students in grades 5, 7, 9, 11. Divided into elementary and secondary school.	Every 2 yrs.	Students in grades 5, 7, 9, 11.	●	● Phys. Health & Nutrition Module for secondary students	●		●	● Help schools meet the mandates and goals of the Elementary and Secondary Education Act (ESEA) released by the U.S. Department of Education in March 2010	
Georgia Student Health Survey	Georgia, U.S.A.	Developed by many divisions within the Georgia Department of Education including the Assessment and Accountability Division and in collaboration with the Georgia Department of Public Health and Georgia State University.	Grades 3-12 Uses different questions for elementary students from those used for students in grades 6-12	Annually	Grades 3-5 & Grades 6-12	●	●	●		●	● School administrators may compare the data from their schools and school districts to other schools and school districts as well as state data and with national data from the Youth Risk Behavior Survey (YRBS). Results are used to develop a School Climate Star Rating which is used as a diagnostic tool within the College and Career Ready Performance Index (CCRPI) to determine if a school is on the right path to school improvement.	● Used by the Assessment and Accountability Division and in collaboration with the Georgia Department of Public Health and Georgia State University to measure and satisfy all requirements of No Child Left Behind.
Massachusetts Youth Health Survey (MYHS)	Massa-chusetts, U.S.A.	To the extent possible, specially trained staff from UMASS Boston Center for Survey Research will administer the survey and teachers are not involved directly for Massachusetts Department of Public Health. For high school students it is administered with YRBS.	Students grades 6-12. (modifications made for middle school students)	Every 2 yrs.	Students grades 6-12	●	●			●		● Used in planning health education and risk prevention programs. The Massachusetts Departments of Elementary and Secondary Education and Public Health use the results to: (1) track health risk behaviors; (2) monitor behaviours; (3) evaluate efforts to reduce high-risk behaviors; (4) develop and redesign comprehensive health education programs and other strategies to help reduce risk behaviors; and (5) monitor progress of intensive projects in select districts and communities.

Table 6: Health Risk Assessment Tools for School Aged Children & Youth Internationally Available to Countries Including Canada

HEALTH RISK ASSESSMENT TOOL	Jurisdiction	Who administers the survey?	Who completes the survey?	Survey Frequency	Whose data is collected?	What does the survey measure?			Can individual respondents be identified for later intervention?		How is the survey data used?	
						Health Behaviours	Health Conditions	Other	Yes	No	School-wide	Regional/Population health
EARLY DEVELOPMENT INSTRUMENT	International (initiated in Canada)	Offord Centre for Child Studies, at McMaster University is national repository. Variety of Provincial Government Ministries and Research Partners	Teachers and Children	Annual, data collected in "waves" from 3 consecutive school years	Kindergarten students		● (really assesses developmental health but includes physical health)	●		●	● Boards/Principals can use data to develop school-wide interventions	● Help government plan early childhood investment, inform policy and program development decision or evaluate programs
European School Survey Project on Alcohol and Other Drugs (ESPAD)	International 35 countries took part in the sixth study wave in 2015	Self-Administered School teachers, school administrative staff or researchers	Students ages 15-16yrs.	Every 4 years	Students ages 15-16 yrs.	●				●		● Provides comparable data in databases for the research community. Results used for the development of international action plans and strategies related to alcohol and other drugs and as such have impacted on public discussion and served as a basis for policy measures and preventive activities targeting young people. Provides data that can be used to monitor trends in substance use among students in Europe and to compare trends between countries and between groups of countries.

HEALTH RISK ASSESSMENT TOOL	Jurisdiction	Who administers the survey?	Who completes the survey?	Survey Frequency	Whose data is collected?	What does the survey measure? What does the survey measure?			Can individual respondents be identified for later intervention?		How is the survey data used?	
						Health Behaviours	Health Conditions	Other	Yes	No	School-wide	Regional/Population health
Global school-based student health survey (GSHS)	International 94 countries have taken part	Self-Administered Overseen by Survey Coordinator who is nominated by the Ministry of Health or Ministry of Education. WHO, CDC also partners.	Students ages 13-17 yrs.	Dependent on country	Students ages 13-17 yrs.	●	●			●		● Help countries develop priorities, establish programmes, and advocate for resources for school health and youth health programmes and policies; Allow international agencies, countries, and others to make comparisons across countries regarding the prevalence of health behaviours and protective factors; and Establish trends in the prevalence of health behaviours and protective factors by country for use in evaluation of school health and youth health promotion
Health Behaviour in School-aged Children (HBSC) Survey	International used in 45 countries & regions across Europe and NA incl. Canada	Self-Administered Overseen by researchers or teachers using a standard protocol provided by country teams.	Students ages 11,13 and 15 yrs.	Every 4 years	Students ages 11,13 and 15 yrs.	●	●	●		●		● HBSC study aims to supply the up-to-date information needed by policy-makers at various levels of government, nongovernmental organizations and professionals in sectors such as health, education, social services, justice and recreation, to protect and promote young people's health.

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8. Appendix

Data Extraction Tables: Included Surveys, Recently Inactive Surveys, & School-Based Health Services

Extraction Tables for Snapshot Report

In the tables below you will find information on individual surveys. Associated web links for each survey can be found at the bottom of each table. For the most part information is taken directly from websites and reports associated with the surveys.

Following the tables that provide details about the included surveys and instruments in this scan, we have added some tables for surveys/instruments that have recently become inactive and an overview of school-based health services in other jurisdictions.

Canada

National Surveys

Tool/Instrument Name	Canadian Student Tobacco, Alcohol and Drugs Survey (CSTADS) – [Formerly called Youth Smoking Survey]
Jurisdiction	Canada, national
Description	The Canadian Student Tobacco, Alcohol and Drugs Survey (CSTADS), formerly the Youth Smoking Survey (YSS), is a biennial survey administered to students in grades 7-12 across Canada. CSTADS is implemented with the cooperation, support and funding of Health Canada. • Approximately 34 questions: multiple choice, yes/no, circle what applies
Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	• Tobacco use, alcohol use, drug use, bullying, school connectedness, mental health
Mode of administration • **who** • **where** • **when**	• Centrally coordinated by the Propel Centre for Population Health Impact at the University of Waterloo since 2004, and works with provincial partners to implement the project in each province. Dr. Steve Manske, EdD, is a Senior Scientist at Propel and is the Principal Investigator for CSTADS. • The permission consent procedures used for CSTADS are guided by the procedures required within school boards and schools. Students are able to participate in the survey using one of the following permission/consent procedures: o Active Parental Permission Procedure o Active Information-Passive Permission Method o Student Permission • A school-designated primary contact communicates with project staff to: o Schedule a suitable date and time to administer the questionnaire. o Provide class enrolment information to ensure an adequate supply of questionnaires to classes. o Distribute parent permission and questionnaire materials to teachers. o All materials are prepared and provided by project staff to the school contact and participating classroom teachers.

	○ On the day of the survey, project staff are available to assist in implementing the 30-minute student questionnaire and answer any questions that come up.
Frequency & dates administered	• Biennial survey available since 2004 • Last cycle reported was in 2012-13, 2014-15 data set for Canada released in 2016
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• All Canadian students in grades 7 to 12 (grade 7 to secondary V in Québec), with parental permission and/or who have personally agreed to participate. • Youth who complete the questionnaire do so anonymously and their answers are confidential. Responses to the questionnaire cannot be linked back to an individual. This is an important priority for the survey procedures. • All results are reported in a group format to maintain confidentiality. • The school results detailed in the School Health Profile and Summaries are only distributed to schools unless permission is received from the school to distribute elsewhere.
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• Data from the CSTADS have supported positive changes to improve youth health, such as the recent federal ban on flavoured cigarillo products. • CSTADS results help government and public health officials identify areas of concern and emerging trends. The end-goal is to develop new programs and policies that will make a positive difference. • Participating in CSTADS can also help schools create a healthier environment. By using their school-specific School Health Profile and summaries, schools can educate their school community about student smoking and other health behaviours, and create policies and programs to keep students health • After participating in the survey each school will receive: ○ $100 honorarium. ○ A School Health Profile and one-page summaries that outline their school results on tobacco, drug and alcohol use, bullying, school connectedness and mental health. ○ Each school has control of the distribution of their results. ○ School Health Profile detailing: ▪ how your school compares to other schools in your province on substance abuse, bullying, and school connectedness; how connected, happy, and safe students feel at your school; the connection between substance abuse and other issues at your school; and resources for your school to address substance abuse, school connectedness, bullying, and mental health issues. • Schools have used the results in their School Health Profile and Summaries in the following ways: ○ Results have been condensed into monthly school newsletters or copies of the one-page ○ Parent Summaries are included with report cards that are sent to families. ○ Schools incorporate their school data into school campaigns, "anti-smoking" or "anti-bullying" as examples. ○ Results are shared within various school clubs. For example, substance use data can be used in health committees, school connectedness data may be of use to boost school spirit or engage students within the school.

	○ Results are used in health units/courses and at health fairs where displays on youth health issues are shared with parents and students. ○ The results have been shared with school councils, parent councils, and superintendents. ○ Results have been shared with the school's public health nurse or local public health unit who can incorporate the results into their work. • The data collected on experimentation with alcohol and drugs will contribute to the evidence base for decision-making within the framework of Canada's Drug Strategy
Web links	• https://uwaterloo.ca/canadian-student-tobacco-alcohol-drugs-survey/ • https://uwaterloo.ca/canadian-student-tobacco-alcohol-drugs-survey/information-researchers/reports • http://healthycanadians.gc.ca/science-research-sciences-recherches/data-donnees/cstads-ectade/summary-sommaire-2014-15-eng.php
Notes	• In NL ○ Site Coordinator: Stephanie Rideout, Phone: 709-639-7598 ○ Co-investigator, Provincial lead for Newfoundland and Labrador: Antony Card, Memorial University of Newfoundland - Grenfell Campus, Phone: 709-639-2591 • Reports for Alberta, BC, Manitoba, NB, NL, NS, Ontario, PEI, Quebec, Saskatchewan and at the National Level are available for 2012-13 on the CSTADS website. 2014-15 data were released on the National level in late 2016 on the Government of Canada's website. For now PEI is the only province with individual profile information for 2014/15 available on the web.
Tool/Instrument Name	Healthy School Planner
Jurisdiction	Canada, national
Description	The Healthy School Planner is a free tool schools across Canada can use to assess the health of their school and build a plan for improvements.
Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	• Evaluate current conditions • Validate untapped resources within the community • Organize increased support for change • Lead the decision-making process to determine action steps • Visualize outcomes through shared success stories • Evaluate progress over time • The HSP is composed of several different modules, each focusing on a different topic area. Each assessment is structured around the four pillars of comprehensive school health: teaching and learning; social and physical environment; healthy school policy; and partnerships and services (JCSH, 2012 Website User Guide). • There are express modules for physical activity, healthy eating, and tobacco use. Schools can select the topic area that interests them most or can complete them all. These modules are intended to be a quick overview of key components of each topic area (JCSH, 2012 Website User Guide). There is also a module for positive mental health.

	• For schools wanting to dig deeper into a particular topic area, the HSP also offers detailed modules for physical activity, healthy eating, and tobacco use. These modules build on the express modules, but provide a more thorough, in-depth assessment of the school's health status with respect to the topic in question (JCSH, 2012 Website User Guide).
Mode of administration • **who** • **where** • **when**	• Developed by the Pan-Canadian Joint Consortium for School Health • Suggests that a team of teachers, administrators, food service directors, health representatives, parents, community members, and (for middle and highschool) student representatives to head up the initial assessment
Frequency & dates administered	• The HSP is intended to be a tool that you use over and over again to assess the health of your school, and to monitor and evaluate progress. Returning to the HSP will also allow your school to assess different topic areas and really explore the areas where your school can make significant changes (PCJC and Propel Centre, 2013 Healthy School Planner).
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• Students, staff and school community members
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• The Joint Consortium for School Health and the Propel Centre for Population Health Impact at the University of Waterloo have taken great care to protect the identity of the participants and schools using the Healthy School Planner and to safeguard the confidentiality of the information that these participants and schools have provided. Submission of this application form indicates your request for an aggregate report for a school board/district. Please note that you will be required to obtain a signature from your district's superintendent (or designate). We would also encourage you to share this aggregate report with the district. Out of the process the school is provided with- • A rubric of the school's results; a planning template to help develop goals and an action plan for making improvements; recommendations for taking action; and links to resources to help develop and implement the action plan (JCSH, 2012 Healthy School Planner Handout). • Schools receive results specific to their responses, tailored recommendations based on their results, and a list of resources that will help them take action for improvement. Schools can then share their results and achievements with staff, students, parents, and the broader community (PCJC and Propel Centre, 2013).
Web links	• http://healthyschoolplanner.uwaterloo.ca/index.cfm

Notes	• Not entirely clear how students are involved. Need to register as a school to get further information.
	• Healthy School Planner seems supported by various provinces:
	  ○ British Columbia: http://healthyschoolsbc.ca/program/659/jcsh-healthy-school-planner
	  ○ Alberta: http://www.albertahealthservices.ca/info/Page7123.aspx
	  ○ Manitoba: http://www.gov.mb.ca/healthyschools/planner.html

	○ Saskatchewan: http://publications.gov.sk.ca/documents/11/95315-CSCH%20eNewsletter%20-%20October%202016.pdf ○ New Brunswick: http://www2.gnb.ca/content/dam/gnb/Departments/sd-ds/pdf/Wellness-MieuxEtre/WellnessBranchActionPlan2015-2016.pdf ○ Prince Edward Island: https://www.princeedwardisland.ca/en/information/education-early-learning-and-culture/joint-consortium-school-health ○ NL: http://thewayforward.gov.nl.ca/pdf/discussion_guide_afternoon.pdf
Tool/Instrument Name	Our SCHOOL/Tell Them From Me (formerly called Tell them from Me)
Jurisdiction	Canada, nationally available
Description	More than just an online survey, OurSCHOOL|TTFM (Tell Them From Me) is a powerful evaluation instrument that provides a complete solution to inform school improvements. Elementary student surveys and secondary student surveys are available.
Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	• Can be custom built with over 40 dependable measures to draw from, in a menu organized by theme, a custom-built student survey that aligns with your specific needs can be easily created. Alternatively, you can choose from a menu of pre-configured surveys, with measures that have already been selected by theme for you. • 16 student outcomes pertaining to student engagement and wellness and 15 aspects of classroom and school learning climate that are known to affect learning outcomes • **Elementary student survey** measures following outcomes: social-emotional, physical health, academic, drivers of student outcomes, demographic factors • **Secondary student survey** measures the following outcomes: social-emotional, physical health, academic, drivers of student outcomes, demographic factors
Mode of administration • **who** • **where** • **when**	• Developed by the Learning Bar and data complied on their server • online, as needed • Have to be logged on to the the OurSCHOOL|TTFM system for more details (schools, districts or provinces) • A tool that can be used by schools
Frequency & dates administered	• Started as Tell them from me in 2004 • Dependent on province/district
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• **Elementary student surveys**: focus on students in grades 4-6 • **Secondary Student surveys**: focus on students in grades 7-12 • online, anonymous survey , voluntary • Answers for the entire grade or school are always combined and displayed together. If less than five students in a grade or school answer a certain question, then the results for that question are not no one can ever identify which students provided which answers, and everyone remains anonymous.
Use of the results • **tracking of individuals** • **aggregation to groups**	• Anonymous answers to the survey questions are sent over a secure data line to The Learning Bar database server. Answers are combined with the answers of other students in the same grade and school. Information from this database is used to make reports for school to look at, showing the combined answers of all the students in your

• **follow-up with interventions**	school. These reports are used to show teachers and school staff how they can make your school better for students a powerful evaluation instrument that provides a complete solution to inform school improvements • e.g., Saskachewan: Responding to student voice as captured in TTFM data fosters improved learning opportunities for all students and helps set future direction for improvement in schools, school divisions and the system as a whole. The Ministry of Education supports the effective and responsive use of TTFM data and will work with the sector to: ○ increase capacity in school communities to respond to student voice with visible actions; and ○ support the annual Education Sector Strategic Planning cycle with quality measures of student engagement.
Web links	Overall • http://thelearningbar.com/solutions/school-improvement/ • http://thelearningbar.com/solutions/school-improvement/survey-instruments/ Provincial Links: • Manitoba: http://www.edu.gov.mb.ca/k12/safe_schools/ttfm/index.html • New Brunswick: http://web1.nbed.nb.ca/sites/ASD-W/about/Documents/ASDW%20PLWEP%202014-17%20Aug%202016.pdf • Ontario: http://www.haltonrc.edu.on.ca/Parents/TTFMSurvey/Pages/index.aspx • Saskatchewan: https://www.edonline.sk.ca/webapps/blackboard/execute/content/blankPage?cmd=view&content_id=_76509_1&course_id=_2368_1
Notes	• It is currently being used in nine of Canada's ten provinces, including the Northwest Territories and Yukon. Over 3500 Canadian schools are actively using these survey instruments, data analyses, and reporting solutions. To date, over 2.5 million students have added their voices to our rich data set. OurSCHOOL|TTFM solutions are also being used in the United States and Australia, and are in the process of being implemented in other countries around the world.
Tool/Instrument Name	COMPASS Student Questionnaire (part of the Compass System)
Jurisdiction	Canada, (Ontario and Alberta)
Description	The COMPASS study is a nine-year study (started in 2012-13) about youth health behaviours funded by the Canadian Institutes of Health Research (CIHR).
Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	• 3 components ○ **Student questionnaire**: gathers information about students' height and weight, daily physical activity daily sedentary activity, eating behaviours, experience with tobacco, alcohol and marijuana use feelings of connectedness to their school, academic achievement, bullying ○ **School Policies and Practices questionnaire (SPP)**: questionnaire completed by school staff member or school administrator asks questions about recent changes to school policies, practices, or resources that

	relate to student health, school policies, programs, and resources that: promote physical activity and healthy eating address tobacco, alcohol, and marijuana use. ○ **Observations of the school's facilities and built environment**: On the survey date, COMPASS staff will be present to record observations about the school's indoor and outdoor facilities such as sports fields, gyms, cafeterias, and vending machines. Later, COMPASS staff will use specialized computer software to determine characteristics of the built environment that immediately surrounds the school, such as the existence of fast-food outlets, public sports arenas, and convenience stores. This will help us understand whether, or to what extent, aspects of the physical environment are related to youth health. For example, is the density of public parks and recreational arenas surrounding a school related to the weekly amount of vigorous or moderate physical activity that youth report? ○ **School Health Profile**: After a school and its students complete the questionnaires and observations of the school are complete, the COMPASS team will use the data to create a tailored 10-page School Health Profile for the school. This report will provide clear, concise details about: ▪ the prevalence of specific health behaviours of the students (e.g., smoking rates, daily physical activity) and how these compare to national benchmarks ▪ if necessary, how the school can take action to implement interventions and/or to improve existing programs, policies, and resources ▪ COMPASS provides schools the opportunity to monitor the health of students over time, and it guides action so that schools can provide the healthiest environments possible for youth.
Mode of administration • **who** • **where** • **when**	• Conducted and lead by researchers at the University of Waterloo in collaboration with researchers at the University of Alberta, the University of British Columbia, and the University of Toronto. • School board and school permission must be obtained before COMPASS can be implemented. Once a board and then a school agree to participate, parents are provided with information about the project in order to decide whether their child(ren) will participate. • Parent information letter will be sent home that details about when the COMPASS survey will be administered and instructions on giving permission for a child to participate. • Student questionnaire is administered in the classroom (30-min) under teacher supervision
Frequency & dates administered	• Nine-year study (started in 2012-13) • Surveyed once annually
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• Students in grades 9-12 • Anonymous – only COMPASS staff to see answers and these remain completely anonymous
Use of the results • **tracking of individuals** • **aggregation to groups**	• Interested in the survey results as a group. That is, we use the pooled results of all students from a school because this will tell us whether the existing school policies and programs are effective, or whether school policies and

• **follow-up with interventions**	programs need to be improved or created. We will not be analyzing and reporting survey results of individual students. The answers your child provides on the COMPASS survey will not be revealed to any outside parties.
	• Tracks any changes made to the school's health policies and programs over time each year, participating schools receive a detailed feedback report which will include evidence-based recommendations for health policy and program improvement
	• COMPASS support staff and resources made available to schools help translate recommendations into action
	• For use of results see: https://uwaterloo.ca/compass-system/about
	  ○ The four staged processes that occur in an ongoing cyclical order are:
	  ▪ Data collection activities - collecting relevant data at both the student-and school-levels
	  ▪ Knowledge translation and exchange activities - engaging school stakeholders by providing them with
	  • A timely syntheses of their school-specific data with corresponding recommendations for action and links to relevant available resources locally
	  • COMPASS staff dedicated to working with schools to identify the prevention priorities for the school and to determine the most appropriate and feasible prevention action(s) for their particular school context and student population
	  ▪ Intervention activities - mobilizing necessary staff and resources to implement the prevention action(s) identified as priorities by school stakeholders
	  ▪ Evaluation activities - for all school-based prevention action(s) that occur as part of this process, COMPASS staff and researchers evaluate the impact of each intervention (both individually and comprehensively if more than one intervention were to occur in a particular school) on student outcomes to generate timely, local, practice-based evidence

Web links	• https://uwaterloo.ca/compass-system/compass-system-projects/compass-study • https://uwaterloo.ca/compass-system/compass-system-projects/compass-study/confidentiality • https://uwaterloo.ca/compass-system/publications
Notes	For a copy of the COMPASS student questionnaire please contact Chad Bredin, COMPASS project manager, at cbredin@uwaterloo.ca or at 519-888-4567, ext. 33317. Along with the Student Questionnaire the system includes • COMPASS School Policies and Practices (SPP) questionnaire completed by a school staff member or school administrator who is most familiar with the school's health related policies and programs • Observations of the school's facilities and built environment by COMPASS staff who record observations • School Health Profile (SHP)- compiled from surveys and COMPASS staff observations

Canada by Province

Alberta

Tool/Instrument Name	REAL Kids Alberta (not clear if this is still active)
Jurisdiction	Alberta
Description	The Raising healthy Eating and Active Living Kids Alberta (REAL Kids Alberta) evaluation was a joint project of the School of Public Health, University of Alberta and Alberta Health. The intent of this evaluation was to assess the impact of Alberta Health's Healthy Weights Initiative and to provide some measurable behavioural and health outcomes for children in Alberta.

