



	7 <input type="checkbox"/> Twelfth }  8 <input type="checkbox"/> Other - <i>Specify</i> _____ }  9 <input type="checkbox"/> College/GED/Post-graduate/ Other noneligible - <b>SKIP</b> to CHECK ITEM D on page 8
<b>2b. What grade are you in?</b>	008 0 <input type="checkbox"/> Fifth or under - <b>SKIP</b> to CHECK ITEM D on page 8  1 <input type="checkbox"/> Sixth } 2 <input type="checkbox"/> Seventh } 3 <input type="checkbox"/> Eighth } 4 <input type="checkbox"/> Nineth } 5 <input type="checkbox"/> Tenth } <b>KIP</b> to 3 } 6 <input type="checkbox"/> Eleventh } 7 <input type="checkbox"/> Twelfth } 8 <input type="checkbox"/> Other - <i>Specify</i> _____ } 9 <input type="checkbox"/> College/GED/Post-graduate/ Other noneligible - <b>SKIP</b> to CHECK ITEM D on page 8

**E. SCREEN QUESTIONS FOR SUPPLEMENT - Continued**

FIELD REPRESENTATIVE - Read introduction only if any of the boxes 1-8 are marked in item 2a.  
 INTRO 2 - The following questions pertain only to your attendance at a public or private school and not to being home-schooled.

<b>3. In what month did your current school year begin?</b>	009 1 <input type="checkbox"/> August 2 <input type="checkbox"/> September 3 <input type="checkbox"/> Other - <i>Specify</i> _____
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**F. ENVIRONMENTAL QUESTIONS**

<b>6a. What is the complete name of your school?</b>  _____ _____ <b>6b. In what city, county, and state is your school located?</b>  FIELD REPRESENTATIVE - Probe if necessary.	012 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Office Use Only  013 _____ City _____ County 014 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Office Use Only _____ State 015 <input type="checkbox"/> <input type="checkbox"/> Office Use Only
<b>7a. Is your school public or private?</b>  _____	016 1 <input type="checkbox"/> Public - ASK 7b 2 <input type="checkbox"/> Private - <b>SKIP</b> to 7c
<b>7b. Is this the regular school that most of the students in your neighborhood attend?</b>  _____	017 1 <input type="checkbox"/> Yes } SKIP to 2 <input type="checkbox"/> No } 8
<b>7c. Is your school church-related?</b>	018 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
<b>8. What grades are taught in your school?</b>  Pre-K or Kindergarten 00 01 02	Grades: 020 <input type="checkbox"/> <input type="checkbox"/> (lowest) TO

