
APPENDIX E

SCHOOL SURVEY

STUDENT HEALTH SURVEY

As part of an effort to comply with Senate Bill 1927, Omnitrans has authorized an independent contractor, Komex, to perform a public health survey of residents and schools within a ½ mile radius of its bus refueling stations. This screening survey is designed to quickly measure some of the environmental factors that may affect your child's health, should take no more than 5 minutes of your time, and is completely confidential. The results of the survey will be included in a report of the health status of the community that will be presented to the Governor of California. Thank you for your assistance.

1. Do you live within a ½ mile of the 1700 5th Street Omnitrans station in San Bernardino? (1) Yes (2) No
2. How many members of your household have attended school in an area near the Omnitrans fueling station? _____
3. How many years has each household member attend the school near the Omnitrans fueling stations? _____
4. How many hours per day do you spend outside at home or in the immediate neighborhood of the Omnitrans fueling stations? _____
5. Would you say your child's health is Excellent, Very Good, Good, Fair, or Poor? _____
6. Is there a smoker in the household? (1) Yes (2) No
7. What does the smoker use? (1) Cigarette (2) Cigar (3) Pipe (4) Other
8. How many packs a day does the household member smoke? _____ Packs Per Day
9. Is the smoker allowed to smoke inside of the household? (1) Yes (2) No
10. Does your household have pets? If so how many and what types of animals?
(1) Yes (2) No Number And Types Of Animals: _____
11. Has your house ever been tested for lead in paint?
(1) Yes (2) No Was Lead Present In The Paint? (1) Yes (2) No
12. Since your child/children have started attending Ramona Alessandro Elementary would you say that their overall health has:
(1) Improved Significantly (2) Improved Somewhat (3) Stayed About The Same
(4) Declined Somewhat (5) Declined Significantly (6) Don't Know
13. If your child's health has "declined" above, what do you think is the major cause for this decline in your health:
(1) Air Quality/Smog (2) Stress (3) Injury (4) Infection (5) Other
14. Is your child able to take part at all in the usual kinds of play activities done by most children your child's age?
(1) Yes (2) No
15. What conditions or health problems keeps your child from his/her/their play activities? Circle all that apply
(1) Vision/ Problem Seeing (2) Hearing Problem (3) Speech Problem
(4) Asthma (5) Birth Defect (6) Injury
(7) Mental Retardation (8) Other Mental, Emotional, Or Behavioral Problem
(9) Bone, Joint, Or Muscle Problem (10) Epilepsy Or Seizures (11) Learning Disability
(12) Attention Deficit/Hyperactive Disorder (13) Breathing Problem (14) Nosebleeds
(15) Nausea (19) Numbness (20) Don't Know/Not Sure
16. How long has your child had this condition?
(1) Since Birth (2) _____ Years/Months/Days (3) Don't Know
17. Do your child's symptoms (for example breathing problems) lessen when your child is at home or on the weekends?
(1) Yes (2) No
18. Has your child's condition ever been diagnosed by medical personnel?
(1) Yes (2) No

Thank you for participating in the study. If you have any questions or concerns please call the principal investigators, Drs. James Clark and Tony Jones, at (310) 907-6165 or (714) 330-0405.

ENCUESTA DE SALUD ESTUDIANTIL

Como parte del esfuerzo para cumplir con la Ley del Senado 1927, Omnitrans a autorizado al contratista independiente Komex, realizar una encuesta de salud pública de los residentes y escuelas dentro de la ½ milla de radio de las estaciones de reabastecimiento de combustible de buses de Omnitrans. Esta encuesta inicial esta designada para medir en forma rápida alguno de los factores ambientales que puedan afectar la salud de su hijo(a). La encuesta, no debería tomar más de 5 minutos de su tiempo y es completamente confidencial. Los resultados de esta encuesta serán incluidos en un reporte sobre el estado de salud de la comunidad que será presentado al Gobernador de California. Gracias por su colaboración.