Areas of focus
• **health conditions,**
• **health behaviors or both,**
• **Key features**
	• **Parent Survey** included: parental support for health related policy in schools socioeconomic background home and community environment
	  ○ Parents were asked to complete a Home Booklet survey that determines parental support for healthy school environments and recognition of Alberta Health programs.
	• **Student Survey** included: dietary assessment tool self-reported information on physical activity and screen time height, weight, and arm span measurements
	  ○ included the following questionnaires:
	  ▪ Harvard Food Frequency Questionnaire for Children and Youth (a dietary assessment tool) to assess nutrient intake and dietary habits.
	  ▪ Student Survey to gather information from the students on physical activity, screen time, and recognition of Alberta Health and Wellness Programs.
	  ▪ Students from selected schools are also asked to wear a digital time-stamped pedometer for 7 days and complete an activity diary each day.
	• **Principal Survey** included: school environment implementation of provincial programs
	  ○ The principals of participating schools were asked to complete a Principal Survey on school environment, implementation of provincial programs, and recognition of Alberta Health programs

Mode of administration
• **who**
• **where**
• **when**
	• Student Survey: Grade 5s
	  ○ Survey administered at school
	  ○ **Height, weight and arm span measured at school by trained evaluations assistant**
	  ○ Measurements are confidential
	  ○ Child's teacher and two evaluation assistants present at all times while measurements are being taken.
	• Parent/guardian survey (15 min)
	  ○ at home
	• Principal survey (15 min)

Frequency & dates administered	• Surveyed in 2008, 2010, 2012, & 2014 • Every 2 yrs.

Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• Nearly 4000 Grade 5 students and their parents from over 140 schools across Alberta • Voluntary participation • Responses kept confidential and will not be shared with anyone including your child's school. Individual schools and participants will not be identified when the findings are presented
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• Joint project of the School of Public Health, University of Alberta and Alberta Health. The intent of this evaluation was to assess the impact of Alberta Health's Healthy Weights Initiative and to provide some measurable behavioural and health outcomes for children in Alberta
Web links	• http://www.realkidsalberta.ca/ • http://www.realkidsalberta.ca/research-tools • Publications: http://www.realkidsalberta.ca/list.aspx?pg=2&ret=list
Notes	

British Columbia

Tool/Instrument Name	BC Adolescent Health Survey (BC AHS)
Jurisdiction	BC
Description	Questionnaire used to gather information about young people's physical and emotional health, and about factors that can influence health during adolescence or in later life.
Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	• Topics include both health promoting and health compromising behaviours • Question topics include: school achievement; common health problems, chronic illness, alcohol and tobacco use; sexual behaviour; injuries, and disabilities; body image and weight; drugs, and injury prevention, such as seat belt use; emotional, health; experiences of violence or discrimination; help seeking behaviour; use of technology; sleep; and exercise, sports and leisure activities
Mode of administration • **who** • **where** • **when**	• The BC AHS is conducted by the McCreary Centre Society in collaboration with the provincial government and public health system, and with the cooperation of BC's school districts. • 30-45 minutes • Public health nurses, nursing students and other trained staff were responsible for the data collection • Data collection occurred in schools between February and June 2013 • In classes selected for the survey, letters were sent home for students and their parents, describing the survey, topics covered, and the voluntary nature of student participation. In many districts, additional notice was sent via the school email system, on school newsletters, and mentioned in news stories or editorials in the local newspapers. Parents could review the survey questionnaire at the school office, or parents and students could see a detailed list of the topics and their rationale (without actual question wording), as well as background information on the history of the survey and the uses of the data on the McCreary website. (Methods doc, 2013-2014)

	• The survey was administered in school classrooms or lunchrooms during regular school hours. A public health nurse, nursing student, or other trained administrator was on hand to provide instructions for completing the questionnaire, to answer student questions, and to ensure response privacy. Survey administrators were given standardized instructions on how to administer the survey and answer questions. Administrators also collected information on classroom enrolment, absenteeism, and parent or student refusals, for use in calculating response rates and weighting the survey data. Surveys were returned sealed to McCreary, where they were checked individually before data entry (Methods doc, 2013-2014).
Frequency & dates administered	• In operation since 1992, Every five years, last administered in 2013
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• Students who were enrolled in grades 7 - 12 in regular public schools during the 2012/13 school year • Sample design was similar in size and scope to that used for previous cycles • Confidential, anonymous and voluntary
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• Student names were not recorded • Survey results are used extensively by schools, communities, government agencies, health professionals and by young people themselves in planning youth programs and services. Because the survey has been in use since 1992, it gives policy makers, governments and agencies the ability to track trends over more than a decade.
Web links	• http://www.mcs.bc.ca/about_the_ahs • http://www.mcs.bc.ca/pdf/AHSV_methodology.pdf
Notes	Hard copies of all BC Adolescent Health Survey reports are available to purchase see website (http://www.mcs.bc.ca/2013_AHS_Reports)
Tool/Instrument Name	Middle Years Development Instrument
Jurisdiction	BC mostly but piloted in other provinces in Canada as well as other jurisdictions (see notes)
Description	The Middle Years Development Instrument (MDI) is a self-report questionnaire completed by children in Grade 4 and Grade 7. It asks them how they think and feel about their experiences both inside and outside of school.
Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	• Physical health and well-being including: body image, nutrition and sleeping habits • Connectedness: experiences of support and connection with the adults in their schools and neighbourhoods, with their parents or guardians at home, and with their peers • Social and emotional development: optimism, self-esteem, happiness, empathy, prosocial behaviour, sadness and worries • School experiences: academic self-concept, school climate, school belonging, and experiences with peer victimization(bullying) • Use of after-school time
Mode of administration • **who** • **where**	• The MDI is supported by funding from The United Way of the Lower Mainland, the BC Provincial Ministries of Education, Health and Children and Family Development, as well as participating school boards (districts) in BC.

• **when**	• The MDI survey is completed by children online during class time. Children completing the survey are supervised by a classroom teacher, principal or other school staff. Participation in the MDI is completely voluntary. Individual schools or teachers may choose to opt out, parents may withdraw their children at any time and children also have the option to decline participation.
Frequency & dates administered	• 2015-2016 last cycle • Usually given out in November of each year • The MDI National Scale-out Project is funded by the McConnell and Max Bell Foundations for three years, from 2015 to 2018.
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• Population-level survey • Grade 4 and Grade 7 students • The MDI questionnaire uses a child's date of birth and postal code as an identifier. This ensures that records are not duplicated for an individual student. Personal Education Numbers are used as a unique identifier to allow MDI data to be linked with other administrative data sets. Linking the MDI data to other databases such as the EDI provides insights into groups of children's health and answers important research questions. Postal codes are collected to facilitate neighbourhood level mapping of the results. To see an example of a map and to understand how MDI results are shared, please visit the Maps and Data page • Although individual children complete the MDI questionnaire, the results are not used to assess individual children, nor are they used to rank teachers, neighbourhoods, schools or school districts in any way. The MDI is a population-level research tool. As such, it measures trends for populations of children at a neighbourhood level.
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• The survey is not used for individual diagnosis or assessment of children, or comparison of individual teachers, classrooms or schools. • Completed MDI surveys go to a secure data processing lab at the University of British Columbia where data are cleaned and analyzed. The systems and processes used to collect, store and report on MDI data meet or exceed the requirements of BC and federal privacy legislation. All personal identifier information is removed before records are encrypted and stored in a highly secure data storage facility at the University of British Columbia. A series of reports and maps are produced for participating school boards. These reports summarize and contextualize the responses students have provided in each area of the MDI. • School District and Community Reports - These reports contain data representing all of the children who were surveyed within a school district. Data are aggregated and averages are reported and mapped at both the school district and the neighbourhood levels. • School Reports – These reports contain data specific to the population of children who participated in the MDI at an individual school. These reports are internal and are not released publicly. School reports can be shared with teachers, parents, and community partners at the discretion of the school district administration • The MDI is a tool to support governments, educators, health professionals and community organizations to make evidence-based decisions. It offers valuable information to help monitor the impact of programs, practices and policies designed to improve the well-being of children in schools and in communities. To support these activities

	the data collected from the MDI are reported at three different levels of geography: school, neighborhood and school board, illustrating the importance of multiple contexts including home, school and community in fostering children's well-being.
	• Schools use MDI results to set goals, develop strategies for creating supportive environments for children, and to build connections with community organizations;
	  ○ School boards use MDI results to inform community-school partnerships and to develop services;
	  ○ Municipal and community service providers use MDI information to help identify children's needs and to create after-school activities and school-aged childcare programs; and
	  ○ Municipal and provincial governments use MDI results to guide policy and curriculum development.

Web links	• http://earlylearning.ubc.ca/media/publications/mdi_research_brief_web_november_2015.pdf • http://earlylearning.ubc.ca/mdi/
Notes	The MDI has been implemented in 29 of 60 school boards (districts) in British Columbia, and is being piloted in multiple provinces and territories across Canada in 2016. It is also implemented in regions in the United States, Australia and Peru In 2015-2016 HELP is supporting the first site, Chignecto-Central Regional School Board in Nova Scotia, where pilots of the MDI will be undertaken in selected Grade 4 classrooms. As an exciting companion initiative, the MDI is also be implemented with Grade 4 and Grade 7 students in the Northwest Territories this year. In autumn 2016, three more Canadian sites will be added and the first demonstration sites will implement the MDI more widely, with all their Grade 4 and/or Grade 7 students.
Tool/Instrument Name	Satisfaction Survey
Jurisdiction	BC
Description	The survey covers a range of topics, providing a comprehensive picture of the educational experience in B.C. public schools. Questions were developed with input from partner groups, teachers and experts in educational measurement and special education.
Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	• Question topics include: achievement, school climate, healthy living and safety.
Mode of administration • **who** • **where** • **when**	• Online satisfaction survey about their school experience • survey takes about 10 minutes to complete • Students and staff must obtain a logon number from the school to access the appropriate survey. Parents can access the survey with a logon number provided by the school (automatically selects the appropriate survey for the child's school and grade level), or without a logon number (the parent must select the child's school and grade level in order to access the appropriate survey).

Frequency & dates administered	• Annually • Survey is available online from January to the end of April
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• Public school students in Grades 4, 7, 10, and 12, staff and parents (but parents and staff questionnaires really don't ask anything about health behaviors or health conditions whereas the child surveys have specific questions related to health behaviors) • All responses are anonymous and confidential
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• Public reports of the survey data are available while the survey is in session and once the survey has closed. An interim report on parent participation by district is also available during survey administration. Reports of final results, including summaries of participation and responses by question, are posted at the end of each school year. • Schools, districts, government ministries and other external organizations such as the Representative for Children and Youth use the survey data for planning, research and advocacy work for youth. Feedback from participants provides valuable insight for addressing current needs and trends.
Web links	• http://www2.gov.bc.ca/gov/content/education-training/k-12/support/satisfaction-survey

Manitoba

Tool/Instrument Name	Manitoba Youth Health Survey
Jurisdiction	Manitoba
Description	The Manitoba Youth Health Survey (YHS) is implemented in schools across Manitoba every four years by Partners in Planning for Healthy Living.
Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	• Latest version looked at physical activity, healthy eating, body mass index, tobacco use, alcohol and drug use, school and community connectedness, hopelessness and mental wellbeing, as well as sun/UF safety, bullying, injury prevention and healthy sexuality. • whenever possible, questions are from validated sources • The 2012-13 YHS also included an online survey completed by school administrators. This survey obtains information on elements of the school environment that also affect the health of our students. • It expanded subject areas to gain insight into mental wellbeing, injury prevention, healthy sexuality (optional module for schools/school divisions), and the physical/health education curriculum for Grades 11-12
Mode of administration • **who** • **where** • **when**	• All Manitoba schools were invited to participate • Implemented in schools across Manitoba every four years by Partners in Planning for Healthy Living • Self-administered paper survey • Regional Health Authorities assumed responsibility for the data collection including school recruitment as well as the dissemination of feedback reports (for schools, school divisions and regions). Ministers from the Provincial Ministries of Children and Youth Opportunities, Education and Healthy Living, Seniors and Consumer Affairs wrote a letter to encourage school and school division participation in the YHS through a collaborative effort with their regional health authority. The Interlake-Eastern RHA, Prairie Mountain Health Region, Northern RHA and

	CancerCare Manitoba shared responsibility for scanning the completed surveys. The Epidemiology Unit at CancerCare Manitoba took responsibility for data analysis, data interpretation and school, school division, and regional report generation. • Surveys were bundled by class/ by grade/ by school/ by school division by Healthy Child Manitoba and forwarded to the appropriate RHA contact for distribution to the school contacts. Each classroom bundle also included a supply of blank surveys for students who were not on the class list but were present in the classroom on the day of the survey. The teacher wrote the student name, gender and DOB on the front page of these surveys prior to survey distribution.
Frequency & dates administered	• Every four years • The first implementation was completed in 2006-08 by grades 9 to 12 students and 6 to 12 students from select RHAs
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• Latest version, the 2012-13 implementation of the YHS was completed by grades 7 to 12 students across all RHAs. • Parents were notified via a letter from the school about the survey. • New to the YHS is the addition of student codes. A complex coding process was developed to track students' health behaviours long-term while maintaining student anonymity. This process will allow for the linkage of the YHS dataset to other Manitoba datasets (such as provincial Early Child Development and other education data) and to link the 2012/2013 YHS dataset with future YHS datasets. • Students placed their completed surveys in the classroom envelope that was sealed after the last student inserted their survey to protect confidentiality. Some schools chose to provide each student with an envelope into which they placed their completed survey prior to returning it to the teacher – complex coding process is used to maintain anonymity

Use of the results
• **tracking of individuals**
• **aggregation to groups**
• **follow-up with interventions**
	• Reports are generated at the school, school division, regional and provincial level. These are designed to stimulate and inform targeted planning to support and promote youth health.
	• The intent is that end-users utilize the YHS data for:
	  ○ Community health planning, health promotion and programming at the school, school division and RHA levels
	  ○ Policy development that promotes healthy living and healthy school environments
	  ○ Policy/program evaluation at the school, community, regional and provincial levels
	  ○ Policy evaluation (for example: Provincial policy to implement Grade 11 and 12 Active Healthy Lifestyles: Physical/Health Education curriculum)
	• The YHS data is not weighted and therefore, comparing school, school division, regional or other combinations of YHS survey reports is not appropriate. The YHS data is only intended for internal use at the local level and not for the ranking or comparison of communities, school divisions and regions. It is also not appropriate to directly compare school, school division or regional reports to previous YHS reports because some questions have changed between implementations and different grade levels were involved in each cycle of the survey.

Web links	• http://partners.healthincommon.ca/tools-and-resources/youth-health-survey/

	• http://partners.healthincommon.ca/wp-content/uploads/2013/10/Manitoba-YHS-2012-YHS-User-Guide.pdf
Notes	• Requires teacher training so they can scan results of the questionnaires.

New Brunswick

Tool/Instrument Name	New Brunswick Family Wellness Survey (part of the New Brunswick Elementary Health Survey – see next entry)
Jurisdiction	New Brunswick
Description	The New Brunswick Student Wellness Survey is a key project of the NB Wellness Strategy and is conducted with students in Grades 4 - 12 and parents of students in Kindergarten to Grade 5. The New Brunswick Student Wellness Survey is a provincial initiative of the Department of Social Development – Wellness Branch, in partnership with the Department of Education and Early Childhood Development and the New Brunswick Health Council (NBHC).
Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	• Child's height and weight, demographics, eating habits, physical activity • Parental eating habits • Parental lifestyle

Mode of administration
• **who**
• **where**
• **when**
	• Provincial initiative of the Department of Social Development – Wellness Branch, in partnership with the Department of Education and Early Childhood Development and the New Brunswick Health Council (NBHC).
	• All participating schools are asked to provide a contact person for this survey, as well as a complete class enrolment list (number of students per class) for grades K to 5.
	• Schools receive questionnaires for parents/guardians (grades K to 5). Each student will bring a questionnaire home
	• Schools will be asked to:
	  ○ Inform staff, parents and students of the survey
	  ○ Distribute the surveys to the participating classrooms' teachers
	  ○ Collect the completed surveys
	  ○ Return all materials back in the box provided, at no cost to the school.

Frequency & dates administered	• Started in 2007-2008 • Every three years, information about 2013-2014 is the last info up online but announcement for 2016-2017 made
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• Parents of K-5 • Anonymous and voluntary
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• Participating schools will receive a Feedback Report summarizing their results. Information from the survey has been used for planning by school districts. Information from the survey has also been used by other government departments to develop strategies and programs, as well as by local groups to support healthier communities. • Key project of the NB Wellness Strategy

Web links	• http://www2.gnb.ca/content/gnb/en/departments/social_development/wellness/content/research.html • https://www.nbhc.ca/surveys/nbsws/elementary2016-2017#.WK8DOm8rKUk
Tool/Instrument Name	New Brunswick Elementary Student Wellness Survey (two other associated surveys – see previous and next entry)
Jurisdiction	New Brunswick
Description	The New Brunswick Student Wellness Survey is a key project of the NB Wellness Strategy and is conducted with students in Grades 4 - 12 and parents of students in Kindergarten to Grade 5. The New Brunswick Student Wellness Survey is a provincial initiative of the Department of Social Development – Wellness Branch, in partnership with the Department of Education and Early Childhood Development and the New Brunswick Health Council (NBHC).
Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	• Attitudes and behaviours regarding healthy eating, mental fitness, bullying, physical activity and tobacco use

Mode of administration
• **who**
• **where**
• **when**
	• Initiative of the Department of Healthy and Inclusive Communities in cooperation with the Department of Education and Early Childhood Development
	• Student surveys (grades 4 and 5) will be completed in class. Teachers should allow up to 45 minutes for students to complete the survey.
	• Schools will be asked to:
	  ○ Inform staff, parents and students of the survey
	  ○ Distribute the surveys to the participating classrooms' teachers
	  ○ Collect the completed surveys
	  ○ Return all materials back in the box provided, at no cost to the school.

Frequency & dates administered	• Started in 2007-2008, cycles since in 2010-2011, 2013-2014 and planned for 2016-2017 • Every three years, information about 2013-2014 is the last info up online but announcement for 2016-2017 made
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• Participation by students is anonymous and voluntary • Students in grades 4 and 5
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• Participating schools will receive a Feedback Report summarizing their results. Information from the survey has been used for planning by school districts. Information from the survey has also been used by other government departments to develop strategies and programs, as well as by local groups to support healthier communities. • Key project of the NB Wellness Strategy
Web links	• https://www.nbhc.ca/surveys/nbsws/elementary2016-2017#.WK8DOm8rKUk • http://www2.gnb.ca/content/gnb/en/departments/social_development/wellness/content/research.html
Notes	

Tool/Instrument Name	New Brunswick Student Wellness Survey (two other associated surveys – see previous 2 entries)
Jurisdiction	New Brunswick
Description	The New Brunswick Student Wellness Survey is a key project of the NB Wellness Strategy and is conducted with students in Grades 4 - 12 and parents of students in Kindergarten to Grade 5. The New Brunswick Student Wellness Survey is a provincial initiative of the Department of Social Development – Wellness Branch, in partnership with the Department of Education and Early Childhood Development and the New Brunswick Health Council (NBHC).
Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	• Healthy weights and lifestyle, mental fitness, social relationships and environments, tobacco and other substance use • Students in grades 7-12 will also be asked questions about sex, alcohol and drug use.
Mode of administration • **who** • **where** • **when**	• Initiative of the Department of Healthy and Inclusive Communities in cooperation with the Department of Education and Early Childhood Development • Assume the same as other NB Elementary survey- completed in class, teachers should allow up to 45 minutes for students to complete the survey. • Assume the same as other NB Elementary survey - Schools will be asked to: o Inform staff, parents and students of the survey o Distribute the surveys to the participating classrooms' teachers o Collect the completed surveys o Return all materials back in the box provided, at no cost to the school.
Frequency & dates administered	• Started in 2006-2007, cycles have occurred since in 2009-2010, 2012-2013, 2015-2016 • Every three years
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• Participation by students is anonymous and voluntary • Students in grades 6-12
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• Share data to promote action around wellness • Compare outcomes of selected New Brunswick Wellness Strategy indicators and targets related to surveyed behaviors and health indicators share data to promote action around wellness
Web links	• https://www.nbhc.ca/surveys/nbsws#.WK8IHG8rKUk • http://www.carrfs-acsrfr.ca/docs/studentwellness-rapportdetude/index-eng.php#c3 • http://web1.nbed.nb.ca/sites/ASD-W/pams/Documents/information%20to%20parents%20-%20NB%20Wellness%20survey%20PDF.pdf
Tool/Instrument Name	Grade 12 Exit Survey

Jurisdiction	New Brunswick
Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	Gathers information about students' school experience • Demographic information, academic background, school environment, e-learning and new technologies, enrichment opportunities, language skills, **physical activity and healthy living**, learning environment, my future
Mode of administration • **who** • **where** • **when**	• A list containing the names of randomly selected Grade 12 students representing 45% of the school's graduating population, was submitted to each high school in the province. • Students are instructed to answer the questions, unless otherwise indicate as an overview of their high school experience
Frequency & dates administered	• Developed in 2006 in consultation with various sectors of the Department and district superintendents, annually, last from 2016
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• Grade 12s • answers are confidential
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• Provides graduates the opportunity to share their opinion on various issues • Nothing substantive given
Web links	• http://www2.gnb.ca/content/dam/gnb/Departments/ed/pdf/K12/StatisticalReports-RapportsStatistiques/Grade12ExitSurvey2016.pdf

Newfoundland and Labrador

Tool/Instrument Name	School Climate Survey
Jurisdiction	Newfoundland and Labrador
Description	Each year, students in various grades complete the School Climate Survey. The results provide a snapshot of student's attitudes and feelings about various aspects of the school environment.