<p>03 04 05 06 07 08 09 10 11 12 H.S. Senior 13 Post-graduate 20 All ungraded 30 All Special Education</p>	<p>021 <input type="checkbox"/> <input type="checkbox"/> (highest)</p>																								
<p><b>9. How do you get to school most of the time?</b></p> <p>FIELD REPRESENTATIVE - <i>If multiple modes are used, code the mode in which the student spends the most time.</i></p>	<p>022 1 <input type="checkbox"/> Walk 2 <input type="checkbox"/> School bus 3 <input type="checkbox"/> Public bus, subway, train 4 <input type="checkbox"/> Car 5 <input type="checkbox"/> Bicycle, motorbike, or motorcycle 6 <input type="checkbox"/> Some other way - <i>Specify</i></p>																								
<p><b>10. How long does it take you to get from your home to school most of the time?</b></p>	<p>023 1 <input type="checkbox"/> Less than 15 minutes 2 <input type="checkbox"/> 15-29 minutes 3 <input type="checkbox"/> 30-44 minutes 4 <input type="checkbox"/> 45-59 minutes 5 <input type="checkbox"/> 60 minutes or longer</p>																								
<p><b>11. How do you get home from school most of the time?</b></p> <p>FIELD REPRESENTATIVE - <i>If multiple modes are used, code the mode in which the student spends the most time.</i></p> <p><i>If the student volunteers that he or she does not go directly home after school, record the mode that the student uses to get to his or her first destination after school.</i></p>	<p>024 1 <input type="checkbox"/> Walk 2 <input type="checkbox"/> School bus 3 <input type="checkbox"/> Public bus, subway, train 4 <input type="checkbox"/> Car 5 <input type="checkbox"/> Bicycle, motorbike, or motorcycle 6 <input type="checkbox"/> Some other way - <i>Specify</i></p> <p>_____</p>																								
<p><b>12a. How often do you leave school grounds at lunch time?</b></p> <p>(READ CATEGORIES.)</p> <p>_____</p> <p><b>12b. Are students in your grade level allowed to leave school grounds to eat lunch?</b></p>	<p>026 1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Once or twice a year 3 <input type="checkbox"/> Once or twice a month 4 <input type="checkbox"/> Once or twice a week 5 <input type="checkbox"/> Almost every day</p> <p>_____</p> <p>025 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>																								
<p><b>13. During this school year, have you participated in any of the following activities sponsored by your school:</b></p> <p>a. Athletic teams at school ? .....</p> <p>b. Spirit groups, for example, Cheerleading, Dance Team, or Pep Club? .....</p> <p>c. Performing arts, for example, Band, Choir, Orchestra, or Drama ? .....</p> <p>d. Academic clubs, for example, Debate Team, Honor Society, Spanish Club, or Math Club ? .....</p> <p>e. Student government? .....</p> <p>f. [IF GRADES 6, 7, or 8] Community service or volunteer clubs, for example, Peer Mediators, Ecology Club, or Recycling Club? .....</p> <p>[IF GRADES 9, 10, 11, or 12] Community service or volunteer clubs, for example, Peer Mediators, Ecology Club, Key Club, or Interact? .....</p> <p>g. Other school clubs or school activities,? .....</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>120</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>121</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>122</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>123</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>124</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>125</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>126</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	120	1 <input type="checkbox"/>	2 <input type="checkbox"/>	121	1 <input type="checkbox"/>	2 <input type="checkbox"/>	122	1 <input type="checkbox"/>	2 <input type="checkbox"/>	123	1 <input type="checkbox"/>	2 <input type="checkbox"/>	124	1 <input type="checkbox"/>	2 <input type="checkbox"/>	125	1 <input type="checkbox"/>	2 <input type="checkbox"/>	126	1 <input type="checkbox"/>	2 <input type="checkbox"/>
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<p><b>14. Does your school take any measures to make sure students are safe?</b></p> <p>For example, does the school have:</p> <p>a. Security guards or assigned police officers? . . .</p> <p>b. Other school staff or other adults supervising the hallway? . . . . .</p> <p>c. Metal detectors? . . . . .</p> <p>d. Locked entrance or exit doors during the day?</p> <p>e. A requirement that visitors sign in? . . . . .</p> <p>f. Locker checks? . . . . .</p> <p>g. A requirement that students wear badges or picture identification? . . . . .</p> <p>h. One or more security cameras to monitor the school? . . . . .</p> <p>i. A code of student conduct, that is, a set of written rules or guidelines that the school provides you? . . . . .</p>	<table> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Don't know</th> </tr> </thead> <tbody> <tr> <td>028</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>029</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>030</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>031</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>032</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>033</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>094</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>095</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>096</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	Don't know	028	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	029	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	030	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	031	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	032	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	033	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	094	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	095	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	096	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
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096	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>																																						
<p><b>15a. In your classes, how often are you distracted from doing your schoolwork because other students are misbehaving, for example, talking or fighting?</b></p> <p>(READ CATEGORIES.)</p> <hr/> <p><b>15b. How often do teachers punish students during your classes?</b></p> <p>(READ CATEGORIES.)</p>	<p>156</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Almost never  3 <input type="checkbox"/> Sometimes  4 <input type="checkbox"/> Most of the time</p> <hr/> <p>157</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Almost never  3 <input type="checkbox"/> Sometimes  4 <input type="checkbox"/> Most of the time</p>																																								
<p><b>16a. I am going to read a list of statements that could describe a school. Thinking about your school, would you strongly agree, agree, disagree, or strongly disagree with the following ....</b></p> <p>a. Everyone knows what the school rules are. . .</p> <p>b. The school rules are fair . . . . .</p> <p>c. The punishment for breaking school rules is the same no matter who you are . . . . .</p> <p>d. The school rules are strictly enforced . . . . .</p> <p>e. If a school rule is broken, students know what kind of punishment will follow . . . . .</p>	<table> <thead> <tr> <th></th> <th>Strongly Agree</th> <th>Agree</th> <th>Disagree</th> <th>Strongly Disagree</th> </tr> </thead> <tbody> <tr> <td>034</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> <tr> <td>035</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> <tr> <td>036</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> <tr> <td>037</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> </tbody> </table>		Strongly Agree	Agree	Disagree	Strongly Disagree	034	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	035	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	036	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	037	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>															
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<p><b>16b. Thinking about the TEACHERS at your school, would you strongly agree, agree, disagree, or strongly disagree with the following .....</b></p> <p>a. Teachers treat students with respect. . . . .</p> <p>b. Teachers care about students . . . . .</p> <p>c. Teachers do or say things that make students</p>	<table> <thead> <tr> <th></th> <th>Strongly Agree</th> <th>Agree</th> <th>Disagree</th> <th>Strongly Disagree</th> </tr> </thead> <tbody> <tr> <td>127</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> <tr> <td>128</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> <tr> <td>129</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> </tbody> </table>		Strongly Agree	Agree	Disagree	Strongly Disagree	127	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	128	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	129	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																				
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129	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																																					
<p><b>16c. Thinking about all of the ADULTS at your school, would you strongly agree, agree, disagree, or strongly disagree with the following ....</b></p>	<p>Strongly</p> <p>Strongly</p>																																								

