

NOTICE - We are conducting this survey under the authority of Title 13, United States Code, Section 8. Section 9 of this law requires us to keep all information about you and your household strictly confidential. We may use this information only for statistical purposes. Also, Title 42, Section 3732, United States Code, authorizes the Bureau of Justice Statistics, Department of Justice, to collect information using this survey. Title 42, Sections 3789g and 3735, United States Code also requires us to keep all information about you and your household strictly confidential.

ASK OF ALL PEOPLE AGES 12-18

FORM **SCS-1** U.S.
DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
ACTING AS COLLECTING AGENCY FOR THE
BUREAU OF JUSTICE STATISTICS
U.S. DEPARTMENT OF JUSTICE

SCHOOL CRIME SUPPLEMENT
TO THE NATIONAL CRIME
VICTIMIZATION SURVEY
2009

We estimate that it will take from 5 to 15 minutes to complete this interview with 10 minutes being the average time. If you have any comments regarding these estimates or any other aspect of this survey, send them to the Associate Director for Finance and Administration, Room 2027, U.S. Census Bureau, Washington DC 20233, or to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503. According to the Paperwork Reduction Act of 1995, no such persons are required to respond to a collection of information unless such collection displays a valid OMB control number.

Control number
PSU Segment/Suffix Sample Designation/Suffix Serial/Suffix HH No. Spinoff
Indicator

A. FR Code	B. Respondent		
001 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Line No. Age Name	002 <input type="checkbox"/> <input type="checkbox"/>	003 <input type="checkbox"/> <input type="checkbox"/>

FIELD REPRESENTATIVE - Complete an SCS-1 form for all NCVS interviewed people ages 12-18. Do NOT complete an SCS-1 form for Type Z noninterview people or for people in Type A noninterview households.

D. Reason for SCS noninterview

005 2 Refused
3 Not available

C. Type of SCS Interview

004 1 Personal - Self }
2 Telephone - Self } **SKIP to INTRO 1**
3 Personal - Proxy }
4 Telephone - Proxy }
5 Noninterview - FILL ITEM D

FIELD REPRESENTATIVE - Read introduction.

INTRO 1 - Now I have some additional questions about your school. These answers will be kept confidential, by law.

E. SCREEN QUESTIONS FOR SUPPLEMENT

1a. Did you attend school at any time this school year?

1b. During that time, were you ever home-schooled? That is, did you receive ANY of that schooling at home, rather than in a public or private school?

006 1 Yes
2 No - **SKIP** to CHECK ITEM D on page 8

092 1 Yes
2 No - **SKIP** to 2b

1c. Was all of your schooling this school year home schooling?

007 1 Yes - **SKIP** to CHECK ITEM D on page 8
2 No

2a. During the time you were home-schooled this school year, what grade would you have been in if you were in a public or private school?

093 0 Fifth or under - **SKIP** to CHECK ITEM D on page 8

1 Sixth }
2 Seventh }
3 Eighth }
4 Ninth } **SKIP** to
5 Tenth } **INTRO 2**
6 Eleventh }
7 Twelfth }
8 Other - Specify _____ }
9 College/GED/Post-graduate/
Other noneligible - **SKIP** to CHECK ITEM D
on page 8

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

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

6a. What is the complete name of your school? _____	_____ _____ 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"/> <input type="checkbox"/> Office Use Only
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6b. In what city, county, and state is your school located? FIELD REPRESENTATIVE - Probe if necessary.	013 _____ City _____ County 014 <input type="checkbox"/> <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
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7a. Is your school public or private? _____	016 1 <input type="checkbox"/> Public - ASK 7b 2 <input type="checkbox"/> Private - SKIP to 7c
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7b. Is this the regular school that most of the students in your neighborhood attend? _____	017 1 <input type="checkbox"/> Yes } SKIP to 2 <input type="checkbox"/> No } 8
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7c. Is your school church-related?	018 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
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8. What grades are taught in your school? Pre-K or Kindergarten 00 01 02 03 04 05 06 07 08 09 10 11	Grades: 020 <input type="checkbox"/> <input type="checkbox"/> (lowest) TO 021 <input type="checkbox"/> <input type="checkbox"/> (highest)
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12 H.S. Senior 13 Post-graduate 20 All ungraded 30 All Special Education																						
9. How do you get to school most of the time? FIELD REPRESENTATIVE - <i>If multiple modes are used, code the mode in which the student spends the most time.</i>	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>																					
10. How long does it take you to get from your home to school most of the time?	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																					
11. How do you get home from school most of the time? FIELD REPRESENTATIVE - <i>If multiple modes are used, code the mode in which the student spends the most time.</i> <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>	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> _____																					
12a. How often do you leave school grounds at lunch time? (READ CATEGORIES.) _____	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 _____																					
12b. Are students in your grade level allowed to leave school grounds to eat lunch?	025 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know																					
13. During this school year, have you participated in any of the following activities sponsored by your school: a. Athletic teams at school ? b. Spirit groups, for example, Cheerleading, Dance Team, or Pep Club? c. Performing arts, for example, Band, Choir, Orchestra, or Drama ? d. Academic clubs, for example, Debate Team, Honor Society, Spanish Club, or Math Club ? e. Student government? f. [IF GRADES 6, 7, or 8] Community service or volunteer clubs sponsored by your school, for example, Peer Mediators, Ecology Club, or Recycling Club? [IF GRADES 9, 10, 11, or 12] Community service or volunteer clubs sponsored by your school, for example, Peer Mediators, Ecology Club, Key Club, or Interact?	<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> </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"/>
	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"/>																				