Areas of focus
• **health conditions,**
• **health behaviors or both,**
• **Key features**
	• Three dimensions assessed by the survey
	  ○ Feelings of safety in the school environment
	  ○ Personal experiences of bullying and harassment in school
	  ○ **Drug and alcohol use** (for the older grades)

Mode of administration • **who** • **where** • **when**	• Administered by Department of Education and Early Childhood Development • Online for parents • Info not obviously available

Frequency & dates administered	• 2011 implemented, yearly, 2015-2016 last survey results available • Annual
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• Anonymous • Students of grades 2, 5, 7, 8, 9, 10, 11, 12 • Teachers • Parents
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• Reporting done on a school, regional, or provincial level, never on an individual basis • Responses will help us understand the quality of education you believe your child is receiving and where improvements are needed.
Web links	• http://www.education.gov.nl.ca/sch_rep/2014/index.htm • http://www.ed.gov.nl.ca/edu/publications/k12/indicators_2012-13/index.html
Tool/Instrument Name	School Development Surveys
Jurisdiction	Newfoundland & Labrador
Description	School development is a systematic approach to change at the school level designed to guide and focus a school towards the achievement of its mission - enhanced student learning. Developed within the context of both the provincial and district strategic education plans, a School Development Plan reflects the uniqueness of the local school environment. The Newfoundland and Labrador School Development Model is a results oriented process that involves collective reflection, analysis, problem solving, planning, and continuous improvement leading to the attainment of specific school goals. School Development Surveys are a part of the School Development model's internal review component.
Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	• Students grades 4-12: School/learning environment, physical activity and eating behaviors, wellbeing • Parent Survey and staff survey: School/learning environment, physical activity and eating behaviors, wellbeing of the children
Mode of administration • **who** • **where** • **when**	• Surveys were developed collaboratively by the Department of Education, district personnel and teachers • Schools undertaking an Internal Review can order surveys by contacting the School Development Program Specialist/Senior Education Officer responsible for their school. Upon notification from the District Personnel, surveys will be mailed to the school for administration. • The number of surveys sent to a school will depend upon the size and grade configuration of the school. All students, present at the time of the administration of the survey, will be surveyed. All staff (teachers and support staff) will be surveyed. Also, surveys will be sent to all parents/guardians. This will help ensure a representative sample. Having parents complete the survey on parent nights will result in a biased sample. The conclusions drawn from these results will reflect only those parents in attendance.

	• School staff administer the survey to students • Each survey is designed to match the general grade level of students • Parent surveys, and an accompanying letter, should be sent to parents using an appropriate delivery method. The letter (see sample letter) should include information about the purpose of the survey, along with administration guidelines and timelines for completing and returning the survey.
Frequency & dates administered	• Schools are required to administer surveys only once in the 3-5 year cycle
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• Anonymous • 3 student surveys –grades 1-3; grades 4-6; grades 7-12 • Surveys for teachers, students, support staff, parents/guardians as well
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• The information gathered from them is valuable to the creation of the School Development Plan • Survey serves as a part of the School Development model's internal review component • Surveys results will be sent to each school electronically. The turn around time will be approximately 1 week after receipt of the surveys. Districts can access survey results for their schools by following the links under School Development Surveys on the School Development website. The surveys are password protected and available to districts only
Web links	• http://www.ed.gov.nl.ca/edu/k12/development/200910/index.html • http://www.ed.gov.nl.ca/edu/k12/development/200910/Surveys.pdf • http://www.ed.gov.nl.ca/edu/k12/development/200910/Guidelines_for_Survey_Administration.pdf

Ontario

Tool/Instrument Name	Eastern Ontario Health Unit-Youth Risk Behaviour Survey (EOHU-YRBS) (not clear if this is still active)
Jurisdiction	Ontario
Description	The 2011 YRBS is a repetition of the 2007 survey in order to measure any change or progress since the last survey, and to assess any new trends in health-risk behaviours among high school students. • modeled after the CDC Youth Risk Behaviour Survey
Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	• To provide an assessment of the health-risk behaviours and practices of adolescents in the Eastern Ontario Health Unit (EOHU) region • Monitors six types of health-risk behaviours contributing to death and disability among youth and adults: injury prevention, nutrition, physical activity and body, weight, tobacco use, alcohol, marijuana and other drug use sexual health • Also includes questions on bullying, sad feelings and attempted suicide, and EOHU services

	• Four versions of survey: English long (with sexual health), English short (excluding sexual health), French long, French short
Mode of administration • **who** • **where** • **when**	• Survey administered in classroom setting by public health nurses and public health educator • random sample of two classes from each grade was selected in each school for administration of the survey to all students who consented to participate, unless only one grade was available
Freq. and dates administered	• 2000, 2003, 2008, 2011 • Every three years approximately
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• Sample survey with cross sectional design • Youth in grades 7–12 under the EOHU jurisdiction (five Eastern Counties of Stormont, Dundas, Glengary, Prescott and Russell) • Anonymous, voluntary
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• To provide an updated assessment of the health risk behaviours and practices of adolescents in the Eastern Ontario Health Unit region • To determine the prevalence of health risk behaviours among middle and high school students • To assess whether there are any new trends in health-risk behaviours • To generate reliable data to be used for program planning and evaluation • Help to strengthen and support the work of Public Health Nurses, Health Educator Promoters, teachers and administrators working with students in the schools • To inform parents who encounter these attitudes, behaviours and practices at home, program planners and evaluators who are designing services to address the current needs of students, members or groups in the community at large as well as the students themselves.
Web links	• http://www.publichealthontario.ca/en/eRepository/Child_Youth_Data_Sources_2015.pdf • http://www.eohu.ca/_files/reports/YRBS_2011_cond_e.pdf
Notes	• Not clear if it is still active
Tool/Instrument Name	Ontario Student Drug Use and Health Survey
Jurisdiction	Ontario
Description	• The Ontario Student Drug Use and Health Survey (OSDUHS) is a population survey of Ontario students in grades 7 through 12. The purpose of identifying epidemiological trends in student drug use, mental health, physical health, gambling, bullying, and other risk behaviours, as well as identifying risk and protective factors.
Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	• Topics covered include tobacco, alcohol and other drug use and harmful consequences of use, mental health indicators, physical health indicators, health care utilization, body image, gambling and video gaming behaviours and problems, violence and bullying, school safety, school climate, criminal behaviours, and socio-demographics.
Mode of administration	• Administered by the Centre for Addiction and Mental Health (CAMH).

• **who** • **where** • **when**	• Typically, about 200 elementary/middle schools and high schools are selected to represent students in grades 7 through 12 in Ontario. All schools are selected randomly (by chance) from a list of all public and Catholic schools in Ontario provided by the Ministry of Education. Private schools, schools on First Nations reserves, military bases, custodial or treatment facilities, and those in the remote Northern regions are not selected. After schools are selected, a few classes in those schools are randomly selected. Just because a school or class is selected does not mean that there is a problem in that school or class. • Trained staff members from the Institute for Social Research (ISR), at York University, administer the survey in classrooms (on behalf of CAMH). Teachers and school staff are only asked to distribute and collect the provided active parental consent forms before the date of the survey. They are not required to be present in the classroom during the survey, but can be if they wish. To make it convenient for schools, the survey can be administered on any date between October and May (or June, if necessary). • Students under age 18 who want to participate in the survey need to get one parent/guardian to sign the consent form before they can participate. Students must also sign the form and return it to their classroom teacher. Then, on the day of the survey, they complete a questionnaire in their classrooms. They do not write their name anywhere on the questionnaire, so they cannot be identified. The questionnaire is in a booklet form and students check off their answers from a list of response options. The questionnaires are not answered on a computer. Students can skip any question that makes them feel uncomfortable. After students have finished, the questionnaires are collected by ISR staff and taken back to ISR at York University for data entry. Teachers do not see students' answers.
Frequency & dates administered	• conducted across the province every two years between October and May • Data collection in schools across the province has begun for the 2017 OSDUHS cycle and will continue until May or June 2017.
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• Randomly selected schools, then randomly selected classes • students in grades 7-12 • Participation in the survey is completely voluntary. Plus, if a student begins the survey, he/she can stop at any time. • No identifiers
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• Aggregate, population level • This survey is important because it provides current and reliable information about the health risk behaviours, attitudes and beliefs of Ontario adolescents, and tracks changes over time. Findings from the OSDUHS have been widely used by health, education, and government officials in setting health priorities and facilitating preventative policies, programs and services that address youths' needs. • Participating schools receive highlights reports describing the provincial drug use findings and the mental health and well-being findings. In the 2017 cycle, we will give teachers of participating classes a Tim Hortons gift card to thank them for their assistance with the distribution and collection of the parental consent forms (this may depend on school board policy). • Below are some specific examples of how the survey results have been used during the past four decades:

	• OSDUHS findings have been used in the development of CAMH's school curriculum guidelines for physical health, mental health, and gambling. • The Ontario Ministry of Health and Long-Term Care and the Ontario Tobacco Research Unit rely on OSDUHS data about youth tobacco use, purchasing behaviour, and exposure to environmental tobacco smoke in order to assist in monitoring the Smoke-Free Ontario Strategy. • The Ontario Ministry of Education and the Ontario Auditor General have used OSDUHS school-related findings, including the bullying trends, to evaluate school safety in Ontario. • The Canadian Public Health Association's 2005 national campaign to raise awareness about cannabis use and driving was largely brought about by the only Canadian estimate (and trends) for this problem provided by the OSDUHS. • The current (2012-present) television and radio campaigns by the Partnership for a Drug-Free Canada to raise awareness about the potential for youth to misuse prescription drugs found in the home, as well to drive after using drugs, were brought about because of OSDUHS findings. • The OSDUHS provided first Canadian student estimates of numerous risk and problem behaviours such as: traumatic brain injury, synthetic cannabis use, use of cannabis in an e-cigarette, ecstasy use, the misuse of OxyContin and other opioid pain relievers (without a prescription), participating in the "choking game" (self-asphyxiation for a euphoric feeling), street racing, video gaming problems, and texting while driving. • Findings about trends in drug use and mental health have been incorporated in several Canadian sociology and psychology textbooks. • The Toronto-specific results were used in the annual Toronto's Vital Signs Report, the Toronto Police Service's Environmental Scan, and to evaluate Toronto Public Health's drug strategy.
Web links	• http://www.camh.ca/en/research/news_and_publications/ontario-student-drug-use-and-health-survey/Pages/default.aspx • http://www.camh.ca/en/research/news_and_publications/ontario-student-drug-use-and-health-survey/Pages/OSDUHS-FAQs.aspx • https://www.publichealthontario.ca/en/eRepository/Gaps_Public_Health_Indicators_2016.pdf

Prince Edward Island

Tool/Instrument Name	School Health Action Planning and Evaluation System (SHAPES)
Jurisdiction	Prince Edward Island (appears also to be nationally available)
Description	The School Health Action, Planning, and Evaluation System (SHAPES) is a data collection and feedback system designed to support population-based intervention planning, evaluation, and field research related to youth. These modules are used to collect and assess information on student behaviours and attitudes in the areas of tobacco use, physical activity, healthy eating and mental fitness. These data are then used to generate profiles to help schools, public health and communities take action to improve the health of young people.

Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	• Student behaviours and attitudes on mental fitness, physical activity, healthy eating and tobacco, alcohol and drug use
Mode of administration • **who** • **where** • **when**	• Working in partnership with Health Canada's Canadian Student Tobacco Alcohol and Drugs Survey • Conducted in collaboration with the Propel Centre for Population Health Impact at the University of Waterloo and is funded by a variety of partners, including: the PEI Department of Education, Early Learning and Culture, the PEI Department of Health and Wellness, the PEI Healthy Eating Alliance, go! PEI, and Health Canada • SHAPES includes an assessment of features of school environments related to tobacco control, physical activity and healthy eating. School teams conduct this assessment using the Healthy School Planner, which enables schools to document current policies, identify gaps, and plan initiatives based on gaps and characteristics of the student body. • Requirements: Administrators ○ consent to having school participate in the project ○ act as, or designate another staff person to act as, the main project contact person for the school. School Contacts ○ Schedule a suitable date to administer the survey at your school ○ Provide enrollment and class information for all participating classes; share project information with the school community ○ Coordinate the distribution and collection of parent permission materials (if required) Teachers ○ Attend a brief meeting with project staff prior to the survey to review instructions and pick up classroom survey bundles Students ○ All students with parental permission (who choose to participate) complete a 30-40 minute questionnaire during one class period
Frequency & dates administered	• Every 2 years, to switch to every 4 years as of 2018-19 • Started 2007-08, last published report 2014-2015, didn't happen in 2016 due to a lack of funding
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• Students in grades 5 – 12 • School level data
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• Data is grouped so that it is not possible to identify any particular school or individual student • These profiles are intended to help schools, together with students, and other community partners to: ○ Identify trends in mental fitness, physical activity, healthy eating and tobacco/substance use ○ Make decisions, plan programs, and take action based on identified school health issues

	○ Coordinate these efforts with the broader school community (family of schools, school board, local health and education organizations, government agencies, businesses, etc.) • Individual school survey results can be used in a variety of ways, including: planning and priority-setting; identifying needs; and supporting schools, communities, and governments to take action on youth health issues.
Web links	• https://www.princeedwardisland.ca/en/information/education-early-learning-and-culture/school-health-action-planning-and-evaluation-system • https://uwaterloo.ca/propel/program-areas/healthy-living/shapes-school-health-action-planning-and-evaluation-system • http://discoveryspace.upei.ca/cshr/node/151 • http://discoveryspace.upei.ca/cshr/Publications-Reports • http://www.cbc.ca/news/canada/prince-edward-island/pei-student-health-survey-shapes-1.3969152
Notes	• Over the years, SHAPES-PEI has been comprised of several different survey modules. In 2014-15, each participating student within a class will be randomly assigned one of the following questionnaires, based on their grade: • Grade 5 students complete one questionnaire: SHAPES-PEI (SHAPES–Î.-P.-É.) • Grade 6 students complete one of two questionnaires: SHAPES-PEI or CSTADS-Module A (ECTADÉ-Module A) • Grade 7-12 students complete one of two questionnaires: SHAPES-PEI or CSTADS-Module B (ECTADÉ-Module B) Contact: School Health Specialist Education, Early Learning and Culture Holman Centre 250 Water St., Suite 101 Summerside, PE C1N 1B6 Tel: (902) 438-4134 Fax: (902) 438-4874 Email: sdcarruthers@edu.pe.ca

Saskatchewan

Tool/Instrument Name	Saskatchewan Alliance for Youth and Community Well-being Youth Health Survey (SAYCW)
Jurisdiction	Saskatchewan
Description	SAYCW carries out a province-wide survey that captures valuable information about the current health and well-being of youth in grades 7 to 12
Areas of focus • **health conditions,** • **health behaviors or both,**	• Demographics, oral health, sun and UVR Safety, healthy weights, nutrition, physical activity, sleep, mental health and well-being, tobacco use, drug and alcohol use, sexual health

• **Key features**	
Mode of administration • **who** • **where** • **when**	• Developed based on Manitoba's PPHL Youth Health Survey and adapted to the Saskatchewan context • Saskatchewan Educational Leadership Unit (SELU) who administer the survey and guide school administrators, teachers, and staff who coordinate survey within the school
Frequency & dates administered	• First cycle of the survey was completed in 116 schools in 2015 • Plans to conduct the survey every few years
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• Grade 7 to 12 students • Confidential, voluntary
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• SAYCW Data Analysis Working Group who guided the analysis of the survey data and prepare report • Survey data will be stored and kept at the Saskatchewan Cancer Agency • The primary purpose of the results is for participating schools and communities to learn more about the health of their youth, connect with resources and partners in youth health, and to be able to act on the opportunities they see. • The results of each individual school are shared only with that school and their school division or authority, though they are welcome to share their reports with community partners if they choose. If you are a stakeholder in youth health and would like to be connected with interested schools in your region • To develop health promotion programs, interventions and policies to improve the health and well-being of Saskatchewan youth
Web links	• http://saycw.com/survey-and-findings/

Other Jurisdictions

Australia

Tool/Instrument Name	Australian Early Development Census (AEDC) [formerly known as the Australian Early Development Index (AEDI), mostly developmental]
Jurisdiction	Australia, national
Description	A population-based measure of how children in Australia have developed by the time they start their first year of full-time school.
Areas of focus • **health conditions,** • **health behaviors or both,**	Five areas of early childhood development • physical health and wellbeing • social competence

• **Key features**	• emotional maturity • language and cognitive skills (school-based) and • communication skills and general knowledge
Mode of administration • **who** • **where** • **when**	• The Council of Australian Governments (COAG) has endorsed the AEDC as a national progress measure of early childhood development in Australia. • The Australian Government and state and territory governments are working in partnership with various organisations to deliver the AEDC. The Social Research Centre in Melbourne collects and manages the AEDC data. • Australian Government Department of Education and Training is the Data custodian • Teachers complete the Australian version of the Early Development Instrument (similar to a questionnaire) for children in their first year of full-time school using a secure data entry system. The Instrument is completed based on the teacher's knowledge and observations of the children in their class. Children are not required to be present while teachers complete the Instrument. Schools are provided with funding for teacher relief time – it takes teachers around 20 minutes to complete each Instrument. • Teacher's will undertake one hour of training and be provided with detailed information to help them accurately complete the Instrument for the children in their class. • To ensure the Australian version of the Early Development Instrument is culturally inclusive and appropriate for use with Aboriginal and Torres Strait Islander children, Indigenous Cultural Consultants and Aboriginal and Torres Strait Islander stakeholders across metropolitan, rural and remote sites were consulted. • Participation in the AEDC is voluntary and parents/carers should notify schools if they wish to opt out of the census.
Frequency & dates administered	• Trialed first between 2004-2008, 2009 conducted nationally for the first time, 2012 conducted nationally for the 2nd time, 2015 conducted for the third time
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• Population-based measure • Teachers complete the AEDC for children in their first year of full-time school
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• Childs data will be combined with data from the other children living within the same community. AEDC results for individual children are not reported and the AEDC is not used as an individual diagnostic tool. This means that an individual child report is not produced. • Data are available to government agencies, researchers and practitioners across all disciplines. These statistics will be used to inform early childhood education and care policy at government, community and school level • The value of the AEDC is that it provides information for schools, communities and governments to pinpoint the services, resources and support for children and families to help shape the future and wellbeing of children in Australia.

	• At the school level, teachers reported that participating in the census raised their awareness of the needs of individual children and the class as a whole. They also reported that completing the AEDC assisted their planning for transition to school and developing programmes of work for their class.
	• Results from previous data collections have been used to help young children and families in a range of ways:
	  ○ Schools seeing improved student performance through new literacy programmes
	  ○ Communities starting new playgrounds and parental services and
	  ○ Governments using the data as evidence to develop better policies for children.
	  ○ The AEDC results can also influence school planning; examples of how schools have used the results are available on the School Stories webpage.

Web links	• http://www.aedc.gov.au/schools/schools-faqs • http://education.gov.au/australian-early-development-census • http://www.aedc.gov.au/schools/teachers-and-the-data-collection
Notes	
Tool/Instrument Name	Australian Secondary Students' Alcohol and Drug Survey
Jurisdiction	Australia - National
Description	The Australian Secondary Students' Alcohol and Drug survey (ASSAD) is a triennial national survey of students' use of licit and illicit substances.
Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	• 16-page core questionnaire covered the use of tobacco, alcohol, pain relievers, tranquilisers, the use of illicit substances such as cannabis and hallucinogens. Questions assessing students' use of synthetic substances and students' mental health were also included in 2014 core questionnaire
Mode of administration • **who** • **where** • **when**	• The Australian Centre for Education Research (ACER) drew the national school sample for the study. ACER based their sampling procedures on enrolment data for 2012 as this was the most up-to-date data available to them. Schools with fewer than 100 students enrolled were excluded from the sampling frame. Within each state and territory, schools were sampled using a random sampling methodology designed to represent students from the three main education sectors: government, Catholic and independent. The basic design of the sampling procedure was a stratified two-stage probability sample, with schools selected at the first stage of sampling, and students selected within schools at the second stage of sampling. Within each state and territory, schools were stratified by the three education sectors and randomly selected from each sector to ensure that the distribution of schools in the three education sectors within a state was reflected in the sample. Two samples of schools were drawn to reflect the distinction between junior secondary (up to Year 10) and senior secondary (Years 11 and 12) campuses. • Principals of selected schools were contacted and permission to conduct the survey at the school was sought. If a school refused, they were replaced by the school geographically nearest to them within the same education sector. • Active parental consent requires that the student return a consent form showing that their parents have approved their participation in the study. If a consent form is not returned, the student cannot participate in the study.