	Agree	Agree	Disagree	Disagree
a. At school, there is an ADULT I can talk to, who cares about my feelings and what happens to me. ....				
130	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. At school, there is an ADULT who helps me with practical problems, who gives good suggestions and advice about my problems. ....				
131	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

16d. Thinking about FRIENDS at your school, would you strongly agree, agree, disagree, or strongly disagree with the following ....				
a. At school, I have a FRIEND I can talk to, who cares about my feelings and what happens to me. ....	Strongly Agree	Agree	Disagree	Strongly Disagree
132	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. At school, I have a FRIEND who helps me with practical problems, who gives good suggestions and advice about my problems. ....				
133	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

FIELD REPRESENTATIVE - Read introduction.

INTRO 3 - Now I have some questions about things that happen at school. For this survey, "at school" includes the school building, on school property, on a school bus, or going to and from school. Your answers will not be given to anyone.

17a. The following question refers to the availability of drugs and alcohol at your school.  Tell me if you don't know what any of these items are. FIELD REPRESENTATIVE - For "Don't Know" responses, probe if necessary to determine if respondent means they do not know if the drug is available or if they do not know the drug.  FIELD REPRESENTATIVE - For each item ask,  Is it possible to get _____ at your school?  a. Alcoholic beverages. .... b. Marijuana. .... c. Crack. .... d. Other forms of cocaine. .... e. Uppers such as ecstasy, crystal meth or other illegal stimulants. .... f. Downers such as GHB or sleeping pills. .... g. LSD or acid. .... h. PCP or angel dust. .... i. Heroin or smack. .... j. Prescription drugs illegally obtained without a prescription, such as Ritalin or Oxycontin. .... k. Other illegal drugs - If "Yes" is marked, ASK - What drugs? (Exclude tobacco products.)  FIELD REPRESENTATIVE - Refer to Drug Slang Card (SCS-2). Reclassify the "other illegal drug(s)" to one of the categories a-i if possible. If able to reclassify the drug(s) mentioned, mark the "No" box in category j, otherwise, mark the "Yes" box in category j and enter the "other illegal drug(s)" mentioned in the Specify space.					
	Yes	No	Don't know	Don't know drug	
040	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
041	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
042	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
043	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
097	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
098	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
045	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
046	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
047	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
159	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
048	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
	Specify _____				

17b. During this school year, did you know for sure that any students were on drugs or alcohol while they were at school?	101	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
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17c. During this school year, did anyone offer, or try to sell or give you an illegal drug other than alcohol or tobacco at your school?	102	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
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**G. FIGHTING, BULLYING AND HATE BEHAVIORS**

