

## 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

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.

SCHOOL CRIME SUPPLEMENT  
TO THE NATIONAL CRIME  
VICTIMIZATION SURVEY  
2011

## QUESTIONNAIRE

**Control number**

PSU Segment/Suffix Sample Designation/Suffix Serial/Suffix

HH No.  
Spinoff  
Indicator**A. FR Code**

001

□□□

**B. Respondent**

Line No.

002

□□

Age

003 □□

Name

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.

**C. Type of SCS Interview**

004

2  Telephone - Self3  Personal - Proxy4  Telephone - Proxy5  Noninterview - FILL ITEM D1  Personal - Self

}  
} **SKIP to**  
**INTRO 1**

}

}

**D. Reason for SCS noninterview**2  Refused3  Not available

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?**1  Yes2  No - **END****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?**1  Yes2  No - **SKIP to 2b****1c. Was all of your schooling this school year home schooling?**1  Yes - **END**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?**0  Fifth or under - **END**1  Sixth2  Seventh3  Eighth

}

}

	<p>4 <input type="checkbox"/> Ninth }  5 <input type="checkbox"/> Tenth }  <i>KIP to</i> }<b>S</b>  6 <input type="checkbox"/> Eleventh }  <i>INTRO 2</i> }  7 <input type="checkbox"/> Twelfth }  8 <input type="checkbox"/> Other - <i>Specify</i> _____ }  9 <input type="checkbox"/> College/GED/Post-graduate/  Other noneligible - <b>END</b> }</p>
--	---

<p><b>2b. What grade are you in?</b></p>	<p>0 <input type="checkbox"/> Fifth or under - <b>END</b>  1 <input type="checkbox"/> Sixth }  2 <input type="checkbox"/> Seventh }  3 <input type="checkbox"/> Eighth }  4 <input type="checkbox"/> Ninth }  <i>KIP</i> }<b>S</b>  5 <input type="checkbox"/> Tenth }  <i>to 3</i> }  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>END</b> }</p>
--	--

**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.**

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

**F. ENVIRONMENTAL QUESTIONS**

<p><b>6a. What is the complete name of your school?</b>  _____</p>	
<p><b>6b. In what city, county, and state is your school located?</b></p>	

<p><b>7a. Is your school public or private?</b></p> <p>_____</p> <p><b>7b. Is this the regular school that most of the students in your neighborhood attend?</b></p>	<p>1 <input type="checkbox"/> Public - ASK 7b 2 <input type="checkbox"/> Private - <b>SKIP</b> to 7c</p> <hr/> <p>1 <input type="checkbox"/> Yes } SKIP to 2 <input type="checkbox"/> No } 8</p>
<p><b>7c. Is your school affiliated with a religion?</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>
<p><b>8. What grades are taught in your school?</b></p> <p>Pre-K or Kindergarten    00   01   02   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>Grades:</p> <p><input type="checkbox"/> <input type="checkbox"/> (lowest) TO <input type="checkbox"/> <input type="checkbox"/> (highest)</p>
<p><b>9. How [do you/did you] get to school most of the time this school year?</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>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>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/did you] get home from school most of the time this school year?</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>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</b></p>	<p>1 <input type="checkbox"/> Never</p>

