



Intro & Teacher Demographics

Welcome to the Educator Health Survey!

This survey is voluntary and all responses are completely anonymous. By clicking the blue arrow you consent to participate.

To be eligible for this survey, you must be **18 years of age or older and currently work as an educator in a K-12 school**, in an instructional or learning support role (e.g., classroom teacher, special education teacher, instructional coach, paraprofessional/aide, librarian/media specialist, or specialized subject teacher such as art, music, or drama).

Do you meet both criteria?

☐ Yes

☐ No

What is your gender identity?

☐ Woman

☐ Man

☐ Non-binary

☐ Prefer not to disclose

☐ Other identity not listed

What is your race and/or ethnicity? Select all that apply.

☐ White

☐ Hispanic or Latino

☐ Black or African American

☐ Asian

☐ American Indian or Alaska Native

☐ Middle Eastern or North African

☐ Native Hawaiian or Pacific Islander

☐ Prefer not to answer

☐ Some other race or ethnicity (please specify):

What is your age?

How many **total** years have you been teaching?

- ☐ Less than 1 year
- ☐ 1 - 3 years
- ☐ 3 - 10 years
- ☐ 10 - 15 years
- ☐ More than 15 years

How many years have you been teaching at your **current** school?

- ☐ Less than 1 year
- ☐ 1 - 3 years
- ☐ 3 - 10 years
- ☐ 10 - 15 years
- ☐ More than 15 years

What grade(s) do you currently teach?
Select all that apply.

- ☐ Pre K
- ☐ Kindergarten
- ☐ 1st grade
- ☐ 2nd grade
- ☐ 3rd grade
- ☐ 4th grade
- ☐ 5th grade
- ☐ 6th grade
- ☐ 7th grade
- ☐ 8th grade
- ☐ 9th grade
- ☐ 10th grade
- ☐ 11th grade
- ☐ 12th grade

Which of the following best describes the classes you teach? Select all that apply.

- ☐ Core academic classes (English, math, general science, history/social studies)
- ☐ Laboratory science (e.g., chemistry, biology, physics)
- ☐ Early childhood / Pre-K
- ☐ Special education

- ☐ Physical education
- ☐ Art
- ☐ Music / Band / Choir
- ☐ Career and technical education (CTE)
- ☐ Library / media / technology
- ☐ Paraprofessional/aide
- ☐ Other (please specify):

What is your highest level of education completed?

- ☐ High School Diploma
- ☐ Bachelor's Degree
- ☐ Master's Degree
- ☐ Doctorate Degree
- ☐ Education Specialist Degree (Ed.S.)

Which range best represents your **annual household income** (including all household members' income)?

- ☐ Less than \$49,000
- ☐ \$50,000 to \$99,000
- ☐ \$100,000 to \$149,000
- ☐ \$150,000 or more
- ☐ Prefer not to answer

School Demographics

The next section will ask questions about your school. These questions will help us understand the condition of your school building and the demographic context in which you work. All responses are anonymous and responses will not be linked to your school.

What is the zip code of your school?

What is the name of your school district?

Approximately how many students are enrolled in **your school building**?

- ☐ Less than 150 students
- ☐ 150 to 499 students
- ☐ 500 to 999 students
- ☐ 1,000 to 1,999 students
- ☐ 2,000 to 2,999 students
- ☐ Over 3,000 students
- ☐ Unsure

Which of the following best describes the type of school you work in?

- ☐ Public school
- ☐ Private school
- ☐ Charter school
- ☐ Tribal school
- ☐ Vocational / Technical school
- ☐ Other (please specify):

Does your school qualify for Title I status?

- ☐ Yes

- ☐ No
- ☐ Unsure

Approximately when was your school building built?

- ☐ Before 1950
- ☐ 1951 - 1965
- ☐ 1966 - 1980
- ☐ 1981 - 1995
- ☐ 1996 - 2010
- ☐ 2010 - present
- ☐ Unsure

Since 2000, has your school undergone any of the following renovations or additions?

Select all that apply

- ☐ My school has never been renovated.
- ☐ Roof replacement or repair
- ☐ Building replaced
- ☐ Building addition
- ☐ Technical upgrade
- ☐ HVAC (heating, ventilation, and cooling) system upgrade or replacement)
- ☐ Seismic/structural reinforcements
- ☐ Unsure

☐

Other (please specify):

Overall, what is the physical condition of each of the building features listed below for the school building you teach in? Please refer to the rating scale below to inform your selection for each building or part of a building’s feature listed.