18a. During this school year, have you been in one or more physical fights at school?	103	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <b>SKIP</b> to 19a
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<b>18b.</b> During this school year, how many times have you been in a physical fight at school?	104 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Number of times)																								
<b>19a.</b> Now I have some questions about what students do at school that make you feel bad or are hurtful to you. We often refer to this as being bullied. You may include events you told me about already. During this school year, has any student bullied you?  That is, has another student...  <i>(Read each category a-g.)</i>  a. Made fun of you, called you names, or insulted you? b. Spread rumors about you? c. Threatened you with harm? d. Pushed you, shoved you, tripped you, or spit on you? e. Tried to make you do things you did not want to do, for example, give them money or other things? f. Excluded you from activities on purpose? g. Destroyed your property on purpose?	**Note: Changed from mark all that apply format to Yes/No format at the request of the NCES/ESSI on 9/27/2006.  <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="width: 25%; text-align: center;">Yes</td> <td style="width: 25%; text-align: center;">No</td> </tr> <tr> <td>134</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>135</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>136</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>137</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>138</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>139</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>140</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> </table>		Yes	No	134	1 <input type="checkbox"/>	2 <input type="checkbox"/>	135	1 <input type="checkbox"/>	2 <input type="checkbox"/>	136	1 <input type="checkbox"/>	2 <input type="checkbox"/>	137	1 <input type="checkbox"/>	2 <input type="checkbox"/>	138	1 <input type="checkbox"/>	2 <input type="checkbox"/>	139	1 <input type="checkbox"/>	2 <input type="checkbox"/>	140	1 <input type="checkbox"/>	2 <input type="checkbox"/>
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139	1 <input type="checkbox"/>	2 <input type="checkbox"/>																							
140	1 <input type="checkbox"/>	2 <input type="checkbox"/>																							
<b>Check Item 19a</b> Are all categories a-g marked "No" in Q19a above?	1 <input type="checkbox"/> Yes - SKIP to 20a 2 <input type="checkbox"/> No - SKIP to 19b  Note: We had to add this Check Item as a result of changing Q19a from a mark all that apply to the Yes/No format.																								
<b>19b.</b> During this school year, how often did (this/these things) happen to you?  <i>(Read categories 1-4.)</i>	142 1 <input type="checkbox"/> Once or twice this school year 2 <input type="checkbox"/> Once or twice a month 3 <input type="checkbox"/> Once or twice a week, or 4 <input type="checkbox"/> Almost every day 5 <input type="checkbox"/> Don't know																								
<b>19c.</b> Did (this event/these events) occur <i>(Read categories.)</i>  <i>Mark (X) all that apply.</i>	143 1 <input type="checkbox"/> In the school building (for example in a classroom, hallway, or gymnasium)? 144 2 <input type="checkbox"/> Outside on school grounds? 145 3 <input type="checkbox"/> On a school bus? 146 4 <input type="checkbox"/> Somewhere else? - Specify _____																								
<b>19d.</b> Was a teacher or some other adult at school notified about (this event/any of these events)?	147 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																								
<b>CHECK Item B</b> Is Box 4 in Question 19a marked?	160 1 <input type="checkbox"/> Yes - Ask 19e 2 <input type="checkbox"/> No - Skip to 20a																								
<b>19e.</b> What were the injuries you suffered as a result of being pushed, shoved, tripped, or spit on?  <i>Mark (X) all that apply.</i>	148 1 <input type="checkbox"/> None 149 2 <input type="checkbox"/> Bruises or swelling 150 3 <input type="checkbox"/> Cuts, scratches, or scrapes 151 4 <input type="checkbox"/> Black eye/bloody nose 152 5 <input type="checkbox"/> Teeth chipped or knocked out 153 6 <input type="checkbox"/> Broken bones/internal injuries 154 7 <input type="checkbox"/> Knocked unconscious 155 8 <input type="checkbox"/> Other - Specify _____																								
<b>20a.</b> Now I have some questions about what students do that could occur <i>anywhere</i> and that make you feel bad or are hurtful to you. You may include events you told me about already.  During this school year, has another student...  <i>(Read each category a-c.)</i>  a. Posted hurtful information about you on the Internet? b. Made unwanted contact, for example, threatened or insulted you via instant messaging? c. Made unwanted contact, for example, threatened or insulted you via text (SMS) messaging?	**Note: Changed from mark all that apply format to Yes/No format at the request of the NCES/ESSI on 9/27/2006.  <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="width: 25%; text-align: center;">Yes</td> <td style="width: 25%; text-align: center;">No</td> </tr> <tr> <td>161</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>162</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>163</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> </table>		Yes	No	161	1 <input type="checkbox"/>	2 <input type="checkbox"/>	162	1 <input type="checkbox"/>	2 <input type="checkbox"/>	163	1 <input type="checkbox"/>	2 <input type="checkbox"/>												
	Yes	No																							
161	1 <input type="checkbox"/>	2 <input type="checkbox"/>																							
162	1 <input type="checkbox"/>	2 <input type="checkbox"/>																							
163	1 <input type="checkbox"/>	2 <input type="checkbox"/>																							