<p>g. Other school clubs or school activities,?.</p>	<p>126 1 <input type="checkbox"/> 2 <input type="checkbox"/></p>
<p>14. Does your school take any measures to make sure students are safe?</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>	<p>Yes No Don't know</p> <p>028 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></p> <p>029 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></p> <p>030 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></p> <p>031 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></p> <p>032 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></p> <p>033 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></p> <p>094 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></p> <p>095 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></p> <p>096 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></p>
<p>15a. In your classes, how often are you distracted from doing your schoolwork because other students are misbehaving, for example, talking or fighting?</p> <p><i>(READ CATEGORIES.)</i></p> <hr/> <p>15b. How often do teachers punish students during your classes?</p> <p><i>(READ CATEGORIES.)</i></p>	<p>156 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 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>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</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>	<p>Strongly Agree Agree Disagree Strongly Disagree</p> <p>034 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/></p> <p>035 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/></p> <p>036 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/></p> <p>037 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/></p>

	038	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
16b. Thinking about the TEACHERS at your school, would you strongly agree, agree, disagree, or strongly disagree with the following					
a. Teachers treat students with respect.	127	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Teachers care about students	128	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Teachers do or say things that make students feel bad about themselves	129	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
16c. Thinking about all of the ADULTS including teachers, at your school, would you strongly agree, agree, disagree, or strongly disagree with the following					
a. At school, there is an ADULT you can talk to, who cares about your feelings and what happens to you.	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 you with practical problems, who gives good suggestions and advice about your 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.	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.

*Flag as sensitive

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.

Don't Yes No Don't know know drug

d. Other forms of cocaine.	040	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Uppers such as ecstasy, crystal meth or other illegal stimulants.	041	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Downers such as GHB or sleeping pills.	042	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. LSD or acid.	043	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. PCP or angel dust.	097	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. Heroin or smack.	098	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
xx. Performance enhancing drugs like steroids or human growth hormone (HGH)	045	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. Prescription drugs illegally obtained without a prescription, such as Ritalin or Oxycontin	046	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k. Other illegal drugs -	047	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
If "Yes" is marked, ASK - What drugs? (Exclude tobacco products.)	xxx	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
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.	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		
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		
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 - SKIP to 19a		
18b. During this school year, how many times have you been in a physical fight at school?	104	<input type="text"/> <input type="text"/> <input type="text"/> (Number of times)			
19a. 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... (Read each category a-g.)		Yes	No		
a. Made fun of you, called you names, or insulted you?	134	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
b. Spread rumors about you?	135	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
c. Threatened you with harm?	136	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
d. Pushed you, shoved you, tripped you, or spit on you?	137	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
e. Tried to make you do things you did not want to do, for example, give them money or other things?	138	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
f. Excluded you from activities on purpose?	139	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
g. Destroyed your property on purpose?	140	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
Check Item 19a 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			
19b. During this school year, how often did (this/these things) happen to you? (Read categories 1-4.)	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			
19c. Did (this event/these events) occur (Read categories.) Mark (X) all that apply.	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
19d. 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
CHECK Item B Is Box 4 in Question 19a marked?	160	1 <input type="checkbox"/>	Yes - Ask 19e
		2 <input type="checkbox"/>	No - Skip to 20a
19e. 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
20a. 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... (Read each category a-f.)	Yes		No
a. Posted hurtful information about you on the Internet, for example, on a social networking site like MySpace?	161	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Threatened or insulted you via email, other than instant messaging?	162	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Threatened or insulted you via instant messaging?	163	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Threatened or insulted you via text messaging?	xxx	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. Threatened or insulted you through an online gaming experience, for example, XBOX Live or Second Life?	xxx	1 <input type="checkbox"/>	2 <input type="checkbox"/>
f. Purposefully excluded you from a virtual social community, for example, a buddy list or friends list?	xxx	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Check Item 20a Are all categories a-c marked "No" in Q20a above?	1 <input type="checkbox"/>	Yes - SKIP to 21a	
	2 <input type="checkbox"/>	No - SKIP to 20b	
20b. During this school year, how often did (this/these things) happen to you? (Read categories 1-4.)	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
20c. Was a teacher or some other adult at school notified about (this event/any of these events)?	166	1 <input type="checkbox"/>	Yes
		2 <input type="checkbox"/>	No
21a. 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.	065	1 <input type="checkbox"/>	Yes
		2 <input type="checkbox"/>	No - SKIP to 22
21b. Were any of the hate-related words related to ...	Yes		No Don't know
a. Your race?	107	1 <input type="checkbox"/>	2 <input type="checkbox"/>
		3 <input type="checkbox"/>	
b. Your religion?	108	1 <input type="checkbox"/>	2 <input type="checkbox"/>
		3 <input type="checkbox"/>	

c. Your ethnic background or national origin (for example, people of Hispanic origin)?	109	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Any disability (by this I mean physical, mental, or developmental disabilities) you may have? .	110	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Your gender?	111	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Your sexual orientation?	112	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
If "Yes," SAY - (by this we mean homosexual, bisexual, or heterosexual)				