- Needs Replacement:** Non-operational, replacement required.
- Poor:** Consistent substandard performance; failure(s) are disruptive and costly; requires constant attention, major corrective repair or overhaul.
- Fair:** Does not meet functional requirements in some cases; extensive corrective maintenance and repair required.
- Good:** Some preventive maintenance and/or corrective repair required.
- Excellent:** New or easily restorable to “like new” condition; only minimal routine maintenance required.

	Needs replacement	Poor	Fair	Good	Excellent
Floors	☐	☐	☐	☐	☐

	Needs replacement	Poor	Fair	Good	Excellent
Roof	☐	☐	☐	☐	☐
Exterior walls, windows, or doors	☐	☐	☐	☐	☐
Interior walls, ceilings, or doors	☐	☐	☐	☐	☐
Plumbing	☐	☐	☐	☐	☐
HVAC (Heating, ventilation, and/or air conditioning system)	☐	☐	☐	☐	☐
Electrical power	☐	☐	☐	☐	☐
Indoor lighting	☐	☐	☐	☐	☐
Exterior lighting	☐	☐	☐	☐	☐
Furniture and finishes	☐	☐	☐	☐	☐

Does your school have a formal way for teachers or staff to raise concerns about the condition of the building or classrooms?

- ☐ Yes, computerized work order system
- ☐ Yes, paper documentation or email
- ☐ No
- ☐ Unsure

Classroom Characteristics – General

The next section will ask about the physical characteristics of your classroom. For the purpose of this survey a classroom is defined as an educator's primary learning space, whether it be a traditional classroom, lab space, music or art room, gym, etc.

Which of the following best represents your classroom?

- ☐ I do not have a fixed classroom
- ☐ Traditional self-contained classroom (enclosed walls, door, etc.)
- ☐ Collaborative / flexible learning space (open or semi-open space)
- ☐ Portable classroom (temporary or relocatable structure)
- ☐ Lab space (lab benches, sinks, gas valves, etc.)
- ☐ Specialized classroom (art room, band/music room, gym, library, etc.)

Classroom Characteristics – Acoustics

Which sources of background noises frequently interfere with your ability to teach?

Select all that apply

- ☐ None - I don't experience background noise
- ☐ Outdoor (traffic, construction, public transit)
- ☐ Mowing/landscaping
- ☐ HVAC / ventilation
- ☐ Other classrooms or hallways
- ☐ Aircraft noise
- ☐ Other (please specify):

How often do you use voice amplification equipment (wearable microphone, headset, etc.,) in your classroom?

- ☐ I do not have voice amplification equipment
- ☐ I am not familiar with this
- ☐ Rarely
- ☐ Sometimes
- ☐ Often

If you do not use voice amplification equipment, what are the reasons? Select all that apply.

- ☐ Not needed
- ☐ Not provided by school

- ☐ Equipment does not work correctly
- ☐ Battery / charging issues
- ☐ Uncomfortable / impractical to wear
- ☐ Too difficult to use
- ☐ Other (please specify):

Is your classroom ceiling substantially covered (80% or more) with acoustic paneling or tiles?

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ Not applicable

What type of flooring is present in your classroom?
Select all that apply.

- ☐ Concrete
- ☐ Rubber
- ☐ Tile
- ☐ Full carpet
- ☐ Area rug
- ☐ Vinyl flooring
- ☐ Linoleum

☐

Other (please specify):

Classroom Characteristics - Lighting

During a typical week at work, how often have the following lighting issues affected your ability to teach effectively?

	Rarely	Sometimes	Often	Not applicable
Flickering lights	☐	☐	☐	☐
Lighting too dim	☐	☐	☐	☐
Lighting too bright	☐	☐	☐	☐
Glare from windows	☐	☐	☐	☐
Glare from lighting	☐	☐	☐	☐
Controllability of lighting	☐	☐	☐	☐

How would you rate the overall amount of natural daylight in your classroom?

- ☐ None - my classroom does not receive any natural daylight
- ☐ Low
- ☐ Moderate
- ☐ High

☐ Not applicable

Classroom Characteristics – Air Quality

Why might you not open your windows in your classroom?

Select all that apply

- ☐ I do not have windows in my classroom
- ☐ I use windows frequently
- ☐ Windows are sealed shut
- ☐ School policy prohibits opening windows
- ☐ Windows are broken, stuck, or difficult to operate
- ☐ Opening windows interferes with HVAC/heating or cooling system
- ☐ Windows are too high or hard to reach
- ☐ No window screens for insects
- ☐ Opening windows introduces high levels of noise
- ☐ Opening windows introduces pollution
- ☐ Other (please specify):

Classroom Characteristics – Thermal

Which of the following do you use to adjust or control temperature in your learning space?