<b>Check Item 20a</b> <b>Are all categories a-c marked "No" in Q20a above?</b>	1 <input type="checkbox"/> Yes - SKIP to 21a 2 <input type="checkbox"/> No - SKIP to 20b  Note: We had to add this Check Item as a result of changing Q20a from a mark all that apply to the Yes/No format.
<b>20b.</b> <b>During this school year, how often did (this/these things) happen to you?</b>  <i>(Read categories 1-4.)</i>	165    1 <input type="checkbox"/> Once or twice this school year 2 <input type="checkbox"/> Once or twice a month 3 <input type="checkbox"/> Once or twice a week, or 4 <input type="checkbox"/> Almost every day 5 <input type="checkbox"/> Don't know
<b>20c.</b> <b>Was a teacher or some other adult at school notified</b>	166    1 <input type="checkbox"/> Yes
<b>21a.</b> <b>During this school year, has anyone called you an insulting or bad name at school having to do with your race, religion, ethnic background or national origin, disability, gender, or sexual orientation? We call these hate-related words.</b>	065    1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <b>SKIP</b> to 22
<b>21b.</b> <b>Were any of the hate-related words related to ...</b>  a.    Your race? ..... b.    Your religion? ..... c.    Your ethnic background or national origin (for example, people of Hispanic origin)? ..... d.    Any disability (by this I mean physical, mental, or developmental disabilities) you may have? . e.    Your gender? ..... f.    Your sexual orientation? .....  If "Yes," SAY - (by this we mean homosexual, bisexual, or heterosexual)	 Yes        No        Don't know 107    1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 108    1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 109    1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 110    1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 111    1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 112    1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
<b>22.</b> <b>During this school year, have you seen any hate-related words or symbols written in school classrooms, school bathrooms, school hallways, or on the outside of your school building?</b>	066    1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>H. AVOIDANCE</b>	
<b>23a.</b> <b>During this school year, did you STAY AWAY from any of the following places because you thought someone might attack or harm you there?</b>  <i>(READ CATEGORIES.)</i>  a.    The shortest route to school? ..... b.    The entrance into the school? ..... c.    Any hallways or stairs in school? ..... d.    Parts of the school cafeteria? ..... e.    Any school restrooms? ..... f.    Other places inside the school building? g.    School parking lot? ..... h.    Other places on school grounds? .....	 Yes        No 068    1 <input type="checkbox"/> 2 <input type="checkbox"/> 069    1 <input type="checkbox"/> 2 <input type="checkbox"/> 070    1 <input type="checkbox"/> 2 <input type="checkbox"/> 071    1 <input type="checkbox"/> 2 <input type="checkbox"/> 072    1 <input type="checkbox"/> 2 <input type="checkbox"/> 073    1 <input type="checkbox"/> 2 <input type="checkbox"/> 074    1 <input type="checkbox"/> 2 <input type="checkbox"/> 167    1 <input type="checkbox"/> 2 <input type="checkbox"/> 075    1 <input type="checkbox"/> 2 <input type="checkbox"/>
<b>23b.</b> <b>Did you AVOID any activities at your school because you thought someone might attack or harm you?</b>	076    1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>23c.</b> <b>Did you AVOID any classes because you thought someone might attack or harm you?</b>	077    1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>23d.</b> <b>Did you stay home from school because you</b>	078    1 <input type="checkbox"/> Yes

thought someone might attack or harm you in the school building, on school property, on a school bus, or going to or from school?	2 <input type="checkbox"/> No
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**I. FEAR**

24. How often are you afraid that someone will attack or harm you in the school building or on school property?  (READ CATEGORIES.)	079 1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Most of the time
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25. How often are you afraid that someone will attack or harm you on a school bus or on the way to and from school?  (READ CATEGORIES.)	080 1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Most of the time
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26. Besides the times you are in the school building, on school property, on a school bus, or going to or from school, how often are you afraid that someone will attack or harm you?  (READ CATEGORIES.)	081 1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Most of the time
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**J. WEAPONS**