<p>time? (READ CATEGORIES)</p> <hr/> <p><b>12b. Are students in your grade level allowed to leave school grounds to eat lunch?</b></p>	<p>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> <hr/> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  3 <input type="checkbox"/> Don't know</p>																														
<p><b>13a. 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 sponsored by your school, for example, Peer Mediators, Ecology Club, or Recycling Club?</p> <p>[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?</p> <p>g. Other school clubs or school activities?</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>b.</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>c.</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>d.</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>e.</td> <td></td> <td></td> </tr> <tr> <td>f.</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>g.</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	a.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	c.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	d.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	e.			f.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	g.	1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>			
	Yes	No																													
a.	1 <input type="checkbox"/>	2 <input type="checkbox"/>																													
b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>																													
c.	1 <input type="checkbox"/>	2 <input type="checkbox"/>																													
d.	1 <input type="checkbox"/>	2 <input type="checkbox"/>																													
e.																															
f.	1 <input type="checkbox"/>	2 <input type="checkbox"/>																													
g.	1 <input type="checkbox"/>	2 <input type="checkbox"/>																													
	1 <input type="checkbox"/>	2 <input type="checkbox"/>																													
<p><b>13b. In a typical week, how much total time do you spend on all school-sponsored extra-curricular activities:</b></p> <p>(READ CATEGORIES)</p>	<p>1 <input type="checkbox"/> None  2 <input type="checkbox"/> Less than 1 hour per week  3 <input type="checkbox"/> 1-4 hours per week  4 <input type="checkbox"/> 5-9 hours per week  5 <input type="checkbox"/> 10-19 hours per week  6 <input type="checkbox"/> 20 or more hours per week</p>																														
<p><b>14a. Does your school take any measures to make sure students are safe?</b></p> <p><b>For example, does the school have:</b></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>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">Don't know</th> <th style="text-align: center;">Not Applicable</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">3 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>b.</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">3 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>c.</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">3 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>d.</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">3 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>e.</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">3 <input type="checkbox"/></td> <td></td> </tr> </tbody> </table>		Yes	No	Don't know	Not Applicable	a.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>		b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>		c.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>		d.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>		e.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
	Yes	No	Don't know	Not Applicable																											
a.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>																												
b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>																												
c.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>																												
d.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>																												
e.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>																												

<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>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></p>																									
<p><b>14b. If you hear about a threat to school or student safety, do you have a way to report it to someone in authority without giving your name?</b></p> <p>FIELD REPRESENTATIVE - <i>The term 'authority' includes the police, teachers, principals, security guards, or other school staff. It does not include the student's parents, guardians, or peers.</i></p>	<p><b>Yes      No      Don't know</b></p> <p>1 <input type="checkbox"/>    2 <input type="checkbox"/>    3 <input type="checkbox"/></p>																									
<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> <p>_____</p> <p>_____</p> <p><b>15b. In general, how often do teachers punish students during your classes?</b></p> <p>(READ CATEGORIES.)</p>	<p>1 <input type="checkbox"/> <b>Never</b></p> <p>2 <input type="checkbox"/> <b>Almost never</b></p> <p>3 <input type="checkbox"/> <b>Sometimes</b></p> <p>4 <input type="checkbox"/> <b>Most of the time</b></p> <hr/> <p>1 <input type="checkbox"/> <b>Never</b></p> <p>2 <input type="checkbox"/> <b>Almost never</b></p> <p>3 <input type="checkbox"/> <b>Sometimes</b></p> <p>4 <input type="checkbox"/> <b>Most of the time</b></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</p>	<table border="0"> <thead> <tr> <th></th> <th><b>Strongly Agree</b></th> <th><b>Agree</b></th> <th><b>Disagree</b></th> <th><b>Strongly Disagree</b></th> </tr> </thead> <tbody> <tr> <td>a.</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>b.</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>c.</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>d.</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>		<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	a.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	c.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>																						
a.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																						
b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																						
c.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																						
d.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																						

<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 feel bad about themselves.</p>	<table border="0"> <thead> <tr> <th>Strongly Agree</th> <th>Agree</th> <th>Disagree</th> <th>Strongly Disagree</th> </tr> </thead> <tbody> <tr> <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>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>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	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>												
Strongly Agree	Agree	Disagree	Strongly Disagree																										
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																										
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																										
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																										
<p><b>16c. There is an ADULT at school who...</b></p> <p>a. Really cares about me</p> <p>b. Notices when I'm not there.</p> <p>c. Listens to me when I have something to say</p> <p>d. Tells me when I do a good job.</p> <p>e. Always wants me to do my best.</p> <p>f. Believes that I will be a success.</p>	<table border="0"> <thead> <tr> <th>Strongly Agree</th> <th>Agree</th> <th>Disagree</th> <th>Strongly Disagree</th> </tr> </thead> <tbody> <tr> <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>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>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>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>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>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	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Strongly Agree	Agree	Disagree	Strongly Disagree																										
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																										
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																										
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																										
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																										
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																										
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																										
<p><b>16d. Thinking about FRIENDS at your school, would you strongly agree, agree, disagree, or strongly disagree with the following...</b></p> <p>a. At school, you have a FRIEND you can talk to, who cares about your feelings and what happens to you.</p>	<table border="0"> <thead> <tr> <th>Strongly Agree</th> <th>Agree</th> <th>Disagree</th> <th>Strongly Disagree</th> </tr> </thead> <tbody> <tr> <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	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																				
Strongly Agree	Agree	Disagree	Strongly Disagree																										
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																										
<p><b>16e. Thinking about the neighborhood where you live, would you strongly agree, agree, disagree, or strongly disagree with the following...</b></p> <p>a. There is a lot of crime in the neighborhood where I live.</p> <p>b. I feel safe in the neighborhood where I live.</p>	<table border="0"> <thead> <tr> <th>Strongly Agree</th> <th>Agree</th> <th>Disagree</th> <th>Strongly Disagree</th> </tr> </thead> <tbody> <tr> <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>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	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																
Strongly Agree	Agree	Disagree	Strongly Disagree																										
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																										
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																										
<p><b>16f. Thinking about the neighborhood where your school is located, would you strongly agree, agree, disagree, or strongly disagree with the following...</b></p> <p>a. There is a lot of crime in the neighborhood where I go to school.</p> <p>b. I feel safe in the neighborhood where I go to school.</p>	<table border="0"> <thead> <tr> <th>Strongly Agree</th> <th>Agree</th> <th>Disagree</th> <th>Strongly Disagree</th> </tr> </thead> <tbody> <tr> <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>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	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																
Strongly Agree	Agree	Disagree	Strongly Disagree																										
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																										
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																										
<p><b>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.</b></p>																													