Select all that apply

- ☐ I cannot personally adjust the temperature of my learning space
- ☐ Thermostat
- ☐ Window blinds or shades
- ☐ Portable heater
- ☐ Window AC unit
- ☐ Portable fan
- ☐ Ceiling fan
- ☐ Adjustable air vents
- ☐ Operable windows
- ☐ Please select this answer choice
- ☐Other (please specify):

Please indicate how satisfied you are with the temperature of your learning space during the following seasons:

	Dissatisfied	Somewhat dissatisfied	Somewhat satisfied	Satisfied	Not applicable
Winter months (Nov - Feb)	☐	☐	☐	☐	☐
Summer months (Jun - Aug)	☐	☐	☐	☐	☐

	Dissatisfied	Somewhat dissatisfied	Somewhat satisfied	Satisfied	Not applicable
Transition months (Sep/Oct & Apr/May)	☐	☐	☐	☐	☐

Faculty Spaces

The following questions will ask about faculty spaces including lounges, break rooms, and restrooms.

Does your school have a designated faculty lounge or staff break room?

- ☐ Yes
- ☐ No
- ☐ Unsure

How frequently do you utilize the lounge?

- ☐ Daily
- ☐ Weekly
- ☐ Monthly

☐ Rarely

☐ Never

If you do not frequently utilize the faculty lounge, which of the following reasons best represents why?

Select all that apply

☐ None - I frequently utilize the faculty lounge

☐ Too far from my classroom

☐ Not enough time to get there

☐ Space is unwelcoming

☐ Lounge is too noisy

☐ Insufficient seating

☐ Lounge does not have necessary amenities (working refrigerator, microwave, etc.)

☐ Other (please specify):

Restrooms

How often are you able to access a restroom when needed during the school day?

☐ Never

☐ Rarely

- ☐ Sometimes
- ☐ Often
- ☐ Always

Does your school have designated staff-only restrooms (separate from student restrooms)?

- ☐ Yes
- ☐ No
- ☐ Unsure

Do you experience any of the following barriers when using restrooms?

Select all that apply

- ☐ None - I do not face any barriers when using restrooms
- ☐ No coverage/break time to leave classroom
- ☐ Nearest restroom is too far from my classroom
- ☐ Restrooms are frequently occupied when I need them
- ☐ Restrooms are unclean
- ☐ Restrooms are often out of order
- ☐ Other (please specify):

When you use the restroom during the workday, how would you describe the toilet fixtures?

- ☐ Standard adult-height fixtures
- ☐ Child-sized fixtures

Lactation space - everyone

Does your school provide a private, non-bathroom place to express breast milk (e.g. pump, lactate, etc.)?

- ☐ Yes
- ☐ No
- ☐ Unsure

Please indicate whether your school's lactation space contains the following:

	Yes	No	Unsure	Not applicable
Electrical outlet	☐	☐	☐	☐
Refrigerator for storing breast milk	☐	☐	☐	☐
Sink	☐	☐	☐	☐
Comfortable chair	☐	☐	☐	☐

	Yes	No	Unsure	Not applicable
Mirror	☐	☐	☐	☐
Door that locks	☐	☐	☐	☐
Occupancy indicator	☐	☐	☐	☐
Storage for pumping equipment	☐	☐	☐	☐

General Health

In general, how would you rate your overall physical health?

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Prefer not to answer

Women's Health

The following questions ask about sensitive topics related to reproductive health. These questions are intended to help us better understand how classroom conditions may

relate to reproductive health outcomes.

Your responses to this section are completely anonymous and entirely optional. You may skip any question you prefer not to answer, and choosing not to respond will not affect your participation in the rest of this survey.

While a teacher at your current school, which of the following have applied to you? Select all that apply.

- ☐ Menstruating
- ☐ Pregnancy (including miscarriage or loss)
- ☐ Postpartum (within 12 months of birth or loss)
- ☐ Breastfeeding or pumping at work
- ☐ Perimenopause
- ☐ Post menopause
- ☐ None of the above
- ☐ Prefer not to answer

Women's health - menstruation

While menstruating at school, which of the following apply to you?

Select all that apply

- ☐ Painful periods (cramping, pelvic pain, etc.)
- ☐ Very heavy bleeding
- ☐ Period lasting more than 7 days
- ☐ Endometriosis
- ☐ Polycystic ovary syndrome (PCOS)
- ☐ Uterine fibroids
- ☐ Premenstrual dysphoric disorder (PMDD)
- ☐ None of the above
- ☐ Other

During the 2025 – 2026 school year, approximately how many days did you miss work due to menstrual symptoms (e.g., cramping, heavy bleeding, nausea, etc.)?