	• The policy of the education departments in each state and territory, and the policies of individual schools determined whether teachers remained in the room when the survey was being administered. Most schools required this in 2014, with 88% of students completing the questionnaire in the presence of teachers. If a teacher was present when the survey was being conducted, they were asked to remain at the front or back of the room and not to participate in the survey session. • Following the protocol used in past surveys, on a day agreed with the school, members of the research team attended the school to administer the pencil-and paper questionnaire to classes of students on the school premises.
Frequency & dates administered	• Commenced in 1984 • Triennial national survey, last conducted in 2014 academic year
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• Secondary students ages12-17 • School participation is voluntary and consent is at the discretion of the school principal. Parents are also given an opportunity to determine their child's participation. • Students answer the questions anonymously and they choose whether or not they want to participate. No student can be identified through their survey results.
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• ASSAD study was designed to provide estimates of the current prevalence of use of tobacco, alcohol and illicit substances among Australian secondary school students, and to examine trends in their substance use. • Questionnaires from all states and territories were catalogued by the Centre for Behavioural Research in Cancer at Cancer Council Victoria. Questionnaires were scanned and converted into data files, and were cleaned by Cancer Council Victoria. Cleaning followed the same procedures as used in previous survey years (refer to Appendix 2). • Information collected from the survey is used by policy makers and researchers to better understand drug and alcohol-related issues in our schools. It also helps to identify the groups of young people we need to reach with our campaigns and programs.
Web links	• http://www.nationaldrugstrategy.gov.au/ • http://www.dao.health.wa.gov.au/Informationandresources/Publicationsandresources/Researchandstatistics/Statistics/AustralianSchoolStudentsAlcoholandDrugsurvey.aspx
Tool/Instrument Name	NSW School Students Health Behaviours Survey
Jurisdiction	Australia, state
Description	Conducted as part of the Cancer Council Victoria's Australian School Students Alcohol and Drugs Survey
Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	• questions on nutrition and eating, height and weight (including perception of body mass), physical activity, injury, psychological distress, sun protection, alcohol, tobacco, and substance use
Mode of administration • **who** • **where**	• conducted with the permission of the NSW Department of Education and Training, the Catholic Education Office, and the Association of Independent Schools

• **when**	• Respondents are selected using a 2-stage probability sample: schools are selected during the first stage; students are selected during the second stage. The aim is to survey 80 students from each participating school. The final sample is representative of each school strata: Government, Catholic, and Independent. • Principals of selected schools were contacted by the NSW Ministry of Health's Centre for Epidemiology and Evidence to obtain permission to conduct the survey at their schools. • A brochure and consent form are sent to the parents of each selected student. Only students with parental consent are surveyed. • McNair Ingenuity Research Pty Ltd was contracted to administer the pencil-and-paper questionnaire on the school premises. If a student from the sample list was not present at the time of the survey, a student from the replacement list for that year was surveyed. Students from different years were surveyed together. Students answered the questionnaire anonymously
Frequency & dates administered	• Started in 1984, triennial
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• Self-administered questionnaire, completed anonymously by students aged 12-17 years
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• Responses to the questionnaire were entered into a database by the Centre for Behavioural Research in Cancer, Cancer Council Victoria. Data were cleaned and weighted to reflect the distribution of students across school sectors, using date obtained from the Australian Bureau of Statistics. • The survey data are weighted to bring the final sample into line with the population distribution. • There is a wealth of information in the survey that may be of interest to researchers. For this reason, the NSW Ministry of Health encourages further analysis of survey data. Authorised users can access these data through Secure Analytics for Population Health Research and Intelligence (SAPHaRI). Other researchers should lodge a data request with the Chief Health Officer stating the aim of the research and the required variables.
Web links	• http://www.health.nsw.gov.au/epidemiology/Pages/NSW-School-Students-Health-Behaviours-Survey.aspx • http://www.health.nsw.gov.au/surveys/student/Publications/student-health-survey-2014.pdf
Tool/Instrument Name	Survey of Wellbeing and Student Engagement (formerly known as the Middle Years Development Instrument- Canadian version)
Jurisdiction	South Australia
Description	The survey of wellbeing and student engagement collects information from students in years 6 to 9 about non-academic factors relevant to learning and participation.

Areas of focus
• **health conditions,**
• **health behaviors or both,**
• **Key features**
	• 70 questions related to areas of development linked to wellbeing, health and academic achievement
	  ○ Social and emotional wellbeing: happiness, optimism, perseverance, emotional regulation, sadness and worries, helping students
	  ○ Physical health, lifestyle and after school activities: overall health, body image, breakfast and sleep, after-school time, after-school activities, homework, tv and computer use

Mode of administration • **who** • **where** • **when**	• If a school decides to participate in the survey, students complete the survey on a voluntary basis. Parents or caregivers can also withdraw a student if they choose. • Parents who do not want their child taking part in the survey can get their child's name removed from the participant list by speaking to their teacher. • The survey is undertaken at participating schools during school hours and takes about 40 minutes to complete. In the majority of schools, the survey is completed online. • Students complete the survey in the presence of their teacher/survey administrator. Teachers are responsible for identifying any students who may have learning difficulties or not have a sufficient level of English to participate in the survey.
Frequency & dates administered	• Not explicitly stated
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• Students in years 6 to 9 • It is not compulsory to participate in the survey. • Students' answers to the survey will be kept confidential – no one will use the results to identify individual students.

Use of the results
• **tracking of individuals**
• **aggregation to groups**
• **follow-up with interventions**
	• Schools, classrooms or students are not compared. Participating schools will receive a report based on student findings, but students are not identified.
	• The information that is collected from each student through the survey will be kept confidential by:
	  ○ Keeping information that could identify a student, such as names and addresses, separately at all times from the responses to the survey.
	  ○ Only analysing students' responses to each question after student names and addresses are removed.
	  ○ Only creating reports based on the data for groups of students – no individual person will be able to be identified from a report.
	  ○ Only using identifying information to combine the survey data with other educational data for statistical analysis and research.
	• Survey asks children if they are experiencing problems with classmates and if they would like to be contacted by their teacher or school counselor for help. Page is separated from survey so that survey results remain anonymous.
	• Schools receive a report based on overall student finding that can help determine how to promote positive development, where to allocate existing resources, set priorities, plans and goals, advocate for children's health, ascertain programs and services are required
	• Provides government insight into what needs to occur to ensure students experience success and are provided with resources and opportunities to reach their full potential.

Web links	• https://www.decd.sa.gov.au/department/research-and-data/the-survey-of-wellbeing-and-student-engagement/about-the-survey-of-wellbeing-and-student-engagement
Tool/Instrument Name	Kindergarten Health Check
Jurisdiction	Australian Capital Territory, Australia

Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	• Health check includes vision, hearing, height, weight and development
Mode of administration • **who** • **where** • **when**	• Registered Nurses employed by ACT Health conduct the Kindergarten Health Check in all ACT primary schools throughout the year. • An information package is sent home from the school at the beginning of the year to obtain your consent and explain what is involved
Frequency & dates administered	• Throughout the first year of school
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• Kindergarten students
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• The health check is not intended to replace your child's normal health care • If any issues are identified by either yourself or the nurse you will be given information or a referral letter with information regarding access to the appropriate specialist service. • The results of the health check will be posted to you soon after the nurses attend the school. You may like to keep the results in your child's personal health record (blue book). Hearing and vision results only will be provided to your child's teacher if you have given consent. • The summary results of both the health check and questionnaire will be sent to your nominated GP. This allows your GP to review the results with you and, if indicated, undertake a more comprehensive assessment of your child. The GP will be able to discuss appropriate follow-up and interventions.
Web links	• http://www.health.act.gov.au/our-services/women-youth-and-children/school-health

New Zealand

Tool/Instrument Name	Youth2000 National Health and Wellbeing Survey Series
Jurisdiction	New Zealand
Description	The Youth2000 survey series ask a large, representative sample of secondary school students from over approximately a third of all high school in New Zealand a wide range of questions that contribute to health and wellbeing of young people in New Zealand.
Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	• Ethnicity & culture, physical health, food & activities, substance use, sexual health, injuries and violence, home and family health, school achievement and participation, neighbourhood environment, spirituality and access to healthcare

Mode of administration • **who** • **where** • **when**	• The Adolescent Health Research Group has a well-established methodology for gaining representative and accurate information from young people in secondary schools throughout New Zealand. Around 100 randomly selected secondary schools throughout the country are invited to take part (approximately a third of all high schools in New Zealand). • In 2012, the survey was funded by the Ministries of Youth Development, Social Development, Health, Education and Justice, the Department of Labour, the Families Commission and the Health Promotion Agency (formerly ALAC). • Students answer the questions on small hand-held computers/tablets. Each student has their own device and can read the questions off the screen and also hear them read out through headphones. Students answer questions by touching the appropriate box on the screen. The survey program is designed to not ask questions about sensitive topics that do not apply to the particular student. For example, all students are asked if they have ever smoked a cigarette, but only those who answer 'yes' are asked any further questions about smoking. For those who answer 'no' the program will skip to the next topic. This means that students will not be asked detailed questions about things that they have no direct experience with. As part of the survey a research assistant measured each student's height and weight, and asked which neighbourhood the student lives in. This was done as privately as possible. • We also measured each student's height and weight. These measurements were taken in private, part way through the survey. At this time, students were asked to provide their usual home address. We used this to ascertain their census meshblock (grouping of approximately 100 households) so that neighbourhood characteristics such as deprivation levels and urban or rural setting could be ascertained. After the meshblock was identified the student's address was deleted.
Frequency & dates administered	• Over the past eleven years the AHRG has collected data on these topics from a total of 28,000 students who completed the Youth '12, Youth '07 and Youth'01 surveys. This comprehensive questionnaire allows the AHRG to take an ecological approach to identifying the risks and protective factors in young people's lives. • In the process of securing funding for the fourth survey wave and hope to conduct this in 2018.
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• Representative sample of secondary school students • Anonymous (no personal identification details were collected), voluntary • In 2012 we randomly selected 125 composite and secondary schools in New Zealand which met the inclusion criteria and invited them to participate in the survey. For schools which had a roll of more than 150 Year 9-15 students, we randomly selected 20% of this roll and invited these students to take part in the survey. For participating schools with less than 150 Year 9-15 students, 30 students were randomly selected and invited to take part. ○ survey had a 'branching' design, so that students were not asked detailed questions about things that did not apply to them
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• No personal identification details were collected • The AHRG aims to promote the healthy development and wellbeing of all New Zealand youth though the undertaking of scientific research that delivers high quality useable data to all stakeholders. The AHRG shared values include: consensus decision making; members commitment to whole project in addition to contributing to

	specialist area; an explicit focus on a strengths-based ecological approach that is holistic and encourages work that crosses different domains. • The Youth2000 Survey Series is the largest dataset on the health and wellbeing of young people in New Zealand and is of considerable importance for the purposes of planning and programme development for communities, schools and policy makers
Web links	• https://www.fmhs.auckland.ac.nz/en/faculty/adolescent-health-research-group/youth2000-national-youth-health-survey-series.html • https://www.fmhs.auckland.ac.nz/assets/fmhs/faculty/ahrg/docs/2012-overview.pdf
Notes	

Finland

Tool/Instrument Name	School Health Promotion Study Questionnaire
Jurisdiction	Finland
Description	The School Health Promotion (SHP) study monitors the health and well-being of Finnish 14–20-year-old adolescents. The aim of the SHP study is to strengthen the planning and evaluation of health promotion activities at school, municipal and national levels.
Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	• The topics of the questionnaire are living conditions, school conditions, health, health-related behaviour and school health services.
Mode of administration • **who** • **where** • **when**	• The data are gathered by an anonymous and voluntary classroom-administered questionnaire. • anonymous and confidential • The questionnaire forms will be sealed in an envelope and sent to the recording centre. Once the responses have been entered in the system, the forms will be destroyed. • National Institute for Health and Welfare (THL) holds the data • The survey is carried out during the school day the teacher guided class survey. Pupils and students answer the questionnaire anonymously. • Piloting online surveys • Each respondent is divided into its own instruction that contains the user name and password. User names and passwords cannot be linked to personal data.
Frequency & dates administered	• Nationwide every second year in March–April • Since 1996 for some groups
Population	• Target population = 14-20y ear olds

• **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• 4th and 5th graders from 2017 onward • 8th and 9th graders from comprehensive school (since 1996) • 1st and 2nd graders from upper secondary school (since 1999) • 1st and 2nd graders from vocational school (since 2008)
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• Not possible to identify the responses of individual pupils or students in the results. • The findings will be used in the planning and development of services intended for young people • The results are presented at different levels. Regional and national results are made available via the web. Municipalities can order their own results and the cost depends on the number of adolescents. Municipalities get a written report with municipality- and school-specific indicators and tables. • The SHP data has also been used in many scientific articles. • The study gives an opportunity to monitor trends and assess differences between genders and areas. In school settings, the results can be utilised in the planning and evaluating of health education and co-operation between different professionals and students. The results are also utilised in research and in different welfare programs, strategies and policies. • Educational institutions will use the information provided by the school health survey in promoting the well-being of the school community, the study of the maintenance tasks, as well as education of health information. • Municipalities make use of the results of the management of the welfare, well-being, for example, drawing up a strategy for Child and Youth Policy Programme or child protection plan. • At national level, the results of a school health survey is used for monitoring and evaluation of programs and policies, for example, various laws are implemented.
Web links	• https://www.thl.fi/en/web/thlfi-en/research-and-expertwork/population-studies/school-health-promotion-study
Tool/Instrument Name	School Well-being Profile
Jurisdiction	Finland
Description	• The aim of the School Well-being Profile is to produce information about well-being in school. The information can be used when developing the school and as locally relevant and up-to-date basis for the school subject "terveystieto" (health knowledge). A school can use the School Well-being Profile independently as a self-evaluation tool.
Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	• 80 items in four different domains: ○ **school conditions** (e.g. air quality, temperature and lighting in classrooms / work premises, safety and cosiness of the school building and schoolyard, schedule, haste, rules and punishments, services for students like nurse and counsellor, services for personnel like access to occupational health care and mentoring), ○ **social relationships** (e.g. friends in school, working with schoolmates/colleagues, getting along with teachers/colleagues/principal, bullying, parents' involvement), ○ **means for self-fulfilment** (e.g. work appreciation, participation, study/work pace, attitudes towards work, elective subjects, getting praise, help, support and encouragement),

	○ **health status** (e.g. back or shoulder pain, stomach ache, headache, sleeping difficulties, nervousness, tiredness, low spirits, fear, common colds).
Mode of administration • **who** • **where** • **when**	• Distributor = Finnish Social Science Data Archive • Data Collectors = Researchers from the University of Tampere. School of Health Sciences, Finnish Board of Education • Data Producers: University of Tampere. School of Health Sciences, Finnish Board of Education • voluntary for schools, internet based • Register your school and administrator in the system • After getting their unique passwords, pupils and personnel can fill in the questionnaire on the Internet. • Distribute individual questionnaire codes to students/personnel • Fill in the questionnaires on the internet • The administrator can instantly view the results • The topics in the survey are the same to all respondents, but the wording of the questions has been specifically adjusted for each target group
Frequency & dates administered	• The data are collected during each school year, and schools can independently decide in what time of the year they respond to the survey. The first datasets archived at the FSD are from the school year 2004-2005. • Last data available for 2015-2016
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• Children between the ages of 10-18 ○ primary school: grades 4–6, intended mainly for age 10–12 years; ○ lower secondary: grades 7–9, 13– 15 years; ○ upper secondary: grades 10–12, 16–18 years and older) ○ School personnel
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• Once the data has been entered into the system, the results can be viewed and printed out for individual classes, grade levels or the whole school. The results can also be stratified by gender. The figures can be compared with the averages of all schools in the database to pinpoint areas where well-being is at a lower or a higher level compared with other schools. The results can be viewed either by the four well-being categories (school conditions, social relationships in school, means for self-fulfilment in school, and health status), or by individual questions. In addition, the answers to two open text areas on the positive comments and comments on issues worthy of development can be listed. • The results of an individual school are visible only for the school itself and the direct results are never used for research or any other purposes without the permission of the school. • Datasets are available for research, teaching and study.
Web links	• http://www.fsd.uta.fi/en/data/catalogue/series.html#hvp • http://www.fsd.uta.fi/en/data/catalogue/all_archived_by_series.html#hvp • Looks like it has been developed in Europe as well: http://www.schoolwellbeing.eu/about

Iceland

Tool/Instrument Name	Youth in Iceland Survey
Jurisdiction	Iceland
Description	Population-based survey that is used to evaluate substance use in Icelandic Youth.
Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	• Wide array of demographic and social variables, including family structure, parental and peer support, structured and unstructured activities and pastimes, substance use, academic achievement, and psychosocial adjustment. In addition to the regular core content of the surveys, additional questionnaire modules are included to examine particular social circumstances and potential risk and protective factors of particular interest to domestic and international researchers. • The main categories, along with background factors and rates of substance use include the following: relationship with parents and family, friends and peer group influences, emotional well-being and physical health status, participation in sports and organized youth work and school attachment.
Mode of administration • **who** • **where** • **when**	• All aspects of data collection are approved by an Icelandic central human subjects review committee, require informed consent and are supervised by the ICSRA. Teachers at individual school sites supervise the participation of the students in the study and administer the survey questionnaire according to a strict protocol from the ICSRA. • ICSRA surveys from 3 to 5 cohorts per year
Frequency & dates administered	• In March each year • Every 3 years, the data collection is more comprehensive and the questionnaires include new items about social circumstances and potential risk factors associated with substance use
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• 5th-7th graders in all elementary schools in Iceland, 8th-10th graders in high school and all secondary school students in the country. • Population based surveys completed in the classroom • Students are instructed not to write their names or social security numbers, or any other identifying information, anywhere on the questionnaires • Students are asked to place their completed questionnaire in an envelope provided and seal it before returning the questionnaire to the supervising teacher. Data are collected from cohorts of between 3000 and 4000 14- to 16-year-old adolescent respondents, with a typical response rate of between 81% and 91% of the Icelandic population in these age cohorts attending school
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• Students are instructed not to write their names or social security numbers, or any other identifying information, anywhere on the questionnaires • The results from our studies are used for two distinct purposes: a) for scientific articles published in peer-reviewed journals and b) as basis for local prevention work amongst children and adolescents in municipalities across Iceland. • The local work that builds on the evidence from the studies has resulted in a steady decrease in adolescents alcohol and substance use since 1997.
Web links	• http://www.rannsoknir.is/en/youth-in-iceland/

	• http://www.rannsoknir.is/wp-content/uploads/2015/06/Substance-use-prevention-for-adolescents-the-Icelandic-Model.pdf

Sweden

Tool/Instrument Name	The Stockholm School Survey
Jurisdiction	Sweden
Description	The Stockholm School survey is an investigation directed to all 9th and 11th students from the municipalities of Stockholm
Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	• questions about alcohol, tobacco and substance use, criminal behaviors, social relations, school and family conditions, as well as health complaints
Mode of administration • **who** • **where** • **when**	• Run by the City of Stockholm • School-specific information has been retrieved from the Swedish National Agency for Education • Participation is mandatory among public schools, private schools take part on a voluntary basis, but participation is widespread • Survey is distributed in the classroom by the teacher, and the completed questionnaires are returned in sealed envelopes.
Frequency & dates administered	• Carried out every second year, since 1996
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• 9th and 11th grade students from the municipalities of Stockholm • Self-reported questionnaires were filled in anonymously (with no information on personal identification)
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• No personal identification • Part of the preventive work against drugs and delinquency, and covers all public and most private schools
Web links	• http://www.chess.su.se/research/projects/2.37079/data-materials • http://onlinelibrary.wiley.com/doi/10.1111/josh.12344/epdf
Notes	

United Kingdom

England

Tool/Instrument Name	Smoking, Drinking and Drug Use among Young People in England
Jurisdiction	England, UK
Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	• Prevalence of smoking, drinking and drug taking among school children • The number of pupils who have never smoked, drunk alcohol or taken drugs • Types alcohol and drugs taken • How often pupils smoke, drink and take drugs • Where pupils obtain cigarettes, alcoholic drinks and drugs • Pupils' attitudes to these behaviours • Predictors of the likelihood of smoking, drinking and drug use among school
Mode of administration • **who** • **where** • **when**	• The 2016 and 2018 surveys (and any intervening surveys in 2017 and 2019 if external funding is available) are being carried out by Ipsos MORI on behalf of the HSCIC. Prior to this the surveys have been carried out by NatCen Social Research working in conjunction with the National Federation for Educational Research (NFER). The survey is funded by the Department of Health.
Frequency & dates administered	• Up until 2014 was an annual survey running since 1982 • Due to increasing difficulty in securing public funds there is no survey planned for 2015, however there is guaranteed funding for the surveys in 2016 and 2018. • For the next survey in 2016, the HSCIC is piloting a new methodology that will generate a significantly larger sample size than previous surveys. This will enable the inclusion of the in-depth questions on both smoking and drinking and drug use within the same survey year, maintaining the survey's subject matter coverage.
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• For each survey around one in ten secondary schools in England is randomly selected to take part. Nearly every type of school with pupils in years 7 to 11 is eligible for selection and only very small schools and special schools are excluded. • Anonymous form and individual pupils and schools cannot be identified
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• Key findings from the main survey are published in a report and tables which are freely available on the HSCIC website. An anonymised copy of the dataset which will not identify individual pupils, schools or teachers will be held by the HSCIC and will also be made available on the UK Data Archive for the purposes of not-for-profit research, teaching or personal educational development. Other researchers can apply to the HSCIC for permission to use the information collected through the survey. However, it is important to stress that any information from the survey that is used by other researchers will not enable schools, teachers or pupils to be identified and will be used for statistical and research purposes only. • Provides vital information which is used by central and local government to better understand these behaviours and to develop policies, plan services/new initiatives and to monitor and evaluate their impact.
Web links	• http://content.digital.nhs.uk/article/3743/Smoking-Drinking-and-Drug-Use-among-Young-People-in-England

Tool/Instrument Name	What About YOUth Survey
Jurisdiction	England, UK
Description	The What About YOUth? study has been launched as part of a new Government pledge to make improvements to the health of young people. It's the first in what we hope will be a series of studies of young people across England.
Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	• Diet, free time, physical activity, smoking, e-cigarettes, drinking, cannabis, other drugs, emotional and mental wellbeing, and bullying. • Health conditions, general health status • Demographic questions were also included in the survey in order to aid analysis of the data. • Demographic topics covered by the survey included family/household situation, gender, ethnicity, sexuality and socio-economic status
Mode of administration • **who** • **where** • **when**	• Researchers from the Health and Social Care Information Centre are running the What About YOUth? study together with Ipsos MORI and The National Children's Bureau (NCB), with funding from the Department of Health. • Health and Social Care Information Centre (HSCIC) was commissioned by the Department of Health to develop the WAY 2014 survey • Participants for WAY 2014 were sampled from the Department for Education's National Pupil Database (NPD). The NPD is a near full population database (with the exception that independent schools are not included) • Postal survey (including reminder mailings) with the option to complete the survey online • 72 questions
Frequency & dates administered	• Hope that the survey will be repeated in order to form a time series of comparable data on a range of indicators for 15 year-olds across England
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• Random sample of all those pupils who turned 15 in academic year 2013/14 • Participants for WAY 2014 were sampled from the Department for Education's National Pupil Database (NPD). The NPD is a near full population database (with the exception that independent schools are not included). • Participation was voluntary, answers confidential – Population based
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• Answers received by Ipsos MORI, the company carrying out the study. • Answers have no name and address on, so no-one who sees them will know whose they are. The answers from your questionnaire will then be put together with the answers collected from thousands of other young people. Together they will be used to find out about young people of your age. • The aim of the study is to make it easier for doctors, nurses and local authorities to help young people • The Children and Young People's Outcome Forum1 identified gaps relating to teenagers in the Public Health Outcomes Framework (PHOF). As part of a direct response to this, the Health and Social Care Information Centre (HSCIC) was commissioned by the Department of Health (DH) to develop the What About YOUth 2014 (WAY 2014) survey. • This large-scale survey would provide valuable information on the health and wellbeing of teenagers, and the findings would help a range of agencies and professionals who work with young people to better understand their needs. The large sample size planned would allow robust results to be produced at a Local Authority (LA) level.