1. Usted vive dentro de la ½ milla de radio de la estación de Omnitrans de la calle 5th No 1700 en San Bernardino?
(1) Si (2) No
2. Cuantos miembros de hogar han asistido a la escuela en una área cerca de la estación de gasolina de Omnitrans?
3. Por cuantos años cada miembro de la familia a asistido a la escuela cerca a la estación de gasolina de Omnitrans?
4. Cuantas horas al día usted permanece fuera de la casa o en el vecindario adjunto a las estaciones de gasolina de Omnitrans?
5. Usted diría que la salud de su hijo (a) es excelente, muy buena, buena, regular o deficiente?
6. Hay algún fumador en el hogar? (1) Si (2) No
7. Que usa el fumador ? (1) Cigarrillos (2) Puro (3) Pipa (4) Otros
8. Cuantos paquetes al día el miembro de la familia fuma?
9. Se le permite al miembro de la familia fumar dentro de la casa ? (1) Si (2) No
11. Tiene mascotas en la casa? Si es asi, cuantas, y que tipo ?
(1) Si (2) No Número y tipo de animales:
11. Alguna vez, su casa ha sido examinada para determinar la existencia de plomo en la pintura ?
(1) Si (2) No Se encontró plomo en la pintura? (1) Si (2) No
12. Desde que su hijo (s) asiste a la escuela elemental Ramona Alessandro, usted diría que su salud en general a:
(1) Mejorado significativamente (2)Mejorado de alguna manera (3) Sigue siendo la misma
(4) Desmejorado de alguna manera (5) Desmejorado significativamente (6) No sé
13. Si la salud de su hijo (a) “desmejorado” (arriba), cual cree que es la causa principal de desmejora en su salud:
(1) Cualidad del Aire/Smog (2) Stress (3) Lesión (4) Infección (5) Otros
14. Su hijo (a) puede participar en todos los juegos usuales y actividades que los niños de su edad realizan?
(1) Si (2) No
15. Que condiciones o problemas de salud no permiten que su hijo (a) pueda participar en las actividades/juegos con otros niños? Marque con un círculo todas las que se apliquen
(1) Visión/ Problema de Vista (2) Problema de Oído (3) Problema al Hablar
(4) Asma (5) Defecto de Nacimiento (6) Lesión
(7) Retardación Mental (8) Otros Problemas Mentales, Emocionales o de Comportamiento
(9) Problemas de Huesos, Músculos, Articulaciones (10) Epilepsia o Ataques (11) Problemas de Aprendizaje
(12) Déficit en la atención /Hiperactividad (13) Breathing Problemas de Respiración (14) Sangramiento de la Naríz
(15) Náusea (16) Entumecimiento (17)No Sé/ No estoy Seguro
16. Por cuanto tiempo su hijo (a) ha tenido esta condición?
(1) Desde Nacimiento (2) _____Años/Meses/Días (3) No Sé
17. Los síntomas de su hijo (por ejemplo problemas de respiración) se reducen cuando su hijo (a) esta en la casa o en los fines de semana?
(1) Si (2) No
18. La condición de su hijo (a) a sido alguna vez diagnosticada por personal médico? (1) Si (2) No

Gracias por su participación en el estudio.Si usted tiene alguna pregunta o preocupación, por favor llame a los investigadores principales Drs. James Clark y Tony Jones, al (310) 907-6165 or (714) 330-0405.

INSTRUCTIONS FOR STUDENT HEALTH SURVEY

As part of an effort to comply with Senate Bill 1927, Omnitrans has authorized an independent contractor, Komex, to perform a public health survey of residents and schools within a ½ mile radius of its bus refueling stations. This screening survey is designed to quickly measure some of the environmental factors that may affect your child's health, should take no more than 5 minutes of your time, and is completely confidential. The results of the survey will be included in a report of the health status of the community that will be presented to the Governor of California. Thank you for your assistance in this survey of student health at Ramona Alessandro Elementary School.

If you choose to participate, please fill out the enclosed survey and place in the self-addressed stamped envelope and mail as soon as possible (no later than January 23, 2004). If you choose not to participate, please place the unused survey in the self-addressed stamped envelope and mail as soon as possible (no later than January 23, 2004). The results of the survey will be included in a report of the health status of the community that will be presented to the Governor of California. Thank you for your assistance.

INSTRUCCIONES PARA LA ENCUESTA DE SALUD ESTUDIANTIL

Como parte del esfuerzo para cumplir con la Ley del Senado 1927, Omnitrans a autorizado al contratista independiente Komex, realizar una encuesta de salud pública de los residents y escuelas dentro de la ½ milla de radio de las estaciones de reabastecimiento de combustible de buses de Omnitrans. Esta encuesta inicial esta designada para medir en forma rápida alguno de los factores ambientales que puedan afectar la salud de su hijo(a). La encuesta, no debería tomar más de 5 minutos de su tiempo y es completamente confidencial. Los resultados de esta encuesta serán incluidos en un reporte sobre el estado de salud de la comunidad que será presentado al Gobernador de California. Gracias por su colaboración en esta encuesta de salud estudiantil en la Escuela Elemental Ramona Alessandro