- ☐ None
- ☐ 1 – 2 days
- ☐ 3 – 5 days
- ☐ 6 – 10 days
- ☐ More than 10 days
- ☐ Prefer not to answer
- ☐ Not applicable

During the 2025 – 2026 school year, how often did menstrual symptoms (e.g., cramping, heavy bleeding, nausea, etc.) affect your ability to teach effectively **while you were present** at school?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always
- ☐ Not applicable

Do you have a designated waste bin to dispose of sanitary products?

- ☐ Yes
- ☐ No
- ☐ Unsure

Does your school provide sanitary products if you need them?

- ☐ Yes
- ☐ No

☐ Unsure

If you feel comfortable, please share any barriers or challenges you've experienced while menstruating in your role as an educator.

Women's Health - Pregnancy / Postpartum

How many pregnancies have you had during your school teaching career?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4 or more
- ☐ Prefer not to answer

Did any of your pregnancies while a school teacher result in a loss (miscarriage, stillbirth, or termination)?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Have you ever been diagnosed with gestational diabetes while teaching?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Did you or do you currently have access to a fridge to store insulin?

- ☐ Yes
- ☐ No
- ☐ Not applicable

Did you or do you currently have access to a private space to administer insulin?

- ☐ Yes
- ☐ No

☐ Not applicable

While pregnant, approximately how many days did you miss work due to pregnancy-related reasons (e.g. symptoms, doctor's appointments, discomfort, etc.)

- ☐ None
- ☐ 1 - 2 days
- ☐ 3 - 5 days
- ☐ 6 - 10 days
- ☐ More than 10 days
- ☐ Prefer not to answer

While pregnant, how often did pregnancy-related symptoms affect your ability to teach effectively **while you were present** at school?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

If applicable, how do you manage nausea or increased need to use the restroom while teaching?

If you feel comfortable, please share any barriers or challenges you've experienced while pregnant in your role as an educator.

Women's Health - breastfeeding

Do any of the following interfere with your ability to breastfeed or pump at work?

Select all that apply

- ☐ No private space available
- ☐ Insufficient time during the day
- ☐ Distance to lactation space was too far
- ☐ Lack of administration support
- ☐ Lack of classroom coverage

☐ Other (please specify):

If you feel comfortable, please share any barriers or challenges you've experienced while lactating in your role as an educator.

Women's Health – Perimenopause

The next section will ask about

perimenopause. Perimenopause is the transitional period leading up to menopause, when hormone levels begin to fluctuate and periods may become irregular.

It typically ends 12 months after your last menstrual period.

How many years are you (or were you)
perimenopausal?

☐ Less than 1 year

- ☐ 1 - 2 years
- ☐ 3 - 5 years
- ☐ 6 - 8 years
- ☐ 9 or more years

Have you experienced any of the following symptoms as a teacher while **perimenopausal**?

- ☐ Hot flashes or sudden warmth
- ☐ Difficulty concentrating or memory lapses
- ☐ Fatigue that interfered with your ability to teach
- ☐ Mood changes (irritability, anxiety, low mood)
- ☐ Joint or muscle discomfort
- ☐ Difficulty reaching a restroom when needed
- ☐ Other (please specify):
- ☐ Not applicable

How do you manage hot flashes? Select all that apply.

- ☐ Personal fan
- ☐ Adjusting thermostat
- ☐ Opening a window
- ☐ Other (please specify):

During the 2025 – 2026 school year, approximately how many days did you miss work due to **perimenopausal** symptoms? If not applicable, select "Not applicable."

- ☐ None
- ☐ 1 – 2 days
- ☐ 3 – 5 days
- ☐ 6 – 10 days
- ☐ More than 10 days
- ☐ Prefer not to answer
- ☐ Not applicable

If you feel comfortable, please share any barriers or challenges you've experienced while **perimenopausal** in your role as an educator.

Women's Health – Post menopause

The next section will ask about **post-menopause**. Post menopause describes those who have not experienced any menstrual flow for a minimum of 12 months.

Have you experienced any of the following symptoms as a teacher while **post-menopausal**?

- ☐ Hot flashes or sudden warmth
- ☐ Difficulty concentrating or memory lapses
- ☐ Fatigue that interfered with your ability to teach
- ☐ Mood changes (irritability, anxiety, low mood)
- ☐ Joint or muscle discomfort
- ☐ Difficulty reaching a restroom when needed
- ☐ Difficulty lifting heavy objects
- ☐ Increased incidents of falls, tripping, or feeling imbalanced
- ☐ Other (please specify):

During the 2025 - 2026 school year, approximately how many days did you miss work due to **post-menopausal** symptoms?