	• Results will be used to inform policy development. WAY 2014 survey data will also contribute to the policy development in bullying, diet, physical activity, and wellbeing in young people through providing local level information on these topics • The questions on smoking behaviour in the WAY 2014 survey provide data for LAs to monitor smoking prevalence among young people, and inform local policy making. The data from this survey will become the source for this PHOF indicator.
Web links	• http://www.whataboutyouth.com/about-the-study.aspx • http://content.digital.nhs.uk/catalogue/PUB19244/what-about-youth-eng-2014-rep.pdf • http://content.digital.nhs.uk/catalogue/PUB19244/what-about-youth-eng-tech-rep.pdf

Northern Ireland

Tool/Instrument Name	Young Person's Behaviour and Attitudes Survey
Jurisdiction	Northern Ireland
Description	School-based survey carried out among 11-16 year olds and covers a wide range of topics relevant to the lives of young people today. The main aim of the YPBAS is to gain an insight into, and increase understanding of, the behaviours and lifestyles of adolescents. It also aims to influence various government policies and practices relating to young people and to facilitate access to research findings and expertise.
Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	• Demographics, family financial circumstances, nutrition, sexual experience and knowledge, subject choices, next steps, starting a business, school, shared education, play and leisure, libraries, museums and science centres, arts, Irish and ulster Scots, sport and physical activity, travelling to school, road safety, police ombudsman, breastfeeding, flu vaccine, organ donation, sun protection, social support, smoking, alcohol, health and wellbeing, solvents and drugs, firework safety, personal safety, medicines, attitudes towards sexual violence, attitudes towards domestic violence, long term conditions, more about your views
Mode of administration • **who** • **where** • **when**	• Central Survey Unit (CSU) was commissioned by a consortium of government departments design and conduct a study on the behaviour and attitudes of young people in post-primary education in Northern Ireland. • The target population for this survey is young people at different stages in post-primary education. A random sample of post-primary schools in Northern Ireland is drawn from a list held by the Department of Education (DE). The sample is representative of school size, selection type (i.e. Secondary, Grammar), management group (i.e. Controlled, Voluntary, Roman Catholic Maintained, Grant Maintained Integrated etc) and Education and Library Board area. Participating schools provide details of the number of classes in years 8-12, together with class names. A class in each of the five year groups is then randomly selected to take part. Only pupils from the selected classes are included in the survey. • With earlier rounds of the YPBAS the survey was completed using self- completion paper questionnaires, however in 2013 the survey was conducted for the first time using laptops. Selected pupils are assembled in class-sized groups to complete the survey. CSU interviewers and staff set up the computers ready for use and remain with the children

	throughout the data collection period to help with any technical issues. After all classes are surveyed at each school, the laptops are returned immediately to CSU, where the data is transferred onto computer for validation and analysis. • Some schools had requested that the questionnaire be administered to all selected pupils at the same time; in these instances the survey was usually carried out in the school gym/assembly hall. Some schools preferred children to be surveyed one or two classes at a time. • This was the first time that the survey was conducted using laptops. Interviewers liaised with CSU staff in advance of the survey day to ensure the correct amount of laptops were delivered to the school. CSU staff transported the laptops (mice and mouse mats) to the school on the morning of the survey and set them up ready for use. CSU staff remained with the interviewer throughout the data collection period to help the children with any technical issues. • The data collection session usually ran over two consecutive school periods. After all five classes were surveyed at each school, the laptops were returned immediately to CSU, where the data was transferred on to computer for validation and analysis. • To accommodate demand for topics on the 2013 survey, two versions of the questionnaire were used. Schools were randomly assigned one version of the questionnaire. Whilst some of the questions were amended the overall format was similar to that used in 2010. A number of new topics were added into the questionnaire.
Frequency & dates administered	• Five rounds of the survey have now taken place: the first in Autumn 2000, the second in Autumn 2003, the third in Autumn 2007, the fourth in Autumn 2010 and the fifth in Autumn 2013
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• School-based survey conducted among 11-16 year-olds • Not explicitly stated but since selected by class assume non-identifiable • Voluntary
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• Ensure the achieved sample reflects the composition of the population of pupils in post primary education with regard to key characteristics (i.e. gender, year group and religion) the data is weighted accordingly. Up to date figures from the School Census are used to derive the weights. • To allow government to continue to identify and monitor any significant changes, and if necessary, new policies and strategies will be developed and implemented as a result
Web links	• https://discover.ukdataservice.ac.uk/catalogue/?sn=7624 • http://www.csu.nisra.gov.uk/survey.asp14.htm • http://ckan.data.alpha.jisc.ac.uk/dataset/7624 • http://www.csu.nisra.gov.uk/YPBAS%202013%20Technical%20Report.pdf

Scotland

Tool/Instrument Name	Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS)
Jurisdiction	Scotland

Description	SALSUS is a continuation of a long established series of national surveys on smoking, drinking and drug use. These were carried out jointly in Scotland and England between 1982 and 2000, to provide a national picture of young peoples' smoking (from 1982), drinking (from 1990), and drug use (from 1998) behaviours within the context of other lifestyle, health and social factors. Since 2002, Scotland has developed its own, more tailored survey, known as SALSUS.
Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	• Smoking, drinking and drug use
Mode of administration • **who** • **where** • **when**	• The research was commissioned by the Scottish Government and conducted by Ipsos MORI Scotland. Previous surveys have been carried out by the Child and Adolescent Health Research Unit (CAHRU), The University of Edinburgh (2002 and 2004), BMRB (2006) and Ipsos MORI Scotland (2008, 2010, 2013) • SALSUS is a self-completion survey administered by teachers in a mixed ability class, under exam conditions. • In the past the survey has been completed on paper, but in 2015 half of the sample completed the survey online. • To obtain permission to contact schools, the Scottish Government sent an opt-out letter to the Director of Education in each local authority and to the Scottish Council of Independent Schools. The letter explained the purpose of the survey and what would be required from participating schools. No opt-outs were received. In some areas, it is necessary to complete a research request application in order to gain permissions to conduct research in schools, in addition to writing to the Director of Education. These applications were submitted to, and approved by, the seven local authorities concerned. • Head teachers were approached by telephone to find out if they were willing for their school to take part. After initial permission had been granted, a school liaison contact was identified • Procedures were in place to ensure that pupils who took part did so on the basis of informed consent from themselves and their parents. Around a week prior to the survey being administered both parents and pupils were sent information explaining the purpose of the survey and the topics covered in the questionnaire • The pupils completed the survey within class time, in a mixed ability class period such as Personal and Social Education (PSE) or Personal Health and Social Education (PHSE). Teachers were instructed to administer the questionnaires under 'exam' conditions to try to encourage honest answering. To ensure confidentiality, pupils completing the paper survey were provided with sealable envelopes for their completed questionnaires. Responses were anonymous and pupils were instructed not to write their names anywhere on the questionnaire or envelope. The sealed envelopes were then handed back to the teacher. Couriers collected the boxes of completed questionnaires from the schools and delivered them to Ipsos MORI. To ensure anonymity for pupils completing the online survey, they were able to select their own unique survey log-in from a page of stickers. This meant that the log-in was not linked to them by the teacher
Frequency & dates administered	• Biennial survey

	• The fieldwork for the survey was conducted between September 2015 and January 2016. While the majority of questionnaires were returned by December, the completion and return of questionnaires was delayed in a number of schools so the fieldwork period was extended to maximise the response rate.
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• 13year olds and 15 year olds • The sample design aims to create a subset that is as representative as possible of the population of S2 and S4 pupils in mainstream schools in Scotland. This is critical to obtaining reliable estimates of the prevalence of smoking, drinking and drug use within this population group. The Scottish Government school database was used as the sampling frame. All state funded, grant-maintained and independent secondary schools in Scotland were included in the sampling frame. As in previous years, special schools were excluded. The primary sampling unit (PSU) was S2 and S4 classes within each of the schools in the sampling frame. In total, 418 schools with an estimated 108,506 S2 and S4 pupils and an estimated 4,667 S2 and S4 classes were included in the sampling frame. The sample was stratified by local authority, and within each local authority area, by school type (state school or independent school), then by year group (S2 or S4). A sampling fraction was calculated for each local authority • The final stage in the sampling process took place after relevant schools had agreed to take part. Interviewers telephoned schools to ascertain the number of S2 and S4 classes within the school. Classes were noted down in either numerical or alphabetical order, depending on how the school named them, e.g. 4A, 4B, 4C etc. or 2 'Ben Loyal', 2 'Ben Nevis', 2 'Suilven' etc. For each school, the Computer Assisted Telephone Interviewing program randomly selected which classes to invite to participate. This ensured that the whole selection process was purely random.
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• SALSUS measures progress towards Scottish Government targets for smoking and drug use, and is used to inform the Scottish Government priority of addressing harmful drinking among young people. This biennial survey series also provides local prevalence rates for smoking, drinking and drug use every four years across Alcohol and Drug Partnerships (ADPs), local authorities and NHS Boards. SALSUS data are used in a number of the ADP national core indicators, which allows them to monitor their progress against a common set of outcomes. ADPs and their community planning partners make extensive use of SALSUS data in local needs assessments and in developing their strategic priorities. • SALSUS is the Scottish Government's main source of information on alcohol, drug and tobacco use among Scotland's young people. It is vital to the Scottish Government, with data from the survey acting as the official measures of progress towards targets for reducing smoking and drug use, and to monitor their priority of addressing harmful drinking. • SALSUS is also designed to inform policy and practice by providing information on patterns of behaviour in relation to smoking, drinking and drug use; sources of cigarettes, alcohol and drugs; pupils' attitudes and the attitudes of families and friends to substance use; and contextual information on the relationship between substance use and other lifestyle, health and social factors. Trend data is available dating back to 1982 and providing a time series is an important function of the survey.
Web links	• http://www.gov.scot/Publications/2016/10/2647/downloads

	• http://www.gov.scot/Resource/0050/00508306.pdf • http://www.gov.scot/Resource/0050/00508208.pdf
Tool/Instrument Name	Young People in Scotland Survey
Jurisdiction	Scotland
Description	Ipsos MORI's Young People in Scotland Survey is the only school-based omnibus study devoted to exploring the views, experiences and aspirations of a large and representative sample of young people.
Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	Can explore a wide range of issues including (appears that it can be modified depending on what is of interest): • participation in sports and physical activities • participation in cultural and leisure activities • experiences of crime • mental wellbeing • views on faith and religion.
Mode of administration • **who** • **where** • **when**	• Ipsos MORI (largest qualitative market research resource in the UK) runs the survey • Conducted in schools • Self-completion of students • Administration costs are shared between all the clients who buy space in the survey but your results are exclusive to you
Frequency & dates administered	• Dependent on commission but has listed: • Participation confirmation By 8 July 2016 • Questions finalized By 5 August 2016 • Fieldwork: September – November 2016 • Results available Winter 2016
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• Data will be collected from a representative sample of 2,000 young people, aged 11-18 years, across 50 state-sector secondary schools in Scotland, the large sample size allowing for robust sub-group analysis. • Representative sample of 11-18 year-old pupils • Schools were selected to achieve a representative sample
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• In the past the Young Person's Omnibus has been used by: Government departments to track trends in youth behaviour, including the Youth Justice Board to monitor youth experiences of crime • Leading academic teams to conduct experiments in questionnaire design • Charities to track young people's views on education and higher education • Education researchers to investigate young people's views on issues such as the use of technology in classrooms and learning • Specialist organisations to investigate young people's interest in issues such as careers in the science industry, and their understanding of current affairs issues such as how parliament works

Web links	• http://www.gov.scot/Resource/0050/00507039.pdf • Example: https://www.ipsos-mori.com/contactus/offices/scotland/YoungPeopleSurvey.aspx
Tool/Instrument Name	Glasgow Secondary Schools Health & Wellbeing Survey
Jurisdiction	Glasgow City, Scotland
Description	The surveys aim is to gather current demographic information on the pupil population, report trend data on key areas of health, and gain an understanding to individual pupil perceptions of their health & wellbeing.
Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	• Demographics – including age, gender, family composition, deprivation and ethnicity • Physical Activity, Diet & Sleep • Smoking, Alcohol & Drugs • General health • Mental health & wellbeing • Sexual Health & Relationships • Bullying and risk behaviours • Future aspirations • Uptake & awareness of services aimed at young people
Mode of administration • **who** • **where** • **when**	• Research carried out in 2014/15 on behalf of Glasgow Health & Social Care Partnership. • The fieldwork and data entry were performed by Progressive Partnership. Analysis and reporting were performed by Traci Leven Research. • NHS GGC commissioned Progressive Partnership to conduct the fieldwork on their behalf. Progressive Partnerships responsibilities were to contact the head teacher and arrange a convenient time to deliver, administer and return the paper questionnaires. Completed questionnaires were entered into SNAP, verified and data exported to SPSS for the purpose of analysis. • The Health Improvement Lead for Children & Young People linked with the Director of Education to inform them about the questionnaire and the survey administration. The Director of Education sent a letter to each head teacher in Glasgow City mainstream high schools encouraging them to take part in the survey. The Health Improvement Lead sought the support of the Health Improvement Seniors (Schools) which provide a link between health and education. All 30 secondary schools in the city were contacted and provided with an information pack which gave details about the project, its aims, the support available from the research team, and what would be expected from the schools. Parents were lettered through pupil post to inform them that the survey was taking place and to give the opportunity to opt out from the survey. Pupils were given an information sheet to inform them of the survey aims, stress their individual anonymity and let them know how the results would be used. Most schools opted to administer questionnaires to pupils in classes such as PSE (which were not organised by ability). In a few cases schools organised large numbers of pupils to complete the questionnaire in gymnasium or dining hall settings. At all stages of the fieldwork the survey manager liaised with schools to check on their procedures, timetable, and sample selection (to ensure it was representative of the pupil population). Returned questionnaires from each school were

	sorted by year group and were checked against the school roll and year group totals. Completed questionnaires were processed and verified by Progressive Partnership. • Administered in school (mostly in classes or at times another room)
Frequency & dates administered	• In 2006/7 NHSGGC commissioned the first secondary schools health & wellbeing survey in order to establish a baseline of health & wellbeing data that could be used to determine priorities and measure progress. Further follow-up surveys were commissioned by health improvement in the Glasgow Health & Social Care Partnership (previously the Community Health Partnership) in 2010/11 and most recently 2014/15.
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• school pupils in S1 – S6 across all 30 secondary schools in Glasgow City • confidential
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• Findings will be used to inform, influence and support effective planning to improve health and wellbeing outcomes for all our young people. • In the ten years since the first survey, there have been many changes that impact either directly or indirectly on health inequalities and outcomes; The Children & Young Person (Scotland) Act, implementation of curriculum for excellence, economic restraint, changes to the welfare system, and public sector reorganisation to name but a few. It is hoped that the schools health and wellbeing survey offers education, public health, children's service planners and wider partners, a barometer of youth health and wellbeing in the City.
Web links	• http://www.nhsggc.org.uk/media/236921/nhsggc_ph_glasgow_city_schools_health_wellbeing_survey_2014-15.pdf
Tool/Instrument Name	Highland Lifestyle Survey
Jurisdiction	Highland, Scotland
Description	The Highland Lifestyle Survey has been carried out with P7, S2 and S4 pupils in 2009, 2011, 2013. The questions were revised for the 2015 Survey and access to it was extended to cover a six week period. This report summarises the key findings of the 2015 Survey and, where possible, longitudinal comparison across all four surveys and the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) has been included.
Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	• About you, food and health, physical activity, dental health, sleep, mental wellbeing and relationships, bullying behaviours, worries and concerns, gender, school and learning, sexual health education, substances
Mode of administration • **who** • **where** • **when**	• The questions were designed and developed by a steering group and piloted with young people to ascertain their suitability and effectiveness for the data collection. The final survey questions were approved by the Education, Culture and Sport Committee Members following a presentation of a report presented in November 2008.
Frequency & dates administered	• Developed in 2009 by a multi-agency steering group including young people. The 2009, 2011 and 2013 surveys were carried out over a one week period, with many of the questions relating to the last week. • 2015 Survey was completed by schools between the middle of May and the end of June

	• biennial
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• Anonymous • Completed surveys will be processed centrally and special measures will be taken in small schools to ensure confidentiality. The survey will be completed a specially setup confidential online survey • Ages 10/11, ages 12/13, ages 14/15
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• No individual child will be identified • The Survey contributes to the implementation of 'Highland First 2015–17', and specifically: commitment 44 Supporting Head Teachers: We will work collaboratively with Head Teachers to provide them with the best opportunity to maintain standards, reduce unnecessary bureaucracy and to drive further improvement; 'Working together for children and young people, commitment 20': The Council will work with NHS Highland to achieve public health targets for breast feeding, immunisations and healthy weight, and to address smoking and substance misuse; and 'Working together for empowering our communities, commitment 19': The Council will improve public engagement, consultation and our handling of complaints. • The Survey also contributes to the implementation of Highland Council's equality priorities presented in "A Fairer Highland", specifically actions relating to bullying in schools: ○ Pupils and school staff have a greater understanding of prejudice based bullying and its impact and ○ Pupils and school staff feel more confident in reporting prejudice based bullying incidents that they have experienced or witnessed • The Survey provides local data relating to self-reported responses of P7, S2 and S4 pupils to questions relating to health and wellbeing on a biennial basis - such as family life, peer relationships, personal circumstances, food and health, oral health, activities and leisure and substance misuse • The results will be an important contribution to planning children's services and will continue to inform the implementation of For Highlands Children 4 through the work of the Improvement Groups.
Web links	• http://www.highland.gov.uk/info/893/schools__general_information/48/promoting_health_and_wellbeing_in_schools
Notes	

United States

Tool/Instrument Name	Youth Risk Behavior Surveillance System (YRBSS) – Uses 3 similar surveys (see notes)
Jurisdiction	United States, national
Description	The YRBSS was developed in 1990 to monitor priority health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and adults in the United States.
Areas of focus • **health conditions,** • **health behaviors or both,**	• The YRBSS assesses six categories of priority health behaviors—behaviors that contribute to unintentional injuries and violence; sexual behaviors related to unintended pregnancy and sexually transmitted diseases, including HIV

• **Key features**	infection; alcohol and other drug use; tobacco use; unhealthy dietary behaviors; inadequate physical activity. In addition, the YRBSS assesses obesity, overweight, asthma and other important health issues.
Mode of administration • **who** • **where** • **when**	• The system includes a national school-based survey conducted by CDC as well as school-based state, territorial, tribal, and large urban school district surveys conducted by education and health agencies. • Schools are selected with probability proportional to the size of student enrollment in grades 9-12 and then required classes of students (e.g., English classes) or a specific period of the school day (e.g., 2nd period) are randomly selected to participate. Within selected classes, all students are eligible to participate. • Local parental permission procedures are followed. • Schools are selected with probability proportional to the size of student enrollment in grades 9-12 and then required classes of students (e.g., English classes) or a specific period of the school day (e.g., 2nd period) are randomly selected to participate. Within selected classes, all students are eligible to participate. • Students complete the anonymous, self-administered questionnaire during one class period and record their responses on a computer-scannable questionnaire booklet or separate answer sheet. Students complete the anonymous, self-administered questionnaire during one class period and record their responses on a computer-scannable questionnaire booklet or separate answer sheet
Frequency & dates administered	• biennial since 1991
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• Students typically in grades 9–12 • YRBS procedures are designed to protect student privacy by allowing for anonymous participation. Participation in the YRBSS is voluntary.
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• Students who participated cannot be tracked because no identifying information is collected. • State, territorial, tribal government, and local agencies and nongovernmental organizations use YRBSS data to set and track progress toward meeting school health and health promotion program goals, support modification of school health curricula or other programs, support new legislation and policies that promote health, and seek funding and other support for new initiatives. • CDC and other federal agencies routinely use YRBSS data to assess trends in priority health behaviors among high school students, monitor progress toward achieving national health objectives, and evaluate the contribution of broad prevention efforts in schools and other settings toward helping the nation reduce health risk behaviors among youth.
Web links	General links: • https://www.cdc.gov/healthyyouth/data/yrbs/index.htm • https://www.cdc.gov/healthyyouth/data/yrbs/overview.htm Examples of Surveys: • **National Youth Risk Behavior Survey**: https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2017/2017_yrbs_national_hs_questionnaire.pdf

	• **State and Local Youth Risk Behavior Survey**: https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2017/2017_yrbs_standard_hs_questionnaire.pdf • **Middle School Youth Risk Behavior Survey**: https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2017/2017_yrbs_standard_ms_questionnaire.pdf
Notes	• The YRBSS also includes additional surveys conducted by CDC • A middle school survey conducted by interested states, territories, tribal governments, and large urban school districts. • A 2010 study to measure physical activity and nutrition-related behaviors and determinants of these behaviors among a nationally representative sample of high school students. • A series of methods studies conducted in 1992, 2000, 2002, 2004, and 2008 to improve the quality and interpretation of the YRBSS data. • The National Alternative High School Youth Risk Behavior Survey conducted in 1998 among a representative sample of almost 9,000 students in alternative high schools. • The National College Health Risk Behavior Survey conducted in 1995 among a representative sample of about 5,000 undergraduate students.
Tool/Instrument Name	National Youth Risk Behavior Survey (YRBS) - Example
Jurisdiction	National, USA
Description	The national school-based Youth Risk Behavior Survey (YRBS) conducted by CDC as part of the Youth Risk Behavior Surveillance System.
Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	• 2015 national YRBS questionnaire contained 99 questions, including all 89 questions on the standard questionnaire • Health behaviors plus obesity, overweight, and asthma • In 2015 additional questions included eight additional questions measuring usual method of marijuana use, ever use of hallucinogenic drugs, consumption of sports drinks, consumption of water, muscle strengthening exercises, indoor tanning device use, having had a sunburn, and avoidance of foods because eating the food could cause an allergic reaction.
Mode of administration • **who** • **where** • **when**	• The sampling frame was based on the Market Data Retrieval (MDR) database (6), which includes information on both public and private schools and the most recent data from the Common Core of Data from the National Center for Education Statistics (7). A three-stage cluster sample design produced a nationally representative sample of students in grades 9–12 who attend public and private schools. The first-stage sampling frame consisted of 1,259 primary sampling units (PSUs), consisting of counties, subareas of large counties, or groups of smaller, adjacent counties. • In the second stage of sampling, 180 schools with any of grades 9–12 were sampled with probability proportional to school enrollment size from within the 54 PSUs. The third stage of sampling consisted of random sampling in each of grades 9–12, one or two classrooms from either a required subject (e.g., English or social studies) or a required period (e.g., homeroom or second period). All students in sampled classes were eligible to participate.