<p>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?</p> <p><b>That is, has another student...</b></p> <p><i>(Read each category a-g.)</i></p> <p>a. Made fun of you, called you names, or insulted you?</p> <p>b. Spread rumors about you or tried to make others dislike you?</p> <p>c. Threatened you with harm?</p> <p>d. Pushed you, shoved you, tripped you, or spit on you?</p> <p>e. Tried to make you do things you did not want to do, for example, give them money or other things?</p> <p>f. Excluded you from activities on purpose?</p> <p>g. Destroyed your property on purpose?</p>	<table border="0"> <thead> <tr> <th style="text-align: left;"><b>Yes</b></th> <th style="text-align: left;"><b>No</b></th> </tr> </thead> <tbody> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> </tbody> </table>	<b>Yes</b>	<b>No</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<b>Yes</b>	<b>No</b>																
1 <input type="checkbox"/>	2 <input type="checkbox"/>																
1 <input type="checkbox"/>	2 <input type="checkbox"/>																
1 <input type="checkbox"/>	2 <input type="checkbox"/>																
1 <input type="checkbox"/>	2 <input type="checkbox"/>																
1 <input type="checkbox"/>	2 <input type="checkbox"/>																
1 <input type="checkbox"/>	2 <input type="checkbox"/>																
1 <input type="checkbox"/>	2 <input type="checkbox"/>																
<p><b>Check Item 19a</b>      Are all categories a-g marked "No" in Q19a above?</p>	<p>1 <input type="checkbox"/> Yes - SKIP to 20a 2 <input type="checkbox"/> No - SKIP to 19b</p>																
<p><b>19b.</b>    <b>You just indicated that someone had bullied you during this school year. Thinking about all of ways in which you were bullied, how often did all of those things happen?</b></p> <p><i>(READ CATEGORIES 1-4.)</i></p>	<p>1 <input type="checkbox"/> <b>Once or twice this school year</b> 2 <input type="checkbox"/> <b>Once or twice a month</b> 3 <input type="checkbox"/> <b>Once or twice a week, or</b> 4 <input type="checkbox"/> <b>Almost every day</b> 5 <input type="checkbox"/> <b>Don't know</b></p>																
<p><b>19c.</b>    <b>Still thinking about all of times you were bullied, where did the bullying occur? Did it occur ...</b></p> <p><i>(READ CATEGORIES) Mark (X) all that apply</i></p>	<p>1 <input type="checkbox"/> <b>In a classroom at school?</b> 2 <input type="checkbox"/> <b>In a hallway or stairwell at school?</b> 3 <input type="checkbox"/> <b>In a bathroom or locker room at school?</b> 3 <input type="checkbox"/> <b>Somewhere else inside the school building? - Specify _____</b></p> <p>4 <input type="checkbox"/> <b>Outside on school grounds?</b> 5 <input type="checkbox"/> <b>On a school bus?</b></p>																
<p><b>19d.</b>    <b>Was a teacher or some other adult at school notified about this bullying?</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>																
<p><b>CHECK Item B</b>      <b>Is Box 4 in Question 19a marked?</b></p>	<p>1 <input type="checkbox"/> Yes - Ask 19e 2 <input type="checkbox"/> No - Skip to 20a</p>																
<p><b>19e.</b>    <b>What were the injuries you suffered as a result of being pushed, shoved, tripped, or spit on?</b></p> <p><i>Mark (X) all that apply</i></p>	<p>1 <input type="checkbox"/> None 2 <input type="checkbox"/> Bruises or swelling 3 <input type="checkbox"/> Cuts, scratches, or scrapes 4 <input type="checkbox"/> Black eye/bloody nose 5 <input type="checkbox"/> Teeth chipped or knocked out 6 <input type="checkbox"/> Broken bones/internal injuries 7 <input type="checkbox"/> Knocked unconscious 8 <input type="checkbox"/> Other - <i>Specify</i> _____</p>																
<p><b>20a.</b>    <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</b></p>																	