Si usted escoge participar, por favor llene la encuesta adjunta e insertelá en el sobre con la dirección pre-escrita estampada y envíela lo más pronto posible. Si usted escoge no participar, por favor inserte la encuesta no usada en el sobre con la dirección pre-escrita estampada y envíela lo más pronto posible (no más tarde del 23 de Enero del 2004). Los resultados de la encuesta serán incluidos en el reporte del estado de la salud de la comunidad, los que serán presentados al Gobernador de California. Gracias por su asistencia

INSTRUCTIONS FOR STAFF HEALTH SURVEY

As part of an effort to comply with Senate Bill 1927, Omnitrans has authorized an independent contractor, Komex, to perform a public health survey of residents and schools within a ½ mile radius of its bus refueling stations. This screening survey is designed to quickly measure some of the environmental factors that may affect your health, should take no more than 5 minutes of your time, and is completely confidential. The results of the survey will be included in a report of the health status of the community that will be presented to the Governor of California. Thank you for your assistance in this survey of staff health at Ramona Alessandro Elementary School.

If you choose to participate, please fill out the enclosed survey and place in the self-addressed stamped envelope and mail as soon as possible (no later than January 28, 2004). If you choose not to participate, please place the unused survey in the self-addressed stamped envelope and mail as soon as possible (no later than January 28, 2004). The results of the survey will be included in a report of the health status of the community that will be presented to the Governor of California. Thank you for your assistance.

FACULTY/STAFF HEALTH SURVEY

As part of an effort to comply with Senate Bill 1927, Omnitrans has authorized an independent contractor, Komex, to perform a public health survey of residents and schools within a ½ mile radius of its bus refueling stations. This screening survey is designed to quickly measure some of the environmental factors that may affect your health, should take no more than 5 minutes of your time, and is completely confidential. The results of the survey will be included in a report of the health status of the community that will be presented to the Governor of California. Thank you for your assistance.

1. Do you live within a ½ mile of the 1700 5th Street Omnitrans station in San Bernardino? (1) Yes (2) No
2. How long have you worked at the Ramona-Alessandro Elementary School? _____
3. How many hours per day do you spend outside or in the immediate neighborhood of the Omnitrans fueling stations? _____
4. Would you say your health is Excellent, Very Good, Good, Fair, or Poor? _____
5. Is there a smoker in the household? (1) Yes (2) No
6. Are you the smoker? (1) Yes (2) No
7. What does the smoker use? (1) Cigarette (2) Cigar (3) Pipe (4) Other
8. How many packs a day does the household member smoke? _____ Packs Per Day
9. Is the smoker allowed to smoke inside of the household? (1) Yes (2) No
10. Does your household have pets? If so how many and what types of animals?
(1) Yes (2) No Number And Types Of Animals: _____
11. Has your house ever been tested for lead in paint?
(1) Yes (2) No Was Lead Present In The Paint? (1) Yes (2) No
12. Since you started working at Ramona Alessandro Elementary would you say that your overall health has:
(1) Improved Significantly (2) Improved Somewhat (3) Stayed About The Same
(4) Declined Somewhat (5) Declined Significantly (6) Don't Know
13. If your health has "declined" above, what do you think is the major cause for this decline in your health:
(1) Air Quality/Smog (2) Stress (3) Injury (4) Infection (5) Other
14. Are you able to take part at all in the usual kinds of work activities done by most adults your age?
(1) Yes (2) No
15. What conditions or health problems keeps you from work activities? Circle all that apply
(1) Vision/ Problem Seeing (2) Hearing Problem (3) Speech Problem
(4) Asthma (5) Birth Defect (6) Injury
(7) Mental Retardation (8) Other Mental, Emotional, Or Behavioral Problem
(9) Bone, Joint, Or Muscle Problem (10) Epilepsy Or Seizures (11) Learning Disability
(12) Attention Deficit/Hyperactive Disorder (13) Breathing Problem (14) Nosebleeds
(15) Nausea (19) Numbness (20) Don't Know/Not Sure
16. How long has you had this condition?
(1) Since Birth (2) _____ Years/Months/Days (3) Don't Know
17. Do your symptoms (for example breathing problems) lessen when you are at home or on the weekends?
(1) Yes (2) No
18. Has your condition ever been diagnosed by medical personnel?
(1) Yes (2) No

Thank you for participating in the study. If you have any questions or concerns please call the principal investigators, Drs. James Clark and Tony Jones, at (310) 907-6165 or (714) 330-0405.