	• Before survey administration, local parental permission procedures were followed. Students completed the self-administered questionnaire during one class period and recorded their responses directly on a computer-scannable booklet or answer sheet. CDC's Institutional Review Board approved the protocol for the national YRBS. • Students completed the self-administered questionnaire during one class period and recorded their responses directly on a computer-scannable booklet or answer sheet. CDC's Institutional Review Board approved the protocol for the national YRBS.
Frequency & dates administered	• National, state, and large urban school district surveys have been conducted biennially since 1991 • Last collected in 2015
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• All regular public* and private† schools with students in at least one of grades 9–12 in the 50 states and the District of Columbia • Anonymous and voluntary participation

Use of the results
• **tracking of individuals**
• **aggregation to groups**
• **follow-up with interventions**
	• Anonymous and voluntary participation
	• National data set was cleaned and edited for inconsistencies
	• Statistical analyses were conducted on weighted data using SAS (10) and SUDAAN (11) software to account for the complex sampling designs.
	• To identify long-term temporal trends in health behaviors nationwide, prevalence estimates from the earliest year of data collection to 2015 for each variable assessed with identically worded questions in three or more survey years were examined.
	• To identify 2-year temporal changes in health behaviors nationwide, prevalence estimates from 2013 and 2015 were compared using t tests for each variable assessed with identically worded questions in both survey years.
	• YRBSS data are an important tool for planning, implementing, and evaluating public health policies, programs, and practices in each of these jurisdictions.
	• YRBSS can identify not only national long-term temporal trends in health behaviors overall as described in this report, but also long-term trends among subgroups of students (e.g., by sex or race/ethnicity) and long-term temporal trends at the state and large urban school district levels. These trend analyses are particularly valuable for understanding the impact of broad public health and school health policies and practices designed to improve the health outcomes of students.
	• Other ways YRBSS data is used:
	  ○ measuring progress toward achieving Healthy People 2020 objectives
	  ○ to stimulate support for and improvements in public health interventions, including 2015 NCHHSTP State Health Profiles (17), Indicators for Chronic Disease Surveillance (18), America's Children: Key National Indicators of Well-Being, 2015 (19), and Prevention Status Reports (20
	  ○ to assess the impact of funding initiative
	  ○ At the state and local level, health and education agencies and nongovernmental organizations use YRBS data in a variety of ways to improve health-related policies, programs, and practices.

Web links	• https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2015/ss6506_updated.pdf
Tool/Instrument Name	Youth Risk Behavior Survey (YRBS), example of a State survey used in the YRBSS
Jurisdiction	Florida, statewide
Description	The Youth Risk Behavior Survey is a school-based survey used to monitor priority health risk behaviors that contribute to the leading causes of death, disability, and social problems among youth. This survey is based on a two-stage cluster probability sample design.
Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	• 1) Demographic information (age, gender, grade, race/ethnicity, weight, height); 2) Unintentional injuries and violence; 3) Tobacco use; 4) Alcohol and other drug use; 5) Sexual behaviors; 6) Dietary behaviors; and 7) Physical activity.
Mode of administration • **who** • **where** • **when**	• Statistics Solutions consists of a team of professional methodologists and statisticians that can assist the student or professional researcher in administering the survey instrument, collecting the data, conducting the analyses and explaining the results. • The YRBS is based on a two-stage cluster probability sample design. First, a random sample of public high schools is selected for participation in the survey. Second, within each selected school, a random sample of classrooms is selected, and all students in those classes are invited to participate in the survey. The responses of the survey participants are weighted to be representative of all Florida public high school students.
Frequency & dates administered	• In 1991 the first Florida YRBS was administered and in 2001 became part of the Florida Youth Survey (FYS), which includes the Florida Youth Tobacco Survey (FYTS), the Middle School Heath Behavior Survey (MSHBS), and the Florida Youth Substance Abuse Survey (FYSAS). • State data collection for the YRBS does not include county-level data. However, six Florida counties (Broward, Duval, Hillsborough, Miami-Dade, Orange, and Palm Beach) are or have been funded by the Centers for Disease Control and Prevention (CDC) to collect county-level data. National, state, and county-level data (where available) can be found on the CDC's YRBS website • Survey is conducted biannually by the Center for Disease Control (CDC).
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• Students grades 9-12 • The responses of the survey participants are weighted to be representative of all Florida public high school students.
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• To monitor priority health-risk behaviors that contribute substantially to the leading causes of death, disability, and social problems among youth, which contribute to patterns in adulthood
Web links	• http://www.statisticssolutions.com/youth-risk-behavior-survey-yrbs/ • http://www.floridahealth.gov/statistics-and-data/survey-data/youth-risk-behavior-survey/

Tool/Instrument Name	Middle School Health Behavior Survey (MSHBS) - Example of survey used in YRBSS
Jurisdiction	**Florida, statewide**
Description	The Middle School Health Behavior Survey (MSHBS) is a statewide, school-based confidential survey of Florida's public middle school students. The purpose of the MSHBS is to monitor priority health-risk behaviors that contribute substantially to the leading causes of death, disability, and social problems among youth, which contribute to patterns in adulthood.
Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	• Part of the Florida Youth Survey (FYS) • Demographic information (age, gender, grade, race/ethnicity, weight, height); 2) Unintentional injuries and violence; 3) Tobacco use; 4) Alcohol and other drug use; 5) Dietary behaviors; and 6) Physical activity.
Mode of administration • **who** • **where** • **when**	• School-based confidential survey • The MSHBS is based on a two-stage cluster probability sample design. First, a random sample of public middle schools is selected for participation in the survey. Second, within each selected school, a random sample of classrooms is selected, and all students in those classes are invited to participate in the survey. The responses of the survey participants are weighted to be representative of all Florida public middle school students.
Frequency & dates administered	• The first MSHBS was administered in 2009. The MSHBS expands on the Youth Physical Activity and Nutrition Survey (YPANS), a statewide, school-based confidential survey of Florida's public middle school students administered in 2003, 2005 and 2007. YPANS was supported by the Obesity Prevention Program in the Bureau of Chronic Disease Prevention and Health Promotion. • Odd years i.e., every other year
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• Statewide, school-based confidential survey of Florida's public middle school students • Florida public middle school students (6-8 grade levels) • The MSHBS is based on a two-stage cluster probability sample design. First, a random sample of public middle schools is selected for participation in the survey. Second, within each selected school, a random sample of classrooms is selected, and all students in those classes are invited to participate in the survey. The responses of the survey participants are weighted to be representative of all Florida public middle school students. • self-administered, school-based, anonymous survey
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• The purpose of the MSHBS is to monitor priority health-risk behaviors that contribute substantially to the leading causes of death, disability, and social problems among youth, which contribute to patterns in adulthood.
Web links	• http://www.floridahealth.gov/statistics-and-data/survey-data/middle-school-health-behavior-survey/index.html
Notes	• The MSHBS is part of the Florida Youth Survey (FYS), which includes the Florida Youth Tobacco Survey (FYTS), the Youth Risk Behavior Survey (YRBS), and the Florida Youth Substance Abuse Survey (FYSAS). The Florida Youth Survey Effort is an inter-agency collaboration of the Florida Departments of Education, Children and Families, Health, Juvenile Justice

Tool/Instrument Name	Connecticut School Health Survey - Extra example of Statewide YRBSS
Jurisdiction	Connecticut, USA

Areas of focus
• **health conditions,**
• **health behaviors or both,**
• **Key features**
	• Comprised of the Youth Tobacco Component (YTC) and the Youth Behavior Component (YBC)
	• **Youth Tobacco Component (YTC)**
	  ○ Comprehensive survey of tobacco use, access, cessation, knowledge and attitudes and exposure
	  ○ Tobacco use, exposure to secondhand smoke, smoking cessation, minors' ability to purchase or obtain tobacco products, knowledge and attitudes about tobacco, and familiarity with tobacco media messages
	• **Youth Behavior component (YBC)**
	  ○ Health risk behaviors, positive influences, dietary behaviors, sexual behaviors, alcohol and other drug use, behaviors that contribute to unintentional injuries and violence, physical activity, school environment

Mode of administration
• **who**
• **where**
• **when**
	• CSHS is sponsored by the Department of Public Health and the State Department of Education, in cooperation with Centers for Disease Control and Prevention
	• **YTC**:
	  ○ The survey was administered during one class period. Procedures were designed to protect students' privacy by assuring that student participation was anonymous and voluntary. Students completed the self-administered pencil-and-paper questionnaire in the classroom, recording their responses directly into the computer-scannable survey booklet. Before the survey was administered, schools were given the option of obtaining parental permission.
	• **YBC**:
	  ○ Not specified but likely the same as YTC, survey procedures were designed to protect the privacy of students by allowing for anonymous and voluntary participation. Local parental permission procedures were followed before survey administration. Part of the YRBSS from CDC

Frequency & dates administered	• These two school surveys have been co-administered since 2005. • Administered biennially, last administered between March and June 2015

Population
• **individuals or groups?**
• **sampling or comprehensive?**
• **with identifiers or not?**
	• The YTC is a school-based survey of students in grades 6 - 12, with randomly chosen classrooms within selected schools, and is anonymous and confidential.
	• Middle School: All regular public schools in Connecticut containing grades 6, 7, or 8 were included in the sampling frame. A two-stage cluster sample design was used to produce a representative sample of students in grades 6-8.
	  ○ School Level — The first-stage sampling frame consisted of all public schools containing any of grades 6-8. Schools were selected with probability proportional to school enrollment size (i.e., the larger the number of students enrolled in a school, the more likely the school will be selected to participate).
	  ○ Class Level — The second sampling stage consisted of systematic equal probability sampling (with a random start) of classes from each school that participated in the survey. All second period classes (or other period/required class selected by the school) in the selected schools were included in the sampling frame. All students in the selected classes were eligible to participate in the survey.

	• High School: All regular public schools in Connecticut containing grades 9, 10, 11, or 12 were included in the sampling frame. A two-stage cluster sample design was used to produce a representative sample of students in grades 9-12.
	  ○ School Level — The first-stage sampling frame consisted of all public schools containing any of grades 9-12. Schools were selected with probability proportional to school enrollment size (i.e., the larger the number of students enrolled in a school, the more likely the school will be selected to participate).
	  ○ Class Level — The second sampling stage consisted of systematic equal probability sampling (with a random start) of classes from each school that participated in the survey. All second period classes (or other period/required class selected by the school) in the selected schools were included in the sampling frame. All students in the selected classes were eligible to participate in the survey.
	• The YBC is also a school-based survey of students, but only of high-school grades 9 - 12 and it, too, is anonymous and confidential (99 item)

Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• YTS data are used by health and education officials to improve state programs to prevent and control youth tobacco use. The findings are also used in presentations to demonstrate the need for funding tobacco use cessation and prevention programs for Connecticut's youth.
Web links	• http://www.ct.gov/dph/cwp/view.asp?a=4575&q=546606 • http://www.ct.gov/dph/lib/dph/hisr/pdf/CSHS2013_Factsheet.pdf • http://www.ct.gov/dph/lib/dph/hems/tobacco/pdf/fact_sheets/2015_ctyts_report_rev.pdf • http://www.ct.gov/dph/lib/dph/hems/tobacco/pdf/fact_sheets/2015_ctyts_report_rev.pdf
Notes	• Nationally, the YBC is called the Youth Risk Behavior Survey (YRBS).
Tool/Instrument Name	Youth Risk Behavior Survey - Extra example of Statewide YRBS
Jurisdiction	Chicago, national survey conducted on the state, local, territorial, tribal, and district level.
Description	YRBS is a national survey conducted on the state, local, territorial, tribal, and district level.
Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	• Behaviors that contribute to unintentional injuries and violence • Sexual risk behaviors that contribute to sexually transmitted diseases and unintended pregnancy • Tobacco use • Alcohol and other drug use • Unhealthy dietary behaviors • Inadequate physical activity
Mode of administration • **who** • **where** • **when**	• Conducted by the Centers for Disease Control and Prevention (CDC) • Office of Student Health and Wellness administers the Youth Risk Behavior Survey (YRBS) on a biannual basis on odd numbered years
Frequency & dates administered	• Biannual basis on odd numbered years

Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• High school and middle school students
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• Nationally, the results of this survey are used to measure progress towards achieving the objectives of Healthy People 2020, an initiative of the Department of Health and Human Services. In addition, community based organizations, universities, hospital systems, and other national, state and local entities use YRBS data to inform their programming and to apply for funding to address these important issues. Locally in Chicago, YRBS is used to assess the trends of health-risk behaviors among high school and middle school students in CPS and to evaluate the policies, initiatives, and practices of CPS. To view national and local data,
Web links	• http://cps.edu/oshw/Pages/HealthData.aspx
Notes	
Tool/Instrument Name	California Healthy Kids Survey (CHKS) Part of California School Climate, Health, and Learning Survey (Cal-SCHLS) System
Jurisdiction	California, USA
Description	The California Healthy Kids Survey (CHKS) is an anonymous, confidential survey of youth resiliency, protective factors, and risk behaviors. It is administered to students at grades five, seven, nine, and eleven. It enables schools and communities to collect and analyze data regarding local youth health risks and behaviors, school connectedness, protective factors, and school violence. The CHKS is part of a comprehensive data-driven decision-making process on improving school climate and student learning environment for overall school improvements. The CHKS is a companion tool to the California School Climate Survey (CSCS) for staff and the California School Parent Survey (CSPS) for parents. Together, they form the California School Climate, Health, and Learning Survey (Cal-SCHLS).
Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	• School connectedness, developmental supports and opportunities, safety, violence and harassment, substance use, and physical and mental health are some of the key areas assessed by the survey ○ alcohol, tobacco, and other drug use, school safety, harassment, and violence, nutrition and physical health, sexual behavior and attitudes (secondary school only), suicide and gang involvement (secondary school only), youth resilience and developmental supports, school-connectedness, truancy, and self-reported grades • Additionally, the CHKS can be customized by schools and districts to meet local needs. The survey includes a general, core set of questions, plus a series of supplementary modules covering specific topics. Schools can add questions of their own choosing or creation on other topics of local interest via a search feature that identifies questions previously used by other schools.

	• Two versions of the California Healthy Kids Survey (CHKS) are available; one for grades 4-6 (elementary), the other for grades 7 and above (secondary). The secondary CHKS employs a set of questionnaire modules that can be configured to meet local needs in collecting student data across a comprehensive range of behaviors.
	  ○ Grades 4-6: The single (non-modular) Elementary School Survey is built around CHKS Core and Resilience & Youth Development items. It is intended for use in grade 5, but is also appropriate for grades 4 and 6.
	  ○ Grades 7 and above: For grades 7 and above, the CHKS is available in two forms: one for use in grades 7-8 (Middle School Version), and one for use in grades 9-12 (High School Version). Both versions consist of a set of modules, as follows:
	  ▪ Core — Required in CA: Resilience and Youth Development Module (RYDM), Alcohol and Other Drug (AOD) Use, Violence, and Suicide, Tobacco Use, Physical Health, Sexual Behavior, Custom Questions, District After-School Module, Gang Risk Assessment, Service Learning, Achievement Gap (assessment of factors related to meeting the needs of diverse underperforming populations)

Mode of administration
• **who**
• **where**
• **when**
	• By school, following detailed instructions
	• Process
	  ○ Contact a survey technical advisor provider
	  ○ Identify a County and/or District Coordinator who will be responsible for planning and administering the CALSCHLS at all participating schools in the district.
	  ○ In most districts, the surveys will require authorization from the district superintendent and/or the school board.
	  ○ Form advisory committee
	  ○ Work with your advisory committee and superintendent to identify the main survey objectives and potential data uses, as well as local concerns and issues that need to be taken into consideration
	  ○ Districts that administer any one of the Cal-SCHLS surveys are required to sign a Memorandum of Understanding. (MOU). The MOU outlines the responsibilities of both the district staff and the Technical Advisors and the conditions that must be met in administering the survey.
	  ○ Send out letters and information packets to the principals. Include the letters of support you obtained from the superintendent and other stakeholders.
	  ○ Select date of student survey
	  ○ Obtain parental consent
	  ○ A Technical Advisor will help you determine your specific sample requirements. Districts must conduct a representative district-wide, grade-level survey of students who are in grades 7, 9, and 11 in comprehensive schools.
	  ○ Train school coordinators, teachers and proctors
	• Processing and reporting by West Ed's Health & Human Development Program
	• Student self-report
	• The CHKS may be administered on paper or online. The print versions of the core and supplemental modules vary in format. Because of their length and the need to have flexibility for customization and use of different modules, the

	student survey uses scannable answer forms separate from the questionnaire. The Core Module along with the supplemental modules of the student survey are available for online administration.
Frequency & dates administered	• Biennial administration • Developed in 1997 by West Ed's Health and Human Development Program in collaboration with Duerr Evaluation Resources and an advisory committee of researchers, teachers, prevention and health program practitioners, and public agency representatives. The California Department of Education funded the development of the survey in response to federal requirements that schools implement the Principles of Effectiveness—to collect and use data to assess student needs, justify program funding, guide program development, and monitor progress in achieving program goals. The immediate impetus for mandating the biennial administration of the survey, however, was meeting the requirements of the No Child Left Behind Act (Title IV—Safe and Drug-Free Schools and Communities Act).
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• Modular secondary school instrument; single elementary school version • Grades 5, 7, 9, 11, and students in continuation schools • Representative district sample; school-level surveys optional • Student self-report • Anonymous, voluntary, confidential
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• Special attention has been paid to ensuring the confidentiality and privacy of the data, and that all student and parent rights are met. • The survey is in full compliance with all state (California) and federal regulations. • Active (written) consent of a parent or guardian is required for grades below seven; passive or active consent is required for grades seven and above. • Participation is totally voluntary. No student in the selected classroom is required to take the survey. Even if parents consent, the student may still refuse to participate. In addition, students do not have to answer every question once they begin the survey. • In California the Protection of Pupil Rights Act (PPRA) now requires Local Education Agencies to establish procedures for notification of parents of their right to inspect the CHKS and procedures for granting access to the CHKS within a reasonable time after the request is received • Local reports and aggregated state database • District Level reports are a standard product of conducting the survey. There are two types of standard reports, a Main Report and a Key Findings section. The Main Report summarizes all survey responses by grade level, with accompanying explanatory text. The Key Findings section highlights important questions and compares them to state and national averages from other surveys, and also provides a graphical view of the data. On request, graphic charts for reports and presentations can be developed for custom questions. • Interested districts can also order (at extra cost) school-level reports, which provide the same level of detail as the Main Report but for individual schools. Every two years Cal-SCHLS also produces and publicly posts an aggregated

	report of results for every county. For those who want to explore their data in greater detail, complete raw data sets can be requested when certain conditions to assure student confidentiality are met. • District Main Reports and Key Findings are publicly posted on the CHKS website, but not until the school year following their being sent to the district. Results of the survey are also subject to the California Public Records Act and may be available to the public (if requested). All external requests for data will be referred back to the designated district, county, or organizational contact person. A County Office of Education (COE) must notify districts of requests for county-level data. COEs will not be granted access to district- and school-level data unless permission is obtained from each individual district. • The aggregated state-level data set will be available to public and research agencies for analyses under strict conditions of confidentiality. No school identification information will be included in a dataset unless a Memorandum of Understanding is signed with CDE that the results of any analyses will not be released in any way that will enable a school to be identified without district approval. • The CHKS is a companion tool to the California School Climate Survey (CSCS) for staff and the California School Parent Survey (CSPS) for parents that together make up the California School Climate, Health, and Learning Survey (Cal-SCHLS) System) • The value of the CHKS is harnessed when the data are used as a catalyst for positive change within schools and communities. To optimize your school reform efforts, use your CHKS data to gain a thorough understanding of the scope and nature of student risk behaviors, assets (resilience), and supports, and then make sound decisions about allocating resources and programming.
Web links	• http://www.cde.ca.gov/ls/he/at/chks.asp • http://chks.wested.org/about/ • https://www.wested.org/project/california-healthy-kids-survey-chks/ • http://surveydata.wested.org/resources/hksc-surveyreader.pdf
Tool/Instrument Name	Georgia Student Health Survey 2.0
Jurisdiction	Statewide, Georgia USA
Description	The GSHS 2.0 is an anonymous, statewide survey instrument developed by many divisions within the GaDOE including the Assessment and Accountability Division and in collaboration with the Georgia Department of Public Health and Georgia State University. It identifies safety and health issues that have a negative impact on student achievement and school climate.
Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	• Demographic, School climate (school connectedness, peer social support, cultural acceptance, social/civic learning, physical environment, school safety, peer victimization), parent involvement, drug and alcohol use, student information, perceptions of risk/harm, peer/adult disapproval, mental health • The GSHS 2.0 for middle and high school students covers various topics such as school climate and safety, graduation, school dropouts, alcohol and drug use, bullying and harassment, suicide, nutrition, and sedentary behaviors. The GSHS 2.0 for elementary students includes school safety and school climate questions only.