<p><b>you told me about already.</b></p> <p><b>During this school year, has another student...</b></p> <p><i>(Read each category a-f.)</i></p> <p>a. Posted hurtful information about you on the Internet, for example, on a social networking site like MySpace, Facebook, Formspring or Twitter?</p> <p>b. Purposely shared your private information, photos or videos on the Internet or mobile phones in a hurtful way?</p> <p>c. Threatened or insulted you through email?</p> <p>d. Threatened or insulted you through instant messaging?</p> <p>e. Threatened or insulted you through text messaging?</p> <p>f. Threatened or insulted you through online gaming, for example, while playing XBOX or World of Warcraft; or similar activities such as Second Life?</p> <p>g. Purposefully excluded you from online communications?</p>	<table> <thead> <tr> <th></th> <th><b>Yes</b></th> <th><b>No</b></th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>b.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>c.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>d.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>e.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>f.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>g.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> </tbody> </table>		<b>Yes</b>	<b>No</b>	a.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	c.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	d.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	e.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	f.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	g.	1 <input type="checkbox"/>	2 <input type="checkbox"/>
	<b>Yes</b>	<b>No</b>																							
a.	1 <input type="checkbox"/>	2 <input type="checkbox"/>																							
b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>																							
c.	1 <input type="checkbox"/>	2 <input type="checkbox"/>																							
d.	1 <input type="checkbox"/>	2 <input type="checkbox"/>																							
e.	1 <input type="checkbox"/>	2 <input type="checkbox"/>																							
f.	1 <input type="checkbox"/>	2 <input type="checkbox"/>																							
g.	1 <input type="checkbox"/>	2 <input type="checkbox"/>																							
<p><b>Check Item 20a</b>      <b>Are all categories a-f marked “No” in Q20a above?</b></p>	<p>1 <input type="checkbox"/> Yes - SKIP to 21a  2 <input type="checkbox"/> No - SKIP to 20b</p>																								
<p><b>20b. You just indicated that someone had bullied you during this school year. Thinking about all of ways in which you were bullied, how often did all of those things happen?</b></p> <p><i>(READ CATEGORIES 1-4)</i></p>	<p>1 <input type="checkbox"/> <b>Once or twice this school year</b>  2 <input type="checkbox"/> <b>Once or twice a month</b>  3 <input type="checkbox"/> <b>Once or twice a week, or</b>  4 <input type="checkbox"/> <b>Almost every day</b>  5 <input type="checkbox"/> Don't know</p>																								
<p><b>20c. Was a teacher or some other adult at school notified about this bullying?</b></p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p>																								
<p><b>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.</b></p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No - <b>SKIP</b> to 22</p>																								
<p><b>21b. Were any of the hate-related words related to ...</b></p> <p>a. Your race?</p> <p>b. Your religion?</p> <p>c. Your ethnic background or national origin (for example, people of Hispanic origin)?</p> <p>d. Any disability (by this I mean physical, mental, or developmental disabilities) you may have?</p>	<table> <thead> <tr> <th></th> <th><b>Yes</b></th> <th><b>No</b></th> <th><b>Don't know</b></th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>b.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>c.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>d.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> </tbody> </table>		<b>Yes</b>	<b>No</b>	<b>Don't know</b>	a.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	c.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>				
	<b>Yes</b>	<b>No</b>	<b>Don't know</b>																						
a.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>																						
b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>																						
c.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>																						
d.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>																						

e. Your gender?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
f. Your sexual orientation?  If "Yes," SAY - (by this we mean homosexual, bisexual, or heterosexual)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>