27. Some people bring guns, knives, or objects that can be used as weapons to school for protection. During this school year, did YOU ever bring the following to school or onto school grounds?  (READ CATEGORIES.)  a. A gun?..... b. A knife brought as a weapon?..... c. Some other weapon?.....	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>082</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>083</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>084</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> </table>		Yes	No	082	1 <input type="checkbox"/>	2 <input type="checkbox"/>	083	1 <input type="checkbox"/>	2 <input type="checkbox"/>	084	1 <input type="checkbox"/>	2 <input type="checkbox"/>
	Yes	No											
082	1 <input type="checkbox"/>	2 <input type="checkbox"/>											
083	1 <input type="checkbox"/>	2 <input type="checkbox"/>											
084	1 <input type="checkbox"/>	2 <input type="checkbox"/>											

28a. Do you know any (other) students who have brought a gun to your school during this school year?	085 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
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28b. Have you actually seen another student with a gun at school during this school year?	086 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
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29. During this school year, could you have gotten a loaded gun without adult supervision, either at school or away from school?	113 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
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**K. GANGS**

FIELD REPRESENTATIVE - *Read introduction.*

INTRO 4 - Now, we'd like to know about gangs at your school. You may know these as street gangs, fighting gangs, crews, or something else. Gangs may use common names, signs, symbols, or colors. For this survey, we are interested in all gangs, whether or not they are involved in violent or illegal activity.

30. Are there any gangs at your school?	058 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <b>SKIP to 33a</b> 3 <input type="checkbox"/> Don't know
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31. During this school year, how often have gangs been involved in fights, attacks, or other violence at your school?  (READ CATEGORIES 1-5.)	089 1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Once or twice in the last 6 months 3 <input type="checkbox"/> Once or twice a month 4 <input type="checkbox"/> Once or twice a week, or 5 <input type="checkbox"/> Almost every day 6 <input type="checkbox"/> Don't know
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32. Have gangs been involved in the sale of drugs at your school during this school year?	090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
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**L. STUDENT CHARACTERISTICS**

33a. During the last 4 weeks, did you skip any classes?	114 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <b>SKIP to 34</b> 3 <input type="checkbox"/> Don't know - <b>SKIP to 34</b>
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<b>33b. During the last 4 weeks, on how many days did you skip at least one class?</b>	115 <input type="text"/> <input type="text"/> (Number of days)
<b>34. During this school year, across all subjects have you gotten mostly -</b>  <i>(READ CATEGORIES 1-5.)</i>	116 1 <input type="checkbox"/> <b>A's</b> 2 <input type="checkbox"/> <b>B's</b> 3 <input type="checkbox"/> <b>C's</b> 4 <input type="checkbox"/> <b>D's</b> 5 <input type="checkbox"/> <b>F's</b> 6 <input type="checkbox"/> School does not give grades/no alphabetic grade equivalent
<b>35. Thinking about the future, do you think you will ...</b>  <b>a. Attend school after high school? . . . . .</b>    <b>b. Graduate from a 4-year college? . . . . .</b>	117 Yes No Don't know 1 <input type="checkbox"/> 2 <input type="checkbox"/> - <b>SKIP to</b> 3 <input type="checkbox"/> <b>CHECK ITEM C</b>  118 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
<b>CHECK ITEM C</b> Were the supplement questions asked in private, or was an adult member of the household or family present during at least part of the questions?  <i>If not sure or if a telephone interview, ask -</i>  <b>Was an adult member of the household or family present during at least part of these questions?</b>	091 1 <input type="checkbox"/> <b>Personal interview</b> - No adult present 2 <input type="checkbox"/> <b>Personal interview</b> - Adult present 3 <input type="checkbox"/> <b>Telephone interview</b> - No adult present 4 <input type="checkbox"/> <b>Telephone interview</b> - Adult present 5 <input type="checkbox"/> <b>Telephone interview</b> - Don't know
<b>CHECK ITEM D</b> Is this the last household member to be interviewed?	119 <input type="checkbox"/> Yes - END SUPPLEMENT <input type="checkbox"/> No - Interview next household member

**NOTES**