Mode of administration • **who** • **where** • **when**	• The Georgia Department of Education (GaDOE) is a national leader in the collection and analysis of school climate data through the implementation of its annual Georgia Student Health Survey 2.0 (GSHS 2.0) • Anonymous, statewide survey instrument developed by many divisions within the GaDOE including the Assessment and Accountability Division and in collaboration with the Georgia Department of Public Health and Georgia State University
Frequency & dates administered	• Appears to be administered every year, reports going back to 2008
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• All Georgia public schools (grades 3-12) are required to participate in the GSHS 2.0 different questions are required for elementary students than for students grade 6-12 • All student survey data is anonymous and self-reported.
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• The survey is offered at no cost and provides Georgia public school districts (and private schools that wish to participate) with a measurement system to satisfy all requirements of No Child Left Behind (NCLB) which specifies that data must be collected for the following categories: incidence, prevalence, age of onset, perception of health risks, and perception of social disapproval of drug use and violence. The survey is also used to guide school prevention and intervention programs and for grant funding • GSHS 2.0 data results are used to develop a School Climate Star Rating which is used as a diagnostic tool within the College and Career Ready Performance Index (CCRPI) to determine if a school is on the right path to school improvement. • Survey results are available at the school, district and state levels. Survey results (grades 6 -12) are made public and are posted on the GaDOE webpage. Each school and school district that participates in the survey receives a comprehensive report that allows school administrators to compare outcomes and plan accordingly. School administrators may compare the data from their schools and school districts to other schools and school districts as well as state data and with national data from the Youth Risk Behavior Survey (YRBS).
Web links	• https://www.gadoe.org/Curriculum-Instruction-and-Assessment/Curriculum-and-Instruction/GSHS-II/Pages/Georgia-Student-Health-Survey-II.aspx
Tool/Instrument Name	Massachusetts Youth Health Survey (MYHS)
Jurisdiction	Massachusetts, USA
Description	• The Massachusetts Youth Health Survey (YHS) is the Massachusetts Department of Public Health's (MDPH) surveillance project to assess the health of youth and young adults in grades 6-12 • A core set of questions is common to both the YHS and Youth Risk Behavior Surveys (CDC National/Statewide surveys), with the YHS middle school survey modified to make questions more comprehensive and appropriate for middle school students. The YHS high school survey provides health indicator questions additional to those found in the YRBS. The YHS is being administered in Massachusetts public middle schools and both the YHS and YRBS are being administered in Massachusetts public high schools. Together, the YHS and the YRBS cover a wide range of topics and the combination of data will allow for powerful state specific estimates.

Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	• Health status questions in addition to questions about risk behaviors and protective factors • The prevalence of physical and mental health conditions, including chronic disease and disability. • The prevalence of risky behaviors that contribute to the leading causes of morbidity and mortality in youth, including: alcohol, illicit drug, and tobacco use, poor diet, physical activity, and weight control, and violence and bullying • The YHS also includes measures of possible "protective" factors, such as family support, that are associated with lowered levels of substance abuse and unhealthy behaviors, and which may help make students more "resilient" and less "at risk."
Mode of administration • **who** • **where** • **when**	• Conducted by the MDPH Health Survey Program in collaboration with the Massachusetts Department of Elementary and Secondary Education (ESE) in randomly selected public middle and high schools in every odd-numbered year. The anonymous survey contains health status questions in addition to questions about risk behaviors and protective factors. • One class period is needed to complete the written questionnaire, which contains 99 multiple-choice questions on the YRBS and 100 on the YHS. • Survey administration procedures have been designed to protect student privacy and allow for anonymous participation. To the extent possible, specially trained staff from UMASS Boston Center for Survey Research will administer the survey and teachers are not involved directly.
Frequency & dates administered	• Early in 2006, ESE and DPH began discussions with University of Massachusetts Center for Survey Research (CSR) and the CDC to coordinate the YHS and the ESE's Massachusetts Youth Risk Behavior Survey (YRBS) efforts in order to decrease the burden placed on the schools. The two agencies developed revised versions of the YHS and YRBS surveys. Since 2007, CSR has administered both the YHS and YRBS, and joint reports have been released on the findings • The YHS officially became part of the Health Survey Program (HSP) in the fall of 2010, after being previously housed in the Bureau of Community Health Access and Promotion. The HSP will continue cooperation with ESE. • every odd numbered year
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• Grades 6-12 (with modifications made for middle school students) • Anonymous • Randomly selected public middle and high schools • No personal identifiers are contained on the answer sheets completed by the students. Neither students' nor schools' names are ever used.
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• Each year that the survey is conducted, a new sample will be drawn. It will be impossible to track students who participate because no identifying information will be collected. • Results will not be reported at the district, school, class, or student level. Participating districts, schools, and students will not be identified. • YRBS results are never reported for individual districts, towns, or regions. However, many schools choose to conduct a local survey to gather data about the risk behaviors of their own students. ESE staff are available to provide

	technical assistance around how best to implement a survey project, how to notify parents, where to seek assistance with data analyses, and how to use the results to inform program and policy decisions. • important for planning health education and risk prevention program • The Massachusetts Departments of Elementary and Secondary Education and Public Health will use the MYRBS and MYHS results to (1) determine the extent to which adolescents practice health risk behaviors; (2) monitor how priority health-risk behaviors among high school students increase, decrease, or remain the same over time; (3) evaluate the impact of state and local efforts to reduce high-risk behaviors; (4) develop and redesign comprehensive health education programs and other strategies to help reduce risk behaviors; and (5) monitor progress of intensive projects in select districts and communities.
Web links	• http://www.mass.gov/eohhs/gov/departments/dph/programs/admin/dmoa/health-survey/myhs/ • http://www.doe.mass.edu/cnp/hprograms/yrbs/

International – General

Tool/Instrument Name	Early Development Instrument
Jurisdiction	International (initiated in Canada)
Description	The EDI is a 103-item questionnaire completed by kindergarten teachers in the second half of the school year that measures children's ability to meet age-appropriate developmental expectations in five general domains Reliably assess the developmental health (skills and behaviour) of children at the age of developmental transition from early development to school age in a holistic manner.
Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	• Physical health and well-being, social competence, emotional maturity, language and cognitive development, communication skills and general knowledge
Mode of administration • **who** • **where** • **when**	• Collected in the second half of the kindergarten year
Frequency & dates administered	• Used since 1998 in Canada and has been implemented in every province and territory in the country with the exception of Nunavut • Also used internationally in adapted forms
Population • **individuals or groups?** • **sampling or comprehensive?**	• The EDI is a population-level research tool, which means that when it is implemented for all children in kindergarten classrooms, it measures developmental change or trends in populations of children at different levels of geography (e.g., provincial, regional and neighbourhood)

• **with identifiers or not?**	
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• EDI data contribute a developmentally-based indicator on children at the cusp between early development and school-age that, together with other indicators, can inform research and policy about the outcomes of the early years and predictors of later development. • The Offord Centre for Child Studies, at McMaster University, is the national repository of the EDI and the lead institution in the National EDI Research Program. Most of the EDI data are processed at the Offord Centre. Once data have been collected and analyzed, each site receives a report. • **Educators and school representatives** can use EDI results to help identify the strengths and needs of the children within their communities. These data allow for creating targeted programs that affect the areas identified as the greatest need. Local groups can also use the data to better advocate for changes to policies and funding. • **Government** can use EDI data to plan early childhood investment, inform policy and program development decisions, or evaluate programs. The use of EDI maps can help focus investments and identify the areas with the highest needs. • **Researchers** can use EDI data to address important questions and create new research programs to help better understand the genetic, biological, and social determinants of children's health, well-being and development. This research can help inform policy and program development.
Web links	Overall • https://edi.offordcentre.com/about/what-is-the-edi/ • http://www.aedc.gov.au/about-the-aedc/history/international-use-of-the-early-development-instrument Publications: • https://edi.offordcentre.com/about/team/magdalena-janus-publications/ Canadian links • Alberta: https://education.alberta.ca/early-childhood-education/early-development-data/ • BC: http://earlylearning.ubc.ca/edi/ • Manitoba: http://www.gov.mb.ca/healthychild/edi/index.html • NL: http://www.ed.gov.nl.ca/edu/earlychildhood/edi.html • NS: https://www.ssrsb.ca/educationearly-childhood-development-data-will-help-support-early-childhood-development-in-communities/ • NWT: https://www.ece.gov.nt.ca/sites/www.ece.gov.nt.ca/files/resources/early_development_instrument_-_technical_report_sept_2014.pdf • Ontario: https://edi.offordcentre.com/teachers/edi-2017-implementation-resources/ontario/ • PEI: http://eys3.ca/media/uploads/profiles/eys3_profile_pe_en_final.pdf • Saskatchewan: http://www.reginakids.ca/rsu_docs/uey-regina_edi-results-sept200953738.pdf • Yukon: http://www.yukonwellness.ca/pdf/kids_count.pdf
Notes	• Used internationally
Tool/Instrument Name	European School Survey Project on Alcohol and Other Drugs (ESPAD)

Jurisdiction	36 Countries across Europe (Albania, Austria, Belgium (Flanders), Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, the Faroes, Finland, the former Yugoslav Republic of Macedonia, France, Georgia, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Malta, Moldova, Monaco, Montenegro, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Sweden and Ukraine)
Description	ESPAD is a collaborative effort of independent research teams in more than forty European countries and the largest cross-national research project on adolescent substance use in the world. The overall aim with the project is to repeatedly collect comparable data on substance use among 15-16 year old students in as many European countries as possible.
Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	• Behaviors related to substance use
Mode of administration • **who** • **where** • **when**	• Conducted as school surveys among students turning 16 during the year of the data collection • ESPAD guidelines contain no rules as to whether teachers or research assistants should be responsible for data collection in the classrooms. Instead, the recommendation was to use the category of survey leaders whom the students trusted the most. In about half of the countries, teachers or other school staff administered the data collection, while research assistants did so in the other half (Table G)
Frequency & dates administered	• Performed every fourth year since 1995 • 2015 ESPAD results are based on 35 national surveys
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• 15-16 year old students across Europe • Anonymously, so the researchers do not know the identities of individual respondents • Sampling in the ESPAD project is based on school classes as the final sampling unit (i.e. organisational units of students). This is vastly more economical than sampling individual students, and it also has some desirable methodological properties. In particular, the sampling of entire classes can be expected to increase students' confidence in their anonymity. • To stress the anonymity and confidentiality of the survey, the handbook recommended the use of individual envelopes for each student to put his/her questionnaire in and then seal. Individual envelopes were used in about three quarters of the countries (Table G). In the remaining countries, other measures were taken which were judged to fulfil the same purpose. Examples include the use of large class envelopes, which were sealed in front of the students, or a closed box into which the students put their forms. • In most countries a two-stage sample was performed, with the school as the primary unit and the class as the final sampling unit. In some countries, the class was the only sampling unit, i.e. samples of classes were drawn from comprehensive lists of classes, while in Montenegro actual students were sampled, 'pulling' their respective class. • In countries where non-proportionate stratification was used for sampling, the data was weighted (weightings are used in 11 countries).

Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• The Data Protection huolehdettiin carefully, and complete data became only available to researchers. The data also archived centrally ESPAD's international database. The results were published only in general terms, so the individual student, class or school cannot be identified. • Beginning with 2007, a central cleaning process was introduced, with raw national data delivered and merged into a joint database and thereafter centrally cleaned. • Tracks changes in adolescent substance use over time. • Provide comparable data in databases that have been and will be used by the research community for in-depth analyses to increase the understanding of substance use among European students • Plans to monitor substance use behaviour but will also assess future developments in internet use as well as online gaming and gambling, and strive to increase its contribution to the protection of children and adolescents from the negative consequences of substance use and addictive behaviours • Contribute to the field of substance use through analyses based on ESPAD data • Results have been used for the development of international action plans and strategies related to alcohol and other drugs and as such have impacted on public discussion and served as a basis for policy measures and preventive activities targeting young people • Provides data that can be used to monitor trends in substance use among students in Europe and to compare trends between countries and between groups of countries
Web links	• http://www.espad.org/
Tool/Instrument Name	Global school-based student health survey (GSHS)
Jurisdiction	International
Description	The Global School-based Student Health Survey (GSHS) was developed by the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC) in collaboration with UNICEF, UNESCO, and UNAIDS. GSHS is a school-based survey conducted primarily among students aged 13–17 years.
Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	• Alcohol use, dietary behaviours, drug use, hygiene, mental health, physical activity, protective factors, sexual behaviours, tobacco use, violence and unintentional injury
Mode of administration • **who** • **where** • **when**	• The GSHS is implemented at country level by a Survey Coordinator who is nominated by the Ministry of Health or Ministry of Education. • This survey coordinator is responsible for the overall management of the project at the country level and functions as a liaison with other agencies and organizations in the country, as well as with WHO and CDC. • CDC serves as the Data Coordination Center. All data processing (scanning, cleaning, editing, and weighting) is conducted at CDC. All finalized (i.e., cleaned, edited, and weighted) GSHS data sets are stored electronically at CDC. • Uses a standardized scientific sample selection process; common school-based methodology; and core questionnaire modules, core-expanded questions, and country-specific questions that are combined to form a self-administered questionnaire that can be administered during one regular class period.

Frequency & dates administered	• As of December 2013, representatives from more than 120 countries have been trained and 94 countries have completed a GSHS. Insufficient funds, staff turnover, or other in-country barriers has limited participation in some countries. • Depends on country (94 around the world have taken part) • 2016 still active
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• Conducted primarily among students aged 13-17 years • Privacy of participating schools and students is protected
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• Upon completion of data processing at CDC, each Survey Coordinator receives a final report from CDC. The final report will consist of an electronic copy of the cleaned, edited, and weighted data set; a code book; a detailed report; and a fact sheet. The Survey Coordinator has 2 months to indicate to CDC via email approval of the final report. It will be assumed that Survey Coordinators not responding during this period have no objections to the final report. • Help countries develop priorities, establish programmes, and advocate for resources for school health and youth health programmes and policies; • Allow international agencies, countries, and others to make comparisons across countries regarding the prevalence of health behaviours and protective factors; and • Establish trends in the prevalence of health behaviours and protective factors by country for use in evaluation of school health and youth health promotion.
Web links	• http://www.who.int/chp/gshs/country/en/ • https://www.cdc.gov/gshs/pdf/gshsoverview.pdf
Tool/Instrument Name	Health Behaviour in School-aged Children (HBSC) Survey
Jurisdiction	International: 45 countries and regions across Europe and North America
Description	• The HBSC research network is an international alliance of researchers that collaborate on the cross-national survey of school students: Health Behaviour in School-aged Children (HBSC).
Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	• Body image, bullying and fighting, eating behaviours, health complaints, injuries, life satisfaction, obesity, oral health, physical activity and sedentary behavior, relationships: family and peers, school environment, self-rated health, sexual behaviour, socioeconomic environment, substance use: alcohol, tobacco and cannabis, weight reduction behavior, family and peer support, migration, cyberbullying and serious injuries
Mode of administration • **who** • **where** • **when**	• Example from 2013-2014 survey: National teams represent member countries and are led by Principal Investigators (PIs). Maximum national team membership is fifteen members, including the PI. Each national team submits one nationally representative data file to the Data Bank for inclusion in the international data file. Other than the PI there is the International Coordinator (IC) of the Study and the Data Bank Manager.

	• Administration of questionnaires was completed by researchers or teachers using a standard protocol provided by country teams. • Self-report anonymous questionnaires were administered in school classes for the latest survey
Frequency & dates administered	• First developed in 1982 • Every four years

Population
• **individuals or groups?**
• **sampling or comprehensive?**
• **with identifiers or not?**
	• Latest was from 2013/2014 survey results "Growing up Unequal" 2016 publication.
	  ○ Students ages 11, 13 and 15
	  ○ Self-report anonymous questionnaires.
	  ○ Sample of population from each country involved (the recommended sample size was 1500 in each age group in each country and region).

Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• All HBSC data are cleaned and re-ordered to a consistent format for inclusion in an international data file held at the University of Bergen, Norway. • The international standard questionnaire produced for every survey cycle enables the collection of common data across all participating countries and thus enables the quantification of patterns of key health behaviours, health indicators and contextual variables. These data allow cross-national comparisons to be made and, with successive surveys, trend data is gathered and may be examined at both the national and cross-national level. • Member countries and stakeholders at national and international levels use our data to monitor young people's health, understand the social determinants of health, and determine effective health improvement interventions. Those working in child and adolescent health view HBSC as an extensive databank and repository of multidisciplinary expertise, which can: support and further their research interests, lobby for change, inform policy and practice, and monitor trends over time. • Statistical analyses were made to identify meaningful differences in the prevalence of health and social indicators by gender, age group and levels of family affluence. The findings highlight important health inequalities and contribute to a better understanding of the social determinants of health and well-being among young people. • Through this international report on the results of its most recent survey, the HBSC study aims to supply the up-to-date information needed by policy-makers at various levels of government, nongovernmental organizations and professionals in sectors such as health, education, social services, justice and recreation, to protect and promote young people's health. • Following completion of each survey cycle in Canada, the Canadian HBSC team has produced a major report that provides an overview of the national survey findings. Recent national reports have focused on: (1) healthy settings for the health of young people (2005-06) (Boyce et al., 2008); (2) a general profile of the health of young Canadians and factors that influence health (2001-02) (Boyce, 2004); and (3) trends in the health of Canadian youth (1997-98) (King et al., 1999). The report from the current 2010 cycle focuses on mental health in young Canadians, consistent with national priorities in the Public Health Agency of Canada and in our country as a whole.
Web links	• International info: http://www.hbsc.org/publications/international/ • Canadian info:

	○ http://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/school-scolaire/behaviour-comportements/index-eng.php ○ http://www.hss.gov.yk.ca/pdf/health_behaviour_report.pdf
Notes	• Canada is a participating country

Recently Non-active Surveys and Instruments

Atlantic Canadian Initiative: Student Drug Use Survey (NB, NL, NS)

Tool/Instrument Name	Student Drug Use Survey Report
Jurisdiction	New Brunswick
Description	The Student Drug Use Survey in the Atlantic Provinces is a standardized survey conducted in collaboration with Nova Scotia, New Brunswick and Newfoundland and Labrador. (PEI took part until 2007). Several objectives: • to estimate in the adolescent student population indicators for: prevalence in the use of various substances, gambling, mental health, and related high-risk behaviours and harmful consequences; • to identify key individual and social determinants of substance use, gambling, and mental health in the adolescent student population; • to report on long-term trends in substance use and gambling among the adolescent student population in each province and in the Atlantic Region.
Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	• 106 multiple-choice items and one open-ended question • Information was requested on demographics, social environment, school and community involvement, substance use, problems related to substance use, driving while under the influence of alcohol or drugs, sexual behaviour and other risk behaviours, help seeking, mental health, gambling, school drug education and school policies.
Mode of administration • **who** • **where** • **when**	• Research ethics approval for the Student Drug Use Survey 2012 in the Atlantic Provinces was granted by the Dalhousie University Health Science Research Ethics Board. **New Brunswick** • Responsibilities to conduct the survey were shared by the Department of Health, the Department of Education and Early Childhood Development, Horizon Health Network and Vitalité Health Network. Consent to participate was obtained from the principal of each selected school. Information was transmitted to parents of students in Grades 7, 9, 10 and 12 of the purpose and nature of the upcoming survey. • All students were informed at the time of survey administration that participation was voluntary, anonymous and confidential. Standardized training on data collection was provided to regional addiction and mental health workers who were responsible for administering the questionnaire to students. The health worker read a prepared script with survey instructions, telling students not to indicate their names or other identifying information on the data collection tools. Teachers remained present in the classrooms at the time of the survey, but were not involved in administering the survey and referred any questions to the health worker.

	• Students indicated their responses directly on the computer-scannable questionnaire in English or in French, depending on the primary language of school instruction **Nova Scotia** • Obtained consent from Department of Education in conjunction with Department of Health and Wellness to conduct survey Superintendent of each school board was asked to give approval Schools randomly selected to participate and principles of these schools were contacted for approval ethics review/project proposal was also submitted to the Halifax Regional School Board (HRSB) Planning & Research Department for review, as all research requests for schools in the Halifax Regional School Board require HRSB approval before proceeding • Obtained consent from Department of Education in conjunction with Department of Health and Wellness to conduct survey • Superintendent of each school board was asked to give approval • Schools randomly selected to participate and principles of these schools were contacted for approval • ethics review/project proposal was also submitted to the Halifax Regional School Board (HRSB) Planning & Research Department for review, as all research requests for schools in the Halifax Regional School Board require HRSB approval before proceeding • parental/guardian consent was determined by individual schools, except for HRSB schools where 'active' parental/guardian consent was mandatory for all schools and grade levels • In Nova Scotia, surveys were administered by research team members from Dalhousie University. All research team members took part in a one-day training session, led by the Principal Investigators of the study, which focused on improving familiarity with the survey, learning the research protocol, developing techniques for interacting with schools and students, and reviewing various scenarios or potential problems that might emerge during the data collection process. • Consent from individual students was obtained at the time of the survey, whether or not parental/guardian consent had already been obtained. **Newfoundland and Labrador** • collaborative effort between the Newfoundland and Labrador Departments of Health and Community Services and Education, school districts and schools across the province, the provinces of Nova Scotia and New Brunswick, and Dalhousie University • Administration was conducted mainly by school guidance counsellors who were provided with a training webinar and a checklist to ensure proper procedures were followed

School-Based Health Services

Australia

Tool/Instrument Name	School Youth Health Nurse Program
Jurisdiction	Australian Capital territory, Australia
Description	• School Youth Health Nurse aims to promote positive health outcomes for young people and their families through the delivery of accessible, acceptable, appropriate and culturally respectful primary health care in high schools. • They provide the opportunity for young people, their parents and members of the school community to access a health professional in the school setting. This can be for matters relating to health and well-being and includes acting as a curriculum resource for staff.
Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	• An evaluation of this program found that the majority of students accessing the Program were seeking advice on mental health issues or general health issues with the remainder being split between sexual health and drug and alcohol advice.
Mode of administration • **who** • **where** • **when**	• 2009, the Australian Capital Territory (ACT) Government developed a School Youth Health Nurse (SYHN) Program based on the Queensland model and commenced a pilot in eight government high schools (grades 7–10). The Program planning and implementation was guided by a Memorandum of Understanding (MOU) between the health and education departments. The MOU described the SYHN Program and the cross-sector collaboration required, overseen by a reference group consisting of school principals and representatives from ACT Government. • The SYHN Program team consists of Registered Nurses (RNs), with experience in youth health, who deliver the Program within schools, a Clinical Nurse Consultant who provides procedural and clinical supervision, and a Program Manager within the health department. The Program team works with school principals, student welfare team members and senior members of the education department to tailor the Program according to school needs. The nurses work with teachers to assist in the delivery of the health curriculum in class and whole of school forums. The nurses also co-ordinate smaller sessions tailored to student population needs such as smoking cessation and healthy eating groups. The balance of their time is spent in individual consultations with students. Each of the participating schools provides private office space for the SYHN where students may drop-in or attend consultations at pre-appointed times. Each nurse covers two schools, spending two days per week in each school and one day in the central office for team meetings, debriefing, organising referrals, planning health promotion activities, and staff development.
Frequency & dates administered	• Developed for this region in 2009
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• Program targeted students in Grades 7–10, the conventional high school grades in the ACT. However, some schools in the pilot extended beyond these grades, resulting in a small number of contacts with students outside the target group. A total of approximately 4100 students were enrolled in Grades 7–10 (range 200–700 students per school) in 2011.