<b>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?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
---	---

<b>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?</b>  (READ CATEGORIES.)	<b>Yes</b> <b>No</b>
a. The shortest route to school?	1 <input type="checkbox"/> 2 <input type="checkbox"/>
b. The entrance into the school?	1 <input type="checkbox"/> 2 <input type="checkbox"/>
c. Any hallways or stairs in school?	1 <input type="checkbox"/> 2 <input type="checkbox"/>
d. Parts of the school cafeteria?	1 <input type="checkbox"/> 2 <input type="checkbox"/>
e. Any school restrooms?	1 <input type="checkbox"/> 2 <input type="checkbox"/>
f. Other places inside the school building?	1 <input type="checkbox"/> 2 <input type="checkbox"/>
g. School parking lot?	1 <input type="checkbox"/> 2 <input type="checkbox"/>
h. Other places on school grounds?	1 <input type="checkbox"/> 2 <input type="checkbox"/>

<b>23d. During this school year, did you STAY AWAY from any online activities because you thought someone might harm you there?"</b>	<b>Yes</b> <b>No</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/>
--	---

<b>23b. Did you AVOID any activities at your school because you thought someone might attack or harm you?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
---	---

<b>23c. Did you AVOID any classes because you thought someone might attack or harm you?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
---	---

<b>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?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
---	---

**I. FEAR**

<b>24. How often are you afraid that someone will attack or harm you in the school building or on school property?</b>  (READ CATEGORIES.)	1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Most of the time
--	--

<b>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?</b>  (READ CATEGORIES)	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>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?</p> <p>(READ CATEGORIES)</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>
---	---

**J. WEAPONS**

<p>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?</p> <p>(READ CATEGORIES.)</p> <p>a. A gun?  b. A knife brought as a weapon?  c. Some other weapon?</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><b>Yes</b></td> <td style="width: 50%; text-align: center;"><b>No</b></td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> </table>	<b>Yes</b>	<b>No</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<b>Yes</b>	<b>No</b>								
1 <input type="checkbox"/>	2 <input type="checkbox"/>								
1 <input type="checkbox"/>	2 <input type="checkbox"/>								
1 <input type="checkbox"/>	2 <input type="checkbox"/>								

<p>28a. Do you know of any other students who have brought a gun to your school during this school year?</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No - <u>Skip to 29</u></p>
--	--

<p>28b. Have you actually seen another student with a gun at school during this school year?</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  3 <input type="checkbox"/> Don't know</p>
--	---

<p>29. During this school year, could you have gotten a loaded gun without adult permission, either at school or away from school?</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p>
--	--

**K. GANGS**

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.

<p>30. Are there any gangs at your school?</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No - <b>SKIP to 33a</b>  3 <input type="checkbox"/> Don't know</p>
--	--

<p>31. During this school year, how often have gangs been involved in fights, attacks, or other violence at your school?</p> <p>(READ CATEGORIES 1-5)</p>	<p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Once or twice this school year  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</p>
---	---

<p>32. Have gangs been involved in the sale of drugs at your school during this school year?</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  3 <input type="checkbox"/> Don't know</p>
--	---

**L. STUDENT CHARACTERISTICS**

<p>33. During this school year, across all subjects have you gotten mostly -</p> <p>(READ CATEGORIES 1-5)</p>	<p>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</p>
---	--

<p>34a. During the last 4 weeks of school, did you skip any classes?</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No - <b>SKIP</b> to 35  3 <input type="checkbox"/> Don't know - <b>SKIP</b> to 35</p>									
<p>34b. During the last 4 weeks of school, on how many days did you skip at least one class?</p>	<p><input type="text"/> <input type="text"/> (Number of days)</p>									
<p>35. Thinking about the future, do you think you will ...</p> <p>a. Attend school after high school, such as a technical school or college? .....</p> <p>b. Graduate from a 4-year college? .....</p>	<table border="0"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">Don't know</td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/> -- <b>END</b></td> <td style="text-align: center;">3 <input type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: center;">1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td style="text-align: center;">3 <input type="checkbox"/></td> </tr> </table>	Yes	No	Don't know	1 <input type="checkbox"/>	2 <input type="checkbox"/> -- <b>END</b>	3 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/>
Yes	No	Don't know								
1 <input type="checkbox"/>	2 <input type="checkbox"/> -- <b>END</b>	3 <input type="checkbox"/>								
	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/>								



## 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

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.