- ☐ None
- ☐ 1 - 2 days

- ☐ 3 - 5 days
- ☐ 6 - 10 days
- ☐ More than 10 days
- ☐ Prefer not to answer

During the 2025 - 2026 school year, how often did **post-menopausal** symptoms affect your ability to teach effectively **while you were present** at school?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

Vocal Health

Have you ever been formally diagnosed with a vocal disorder (e.g. laryngitis, vocal nodules/polyps, chronic hoarseness, etc.)?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

What did the medical professional recommend for treatment?

In the past month, how often have you experienced any of the following?

	Never	Almost never	Sometimes	Almost always	Always
Vocal fatigue (voice feels tired or weak by end of day)	☐	☐	☐	☐	☐
Throat soreness, dryness, or burning	☐	☐	☐	☐	☐
Need to strain or push your voice to be heard	☐	☐	☐	☐	☐
Your voice "giving out" or cutting out while speaking	☐	☐	☐	☐	☐
Hoarseness or raspiness	☐	☐	☐	☐	☐

Mental Health – Depression / Anxiety

The following questions ask about mental health and chronic health conditions. Your responses will help us understand how educator health compares to national averages. All responses are completely anonymous and optional.

Over the last two weeks, how often have you been bothered by the following?

	Not at all	Several days	More than half the days	Nearly every day	Prefer not to say
Little interest or pleasure in doing things	☐	☐	☐	☐	☐
Feeling down, depressed, or hopeless	☐	☐	☐	☐	☐
Feeling nervous, anxious, or on edge	☐	☐	☐	☐	☐
Not being able to stop or control worrying	☐	☐	☐	☐	☐

If you checked off any problems above, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

- ☐ Not difficult at all
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Extremely difficult

Chronic Conditions

Has a doctor, nurse, or other health professional ever told you that you had any of the following?

	Yes	No	Don't know / not sure	Prefer not to answer
A heart attack, also called a myocardial infarction	☐	☐	☐	☐
Angina or coronary heart disease	☐	☐	☐	☐
A stroke	☐	☐	☐	☐
Asthma	☐	☐	☐	☐
COPD, emphysema, or chronic bronchitis	☐	☐	☐	☐
Skin cancer (not melanoma)	☐	☐	☐	☐

	Yes	No	Don't know / not sure	Prefer not to answer
Any other type of cancer (including melanoma)	☐	☐	☐	☐
A depressive disorder (depression, major depression, dysthymia, or minor depression)	☐	☐	☐	☐
Kidney disease (NOT including kidney stones, bladder infection, or incontinence)	☐	☐	☐	☐
Arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	☐	☐	☐	☐
Type I diabetes	☐	☐	☐	☐
Type II diabetes	☐	☐	☐	☐
High blood pressure or hypertension	☐	☐	☐	☐
High cholesterol	☐	☐	☐	☐

Have you experienced any of the following while a teacher?
Select all that apply.

- ☐ Urinary tract infections (UTIs)
- ☐ Urinary incontinence (unintentional leakage of urine)
- ☐ Overactive bladder (frequent, sudden urges to urinate)

- ☐ Kidney stones
- ☐ Irritable bowel syndrome
- ☐ None

Have you ever been diagnosed with any of the following autoimmune conditions? Select all that apply.

- ☐ Celiac disease
- ☐ Hashimoto's thyroiditis
- ☐ Rheumatoid arthritis
- ☐ Crohn's disease
- ☐ Ulcerative Colitis
- ☐ Graves' disease
- ☐ Other (please specify):

Do you have access to a refrigerator to store insulin?

- ☐ Yes
- ☐ No
- ☐ Not applicable

Do you have access to a private space to administer insulin?

- ☐ Yes
- ☐ No
- ☐ Not applicable

Have you ever been diagnosed with any of the following?
Select all that apply.

- ☐ Autism spectrum disorder (ASD)
- ☐ ADHD (Attention-Deficit/Hyperactivity Disorder)
- ☐ Dyslexia
- ☐ Sensory Processing Disorder (SPD)
- ☐ Visual impairment
- ☐ Hearing impairment

End of survey

Is there anything else about your building's environment or its effect on your health or ability to teach that we missed? If you would like, please describe it below.



If you are interested in participating in the PRIZE DRAWING for the chance to win a \$20 gift card, please follow the link below to enter into a separate drawing. All survey responses will remain anonymous.

[Click here to enter drawing](#)

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