	• This evaluation found that the SYHN Program is delivering accessible and acceptable primary health care, focused on health promotion, and delivered both individually and through group education. The Program implementation is consistent with the SYHN aims based on the Health Promoting Schools framework. • The evidence gathered in this evaluation supports the expansion of the program as part of the ACT Government commitment to the health and wellbeing of young people.
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• This evaluation found that the SYHN Program is delivering accessible and acceptable primary health care, focused on health promotion, and delivered both individually and through group education. The Program implementation is consistent with the SYHN aims based on the Health Promoting Schools framework. • The evidence gathered in this evaluation supports the expansion of the program as part of the ACT Government commitment to the health and wellbeing of young people.
Web links	• http://health.act.gov.au/our-services/women-youth-and-children/school-health • https://bmcnurs.biomedcentral.com/articles/10.1186/s12912-015-0071-0
Notes	• Similar programs exist in Queensland (the School-Based Youth Health Nurse Program in 1999) and Victoria (the Secondary School Nursing Program in 2000)
Tool/Instrument Name	School-based Youth Health Service
Jurisdiction	Queensland, Australia - State
Description	The School-based Youth Health Service is delivered in partnership with Education Queensland to address the health and wellbeing of the young people and the school communities in Brisbane state secondary schools.

Areas of focus
• **health conditions,**
• **health behaviors or both,**
• **Key features**
	• School-based youth health nurses provide:
	  ○ Individual health consultations with assessment, support, health information and referral options related to:
	  ○ Healthy eating and exercise
	  ○ Relationships
	  ○ Personal and family problems
	  ○ Feeling sad, worried and angry
	  ○ Sexual health
	  ○ Smoking, alcohol and other drugs
	  ○ Growth and development
	  ○ Promoting health and wellbeing with a “whole school approach” to support the development of healthy school environments.
	  ○ Making recommendations on health resources to support curriculum, teaching and learning activities in schools.

Mode of administration • **who** • **where** • **when**	• School health nurse provides a number of possible health services to students • The school-based youth health nurse does not provide medical treatments, first aid, medications, physical examinations, or ongoing counseling.
Frequency & dates administered	• Parents or young people can self-refer or a referral can be made by a health professional or school staff.

Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• Secondary school students • It is a voluntary confidential service for young people.
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• Dependent on what service is accessed
Web links	• https://www.childrens.health.qld.gov.au/chq/our-services/community-health-services/school-based-youth-health-service/
Tool/Instrument Name	School Health Nurse Programme
Jurisdiction	Tasmania, Australia
Description	As part of the State Government's long term vision to lift education in Tasmania and invest in essential services, a commitment was made to introduce child health and youth health nurses across Tasmanian Government schools. This programme aims to support schools to create a physical and social environment that promotes health and wellbeing, and assists to improve the health and education outcomes for children and young people in Tasmania
Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	Primary School Nurses will focus on: • Vision and hearing checks, health assessments, providing advice and information to students, parents and school staff on child health, physical activity and nutrition; ongoing support for families; assisting schools with management processes for medication and consistency of care for students with medical conditions; and addressing medical issues that may be impacting learning. Secondary School Nurses will focus on: • Promotion of good health and wellbeing; positive parenting for teenagers with babies; sexual health and relationships; addictions and risk behaviours; body image, physical activity and nutrition; and mental health.
Mode of administration • **who** • **where** • **when**	• As the first stage of a long-term plan, this investment will see nurses: ○ Working across both primary and secondary schools, liaising collaboratively with current support staff; ○ Based in schools that have need for community health assistance; ○ Deliver improved health outcomes for Tasmanian school students; and ○ Link with the teaching and learning provisions of the Australian Curriculum.
Frequency & dates administered	• The initial rollout of 10 FTE primary and secondary school nurses have commenced working across targeted schools in Tasmania, and by 2017 there will be 20 FTE nurses employed as the programme expands.
Population • **individuals or groups?** • **sampling or comprehensive?**	• In order to implement the School Health Nurse Programme within the allotted budget, schools have been identified for inclusion in the initial four year staged roll-out plan using a range of data and indicators including but not limited to: the Index of Community Socio-Educational Advantage (ICSEA); the Australian Early Development Census (AEDC);

• **with identifiers or not?**	Australian Bureau of Statistics (ABS); The Department of Health and Human Service's Kids Come First data; number of enrolments; and input from internal and external stakeholders. It is recommended that at the conclusion of the first four years further funding be sought to continue service provision and broaden provision to more schools.
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• This programme aims to support schools to create a physical and social environment that promotes health and wellbeing, and assists to improve the health and education outcomes for children and young people in Tasmania.
Web links	• https://www.education.tas.gov.au/parents_carers/schools-colleges/Programs-Initiatives/Pages/School-Health-Nurse-Programme.aspx
Tool/Instrument Name	Primary School Nursing Program, School Entrant Health Questionnaire
Jurisdiction	Victoria, Australia
Description	The aim of the program is to provide all Victorian children the opportunity to have a health assessment, to link children, families and school communities to services available in the community, and to provide information and advice that promotes health and wellbeing.
Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	• The PSNP is designed to identify children with potential health-related learning difficulties and to respond to parent and carer concerns and observations about their child's health and wellbeing. Parents or carers complete the School Entrant Health Questionnaire (SEHQ) which is distributed during the first year of school. With parent and carer consent, follow-up health checks are conducted by the school nurse. • Other activities offered by the program may include formal and informal health education and health promotion to the school community. • Included in this service is a School Entrant Health Questionnaire
Mode of administration • **who** • **where** • **when**	• Free service offered by the Department to all children attending primary schools and English Language Centre schools in Victoria. • School Entrant Health Questionnaire is given to the child's parent through the school to be completed during the year
Frequency & dates administered	• Primary school nurses visit schools throughout the year to provide children with the opportunity to have their health checked; provide information and advice about healthy behaviours and link children and families to community-based health and wellbeing services • School Entrant Health Questionnaire is to be completed by the child's parent
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	School Entrant Health Questionnaire for children in their primary year: • Parents are asked to give information about your child's health history and any concerns you have about your child's health.

	• The physical assessment cannot take place without your written consent. You have the right to refuse a physical assessment for your child. If you do not consent, simply indicate your non-consent when you complete the Parent Consent Form of the School Entrant Health Questionnaire. Older Children • If, at any time during primary school, you or your child's teachers have concerns about your child's health, you can ask for the Primary School Nurse to check your child. Referral forms are available at your child's school or you can contact the school nurse directly at the DEECD regional offices listed on the back page of this flyer. • Health assessments are offered for: ○ children in years 1 – 6 where a parent/carer is concerned about their child's health and wellbeing ○ children in years 1 – 6 where a teacher is concerned about a child's health and wellbeing, and has obtained parental/carer consent to make a referral to the school nurse ○ children who have recently arrived in Australia from overseas children attending English Language Centres.
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• The law in Victoria protects your personal information. This means that school nurses must make sure that this information stays confidential or private, that it is kept in a safe and secure place and can only be used for the purposes we have described. The information cannot be used for any other purposes without your consent, unless it is required by law. • The SEHQ will provide important information about your child's health so that the nurse can make an effective health assessment. If your child needs a brief physical assessment, such as a vision or hearing test, the nurse will see him or her at school. • If the nurse has concerns about your child's health after assessing your child, the nurse will contact you. The nurse may suggest referring your child to be assessed or treated by another health professional or agency. A report will be sent to you, giving the outcome of your child's assessment. Only with your permission, and if appropriate the assessment results may be provided to your children's teacher. • This information is also used to study the health of all children starting school in Victoria, and will be used for research and statistical purposes. When the information is used in this way, your personal information is protected. The law in Victoria states that you, your child or your family must not be identified.
Web links	• https://www.eduweb.vic.gov.au/edulibrary/public/stuman/nursing/psn.pdf • http://www.education.vic.gov.au/school/teachers/health/Pages/assessments.aspx
Notes	• Includes School Entrant Health Questionnaire
Tool/Instrument Name	Secondary School Nursing Program
Jurisdiction	Victoria, Australia
Description	• The Secondary School Nursing Program (SSNP) aims to reduce risk to young people and promote better health in the wider community. About two thirds of government secondary schools take part in the SSNP, with the program targeted to Victoria's most disadvantaged schools.

Areas of focus
• **health conditions,**
• **health behaviors or both,**
• **Key features**
	• Ways the program can help you and your child include:
	  • playing a key role in reducing negative health issues and risk taking behaviours among young people, including drug and alcohol abuse, tobacco smoking, eating disorders, obesity, depression, suicide and injuries
	  • focusing on prevention of ill health and problem behaviours by making sure there is coordination between the school and community health and support services
	  • supporting the school community in addressing health and social issues facing young people and their families
	  • offering appropriate primary health care through professional clinical nursing, including assessment, care, referral and support
	  • building working relationships between primary and secondary school nurses to help young people in their transition to secondary school.

Mode of administration • **who** • **where** • **when**	• Secondary school nurses are employed through regional offices of the Department, with most nurses allocated to two secondary schools.
Frequency & dates administered	• As necessary
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• Secondary school students
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• Dependent on services accessed
Web links	• http://www.education.vic.gov.au/school/parents/health/Pages/secnursing.aspx
Tool/Instrument Name	School Health Services
Jurisdiction	Western Australia
Description	The school health service aims to promote healthy development and wellbeing so students may reach their full potential.

Areas of focus
• **health conditions,**
• **health behaviors or both,**
• **Key features**
	• Services specific to primary schools
	  ○ All children are offered a health assessment before the end of their first year of primary school. The community health nurse will seek consent and gain valuable knowledge from parents about their child's development prior to conducting assessments of hearing and vision and, if needed, speech, language and general development assessment.
	  ○ If you or your child's teacher have specific concerns at any point throughout primary school, an assessment can be conducted.

	○ Parental consent is sought prior to assessments. ○ Parents are advised of assessment results and recommended action or referral. • Services tailored for adolescent students ○ School health services are an easy access point to health care for students. ○ The school health service team may carry out health assessments and provide information, advice, referrals and support for students. The support encourages development of knowledge, skills and behaviour, and encourages the young person to deal with their health issue(s) and make healthy lifestyle choices. ○ Individual students can seek information, guidance and support about a range of issues that may include: coping with illness, culture or racism issues, feeling anxious, stressed or unhappy, healthy eating and nutrition, healthy weight and body image, mental health and wellbeing, loss and grief, problems at home, relationships,sexual health, smoking, alcohol and drug use, other adolescent health concerns. ○ There may be times when the school health service team need to share information with parents or guardians or certain others in the school community, to provide support and care to ensure the safety and wellbeing of the young person. ○ The school health service team encourage and support young people to talk to their parents or guardian about significant health issues.
Mode of administration • **who** • **where** • **when**	• The service is jointly planned and provided by the Department of Health and the Department of Education. The school health service team includes community health nurses and other health professionals. • A community health nurse usually visits the school and acts as a point of contact for students. In large secondary schools a community health nurse may be based at the school. • Allied health professionals in the community health team may also be involved with programs that are run in the school.
Frequency & dates administered	• Dependent on services accessed
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• Primary and adolescent students
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• Dependent on services accessed
Web links	• http://healthywa.wa.gov.au/Articles/S_T/School-health-services

Scotland

Tool/Instrument Name	Child Health Systems Programme - School (CHSP School) – Information system

Jurisdiction	Scotland
Description	The aim of the school health service is to promote the physical, mental and social well-being of children within a school setting. It also provides remedial action and support for pupils with health problems and services for pupils with special educational needs. The Child Health Systems Programme School System (CHSP School) facilitates the call/recall of both primary and secondary school pupils for screening, review and immunisation. It records referrals and referral updates as well as supporting efficient and effective administrative practice.
Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	• Child Health Programme Core elements include screening, immunisations, growth and development surveillance, health promotion advice, and parenting support. The surveillance/advice/support components (known as Child Health Surveillance CHS) are delivered through a series of universally offered child health reviews mainly provided by Health Visitors (HVs) supplemented by additional support as required. • They aim to identify children at increased risk of (or with) suboptimal development or other health or well-being issues at an early stage, and thus facilitate prompt access to effective services and ultimately improve children's outcomes.
Mode of administration • **who** • **where** • **when**	• Not entirely clear • The two principal groups of users are school health professionals (such as community paediatricians, school nurses and nursing assistants) and staff responsible for school health administration within a NHS board. • The school health professional records information on paper examination forms. After the clinical contact has taken place the examination details are keyed in to the system by administrative staff. Identified problems are also Read coded at this stage. A paper copy is then filed in the school health record. • Child health surveillance is reviewed at regular intervals by the Royal College of Paediatrics and Child Health (RCPCH). The most recent RCPCH review of child health screening and surveillance programmes was published as the fourth edition of Health for All Children (Hall 4). • Current Scottish Government policy on the delivery of the child health programme is set out in Health for all children 4: guidance on implementation in Scotland (published April 2005) and A new look at Hall 4. The early years: good health for every child (published January 2011). This is commonly referred to as the Hall 4 programme. Implementation of Hall4 was phased across Scotland from October 2005. • Under the Hall 4 programme, all children are offered a health check on entry to primary school. Thereafter there are no formal universal reviews, however health promotion and detection of problems are part of mainstream school life and children who require additional support will be seen as necessary by the school health team. Some NHS Boards also offer reviews at other stages.
Frequency & dates administered	• 1993 in some boards. Data available for all boards from 2011/12 onwards • Collected quarterly
Population • **individuals or groups?** • **sampling or comprehensive?**	• Potentially all school children.

• **with identifiers or not?**	
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• A variety of routine outputs are available to users of CHSP School, which can be used for local purposes. Data recorded on the school system have been used in a range of different analyses and have been used to publish • childhood Body Mass Index (BMI) statistics • Analyses are available at various levels, for example by NHS Board level (residence and examination), and local authority.
Web links	• http://www.isdscotland.org/Health-Topics/Child-Health/Child-Health-Programme/Child-Health-Systems-Programme-School.asp • http://www.ndc.scot.nhs.uk/National-Datasets/data.asp?SubID=11 • https://www.era.lib.ed.ac.uk/bitstream/handle/1842/8101/Wood2013.pdf?sequence=2
Notes	• A part of the Child Health Programme • For mainstream school nursing (managed within CHCPs) and MLD schools, the school nursing service provides a population based service for school aged children. Their work includes dealing with vulnerability, health promotional activities and immunisation. School nurses are the first professional point of contact where schools have health concerns about children.

United States

Tool/Instrument Name	Student Health Care Services e.g. of School Based Health Centers
Jurisdiction	Chicago, USA
Description	CPS partners with health care providers to bring essential health services to schools, so that students may receive the care they need to achieve academically. Students may access health services at no out of pocket cost. Most school-based health services require parental or guardian consent. Schools can contact mobile health care providers to coordinate services for their students.
Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	Includes: • Health Clinics ○ School-based Health Centers: School-based health centers are like a doctor's office, in schools. There are 33 school-based health centers (SBHCs) in Chicago that provide services that - include but are not limited to: immunizations, physical exams, sports physicals, behavioral healthcare, chronic condition management and acute care. Some SBHCs are available to the community and to neighboring schools. Please call ahead before making an appointment. • Vision and Hearing

	○ The Office of Student Health and Wellness offers a variety of resources to assist parents in obtaining vision and hearing screenings for their child(ren) if the student was absent or is new to school. ○ Hearing and Vision Screening Technicians are assigned to every school to provide free vision and hearing screenings for students. Technicians will reach out to your child's school to schedule services. Screening clinics are also available by appointment for students who were absent on screening days or who are new to the school. • Dental ○ The school based dental program in partnership with the Chicago Department of Public Health (CDPH) provides all consented students with access to dental exams at no cost to families. Exams are comprehensive and include a dental cleaning, fluoride treatment and dental sealants as necessary. • Sexual Health Services ○ At School:School Based Health Centers (SBHCs) and some mobile providers provide sexual health services. ○ STI Education and Screening Project: CPS partners with the Chicago Department of Public Health to provide education and testing for chlamydia and gonorrhea in CPS high schools. Various high schools participate and offer optional testing. Interested students provide consent to the confidential services.
Mode of administration • **who** • **where** • **when**	• Schools can contact mobile health care providers to coordinate services for their students.
Frequency & dates administered	• Dependent on service
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• Some SBHCs are available to the community and to neighboring schools
Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• School-based health centers are like a doctor's office, in schools.
Web links	• http://cps.edu/oshw/Pages/HealthCareServices.aspx
Tool/Instrument Name	School-Based Health Center Program Electronic Student Health Questionnaire (eSHQ)
Jurisdiction	Colorado and New Mexico, USA
Description	The electronic Student Health Questionnaire (eSHQ) is a risk assessment screening tool that has been developed for use in the SBHCs. There is both a middle school and high school version. It is based on the American Academy of Pediatrics' Bright Futures guidelines. The eSHQ, like other similar screening tools, is used to identify health, safety, mental health, and substance abuse risks as well as protective factors among youth served by SBHCs. Student answers become part of the medical record.

Areas of focus • **health conditions,** • **health behaviors or both,** • **Key features**	• Includes items that inquire about the following: depression, anxiety, and suicidality, violence and abuse, tobacco and other substance use, school experiences, relationships with family, friends, and peers, psychosocial stressors and protective factors, sexual orientation, sexual behavior and risk for pregnancy and sexually transmitted infections (stis), health: eating behaviors, weight, exercise, etc., future plans
Mode of administration • **who** • **where** • **when**	**Who is qualified to administer and review the eSHQ?** • SBHC Coordinators, assistants, and clerks may give the iPad/eSHQ to students to complete while they wait to see a provider. However, only physicians, mid-level providers (nurse practitioners and physician assistants), or qualified mental health providers should review the results of the eSHQ and discuss them with the student the same day the questionnaire is administered. RNs may also review the eSHQ in collaboration with physicians and/or mid-level providers. **When is the eSHQ Administered?** • The eSHQ should be administered at a youth's first visit to the SBHC each academic year. If the student is acutely ill or in crisis, the eSHQ may be delayed. In that case, a future appointment should be scheduled to administer the eSHQ and conduct other appropriate preventive screenings. The eSHQ should be reviewed and updated or administered if applicable as part of the annual well child/adolescent visit. Caution: If the provider determines that there is insufficient time to review the eSHQ with a student the day it is taken, the eSHQ should NOT be administered. **How is eSHQ Administered?** • The youth will complete the tool in the SBHC using an iPad. The provider and/or other SBHC staff should provide assistance to students who have difficulty reading or understanding any aspect of the eSHQ. Both English and Spanish versions of the eSHQ are available on the iPad. Students are entitled to understand the extent and limits of confidentiality for all aspects of the care they receive at the SBHC, including the eSHQ.
Frequency & dates administered	• Developed under Colorado and New Mexico's Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) Quality Demonstration grant, the eSHQ is a computer tablet-based risk screening instrument. Providers who used the eSHQ reported it produced more complete risk data and facilitated referrals between primary care and behavioral health services • The eSHQ should be administered at a youth's first visit to the SBHC each academic year
Population • **individuals or groups?** • **sampling or comprehensive?** • **with identifiers or not?**	• The eSHQ includes a screen that informs students about confidentiality before they begin to complete the questionnaire. This screen reads: "The information you provide on this form is CONFIDENTIAL and will not be shared outside of this clinic without your permission. The only exception to this is if you are thinking about harming yourself or someone else or if you are being abused. By law, our staff has to report this information. We will also assist you in getting the help that you need. We would like you to fill the form out completely, you can choose to skip questions you do not want to answer. This form will help our providers give you the best care possible." Due to the potentially sensitive nature of the questions asked on the eSHQ and the fact that many students may not read this screen in its entirety, SBHC staff and providers are encouraged to offer students verbal explanations about confidentiality before administering and reviewing the eSHQ

Use of the results • **tracking of individuals** • **aggregation to groups** • **follow-up with interventions**	• SBHC providers can use the eSHQ to determine who needs further individual assessment and to guide prevention and intervention efforts to improve health outcomes at the school. • Using the provider review feature on the iPad, SBHC staff can print or review an alert report or the full SHQ report immediately after the student completes the survey. The provider review feature is available on every iPad but can only be accessed by the clinical staff. The alert report is color coded to highlight student answers of concern that require immediate action on the part of the provider and other answers that require additional discussion but are not of an urgent nature. The full SHQ report is a complete list of the questions and student responses. The provider should next review the eSHQ answers with the student. The Provider Review feature on the iPad allows the provider to comment on each question and the comments are displayed on the reports. • The eSHQ generated SBHC-level and statewide reports for all students who used it. These reports allowed comparisons across SBHCs within a State and across the two States to help improve population health management and advocate for support of SBHCs. Implementation requires ongoing training and technical support rather than one-time costs.
Web links	• https://www.colorado.gov/pacific/sites/default/files/SBHC2_Apex-eSHQ-administration-guidelines.pdf • https://www.ahrq.gov/sites/default/files/wysiwyg/policymakers/chipra/demoeval/what-we-learned/co-nm-specialinnovation.pdf • https://www.ahrq.gov/policymakers/chipra/demoeval/what-we-learned/co-nm-specialinnovation.html • https://www.colorado.gov/pacific/sites/default/files/eSHQ%20Final%20Report.pdf