SCHOOL CRIME SUPPLEMENT  
TO THE NATIONAL CRIME  
VICTIMIZATION SURVEY  
2011  
**QUESTIONNAIRE**

**Control number**

PSU Segment/Suffix Sample Designation/Suffix Serial/Suffix

HH No.  
Spinoff  
Indicator**A. FR Code**

001

□□□

**B. Respondent**

Line No.

002

□□

Age

003 □□

Name

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.

**C. Type of SCS Interview**

004

2  Telephone - Self3  Personal - Proxy4  Telephone - Proxy5  Noninterview - FILL ITEM D

1  Personal - Self  
    }  
    } **SKIP to**  
**INTRO 1**

}

}

**D. Reason for SCS noninterview**2  Refused3  Not available

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?**1  Yes2  No - **END**

**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?**

1  Yes2  No - **SKIP to 2b**

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

1  Yes - **END**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?**

0  Fifth or under - **END**1  Sixth2  Seventh3  Eighth

}

}

	<p>4 <input type="checkbox"/> Ninth }  }S  KIP to</p> <p>5 <input type="checkbox"/> Tenth</p> <p>6 <input type="checkbox"/> Eleventh }  }I  NTRO 2</p> <p>7 <input type="checkbox"/> Twelfth }</p> <p>8 <input type="checkbox"/> Other - <i>Specify</i> _____ }  }</p> <p>9 <input type="checkbox"/> College/GED/Post-graduate/  Other noneligible - <b>END</b></p>
--	---

<p><b>2b. What grade are you in?</b></p>	<p>0 <input type="checkbox"/> Fifth or under - <b>END</b></p> <p>1 <input type="checkbox"/> Sixth }  }S  KIP</p> <p>2 <input type="checkbox"/> Seventh }  }I  NTRO 2</p> <p>3 <input type="checkbox"/> Eighth }</p> <p>4 <input type="checkbox"/> Ninth }</p> <p>5 <input type="checkbox"/> Tenth }  }S  KIP</p> <p>6 <input type="checkbox"/> Eleventh }  }I  NTRO 2</p> <p>7 <input type="checkbox"/> Twelfth }</p> <p>8 <input type="checkbox"/> Other - <i>Specify</i> _____ }  }</p> <p>9 <input type="checkbox"/> College/GED/Post-graduate/  Other noneligible - <b>END</b></p>
--	--

**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.**

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

**F. ENVIRONMENTAL QUESTIONS**

<p><b>6a. What is the complete name of your school?</b></p>	
---	--

<p><b>6b.</b> In what city, county, and state is your school located?</p> <hr/>	
<p><b>7a.</b> Is your school public or private?</p> <hr/>	<p>1 <input type="checkbox"/> Public - ASK 7b  2 <input type="checkbox"/> Private - <b>SKIP</b> to 7c</p> <hr/>
<p><b>7b.</b> Is this the regular school that most of the students in your neighborhood attend?</p>	<p>1 <input type="checkbox"/> Yes } SKIP to  2 <input type="checkbox"/> No } 8</p>
<p><b>7c.</b> Is your school affiliated with a religion?</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  3 <input type="checkbox"/> Don't know</p>
<p><b>8.</b> What grades are taught in your school?</p> <p>Pre-K or Kindergarten 00  01  02  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>Grades:</p> <p><input type="checkbox"/><input type="checkbox"/> (lowest)  TO  <input type="checkbox"/><input type="checkbox"/> (highest)</p>
<p><b>9.</b> How [do you/did you] get to school most of the time this school year?</p> <p>FIELD REPRESENTATIVE - If multiple modes are used, code the mode in which the student spends the most time.</p>	<p>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 - Specify</p>
<p><b>10.</b> How long does it take you to get from your home to school most of the time?</p>	<p>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.</b> How [do you/did you] get home from school most of the time this school year?</p> <p>FIELD REPRESENTATIVE - If multiple modes are used, code the mode in which the student spends the most time.</p> <p>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</p>	<p>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 - Specify</p> <hr/>