22. 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?	066	1 <input type="checkbox"/>	Yes	2 <input type="checkbox"/>	No
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H. AVOIDANCE

23a. During this school year, did you ever STAY AWAY from any of the following places because you thought someone might attack or harm you there? (READ CATEGORIES.)					
a. The shortest route to school?	Yes 068	1 <input type="checkbox"/>	No 2 <input type="checkbox"/>		
b. The entrance into the school?	069	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
c. Any hallways or stairs in school?	070	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
d. Parts of the school cafeteria?	071	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
e. Any school restrooms?	072	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
f. Other places inside the school building?	073	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
g. School parking lot?	074	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
h. Other places on school grounds?	167	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
	075	1 <input type="checkbox"/>	2 <input type="checkbox"/>		

23b. Did you AVOID any activities at your school because you thought someone might attack or harm you?	076	1 <input type="checkbox"/>	Yes	2 <input type="checkbox"/>	No
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23c. Did you AVOID any classes because you thought someone might attack or harm you?	077	1 <input type="checkbox"/>	Yes	2 <input type="checkbox"/>	No
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23d. Did you stay home from school because you thought someone might attack or harm you in the school building, on school property, on a school bus, or going to or from school?	078	1 <input type="checkbox"/>	Yes	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?	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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(READ CATEGORIES.)

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?

- 081 1 Never
- 2 Almost never
- 3 Sometimes
- 4 Most of the time

(READ CATEGORIES.)

J. WEAPONS

**Flag as sensitive*

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?.....

- | | | | |
|-----|----------------------------|--|----------------------------|
| 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"/> |

**Flag as sensitive*

28a. Do you know of any (other) students who have brought a gun to your school during this school year?

- 085 1 Yes
- 2 No - Skip to 29

**Flag as sensitive*

28b. Have you actually seen another student with a gun at school during this school year?

- 086 1 Yes
- 2 No
- 3 Don't know

**Flag as sensitive*

29. During this school year, could you have gotten a loaded gun without adult supervision, either at school or away from school?

- 113 1 Yes
- 2 No

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. Your responses are confidential.

**Flag as sensitive*

30. Are there any gangs at your school?

- 058 1 Yes
- 2 No - SKIP to 33a
- 3 Don't know

**Flag as sensitive*

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 Never
- 2 Once or twice this school year
- 3 Once or twice a month
- 4 Once or twice a week, or
- 5 Almost every day
- 6 Don't know

**Flag as sensitive*

32. Have gangs been involved in the sale of drugs at your school during this school year?

- 090 1 Yes
- 2 No
- 3 Don't know

L. STUDENT CHARACTERISTICS

**Flag as sensitive*

33a. During the last 4 weeks, did you skip any classes?

- 114 1 Yes
- 2 No - SKIP to 34

	3 <input type="checkbox"/> Don't know - SKIP to 34
<i>*Flag as sensitive</i>	
33b. During the last 4 weeks, on how many days did you skip at least one class?	115 <input type="text"/> <input type="text"/> (Number of days)
34. During this school year, across all subjects have you gotten mostly - (<i>READ CATEGORIES 1-5.</i>)	116 1 <input type="checkbox"/> A's 2 <input type="checkbox"/> B's 3 <input type="checkbox"/> C's 4 <input type="checkbox"/> D's 5 <input type="checkbox"/> F's 6 <input type="checkbox"/> School does not give grades/no alphabetic grade equivalent
35. Thinking about the future, do you think you will ...	
a. Attend school after high school?	Yes No Don't know 117 1 <input type="checkbox"/> 2 <input type="checkbox"/> - SKIP to 3 <input type="checkbox"/> CHECK ITEM C
b. Graduate from a 4-year college?	118 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
CHECK ITEM C 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>	091 1 <input type="checkbox"/> Personal interview - No adult present 2 <input type="checkbox"/> Personal interview - Adult present 3 <input type="checkbox"/> Telephone interview - No adult present 4 <input type="checkbox"/> Telephone interview - Adult present 5 <input type="checkbox"/> Telephone interview - Don't know
Was an adult member of the household or family present during at least part of these questions?	
Interviewer Debriefing Question(s)	
36. In what language was this interview conducted?	11 Spanish 12 Arabic 13 Chinese 14 French 15 German 16 Greek 17 Italian 18 Japanese 19 Korean 20 Polish 21 Portugese 22 Russian 23 Tagalog 24 Urdu 25 Vietnamese 26 Other - specify 27 Language unknown
CHECK ITEM D Is this the last household member to be interviewed?	119 <input type="checkbox"/> Yes - END SUPPLEMENT <input type="checkbox"/> No - Interview next household member