<i>school.</i>				
<p><b>12a. How often do you leave school grounds at lunch time?</b></p> <p><i>(READ CATEGORIES)</i></p> <hr/>	<p>1 <input type="checkbox"/> Never</p> <p>2 <input type="checkbox"/> Once or twice a year</p> <p>3 <input type="checkbox"/> Once or twice a month</p> <p>4 <input type="checkbox"/> Once or twice a week</p> <p>5 <input type="checkbox"/> Almost every day</p> <hr/>			
<p><b>12b. Are students in your grade level allowed to leave school grounds to eat lunch?</b></p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>2 <input type="checkbox"/> Don't know</p>			
<p><b>13a. 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 sponsored by your school, for example, Peer Mediators, Ecology Club, or Recycling Club?</p> <p>[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?</p> <p>g. Other school clubs or school activities?</p>	<p><b>Yes</b></p> <p>1 <input type="checkbox"/></p> <p>1 <input type="checkbox"/></p> <p>1 <input type="checkbox"/></p> <p>1 <input type="checkbox"/></p> <p>1 <input type="checkbox"/></p> <p>1 <input type="checkbox"/></p> <p>1 <input type="checkbox"/></p> <p>1 <input type="checkbox"/></p> <p>1 <input type="checkbox"/></p>	<p><b>No</b></p> <p>2 <input type="checkbox"/></p> <p>2 <input type="checkbox"/></p> <p>2 <input type="checkbox"/></p> <p>2 <input type="checkbox"/></p> <p>2 <input type="checkbox"/></p> <p>2 <input type="checkbox"/></p> <p>2 <input type="checkbox"/></p> <p>2 <input type="checkbox"/></p>		
<p><b>13b. In a typical week, how much total time do you spend on all school-sponsored extra-curricular activities:</b></p> <p><i>(READ CATEGORIES)</i></p>	<p>1 <input type="checkbox"/> None</p> <p>2 <input type="checkbox"/> Less than 1 hour per week</p> <p>3 <input type="checkbox"/> 1-4 hours per week</p> <p>4 <input type="checkbox"/> 5-9 hours per week</p> <p>5 <input type="checkbox"/> 10-19 hours per week</p> <p>6 <input type="checkbox"/> 20 or more hours per week</p>			
<p><b>14a. Does your school take any measures to make sure students are safe?</b></p> <p><b>For example, does the school have:</b></p> <p>a. Security guards or assigned police officers?</p>	<p><b>Yes</b></p> <p>1 <input type="checkbox"/></p>	<p><b>No</b></p> <p>2 <input type="checkbox"/></p>	<p><b>Don't know</b></p> <p>3 <input type="checkbox"/></p>	<p><b>Not Applicable</b></p>

b. Other school staff or other adults supervising the hallway?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
c. Metal detectors?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
d. Locked entrance or exit doors during the day?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
e. A requirement that visitors sign in?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
f. Locker checks?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. A requirement that students wear badges or picture identification?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
h. One or more security cameras to monitor the school?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
i. A code of student conduct, that is, a set of written rules or guidelines that the school provides you?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	

<p><b>14b. If you hear about a threat to school or student safety, do you have a way to report it to someone in authority without giving your name?</b></p> <p>FIELD REPRESENTATIVE - <i>The term 'authority' includes the police, teachers, principals, security guards, or other school staff. It does not include the student's parents, guardians, or peers.</i></p>	<p><b>Yes</b></p> <p>1 <input type="checkbox"/></p>	<p><b>No</b></p> <p>2 <input type="checkbox"/></p>	<p><b>Don't know</b></p> <p>3 <input type="checkbox"/></p>
--	---	--	--

<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> <p>_____</p>	<p>1 <input type="checkbox"/> Never</p> <p>2 <input type="checkbox"/> Almost never</p> <p>3 <input type="checkbox"/> Sometimes</p> <p>4 <input type="checkbox"/> Most of the time</p>
<p><b>15b. In general, how often do teachers punish students during your classes?</b></p> <p>(READ CATEGORIES.)</p>	<p>1 <input type="checkbox"/> Never</p> <p>2 <input type="checkbox"/> Almost never</p> <p>3 <input type="checkbox"/> Sometimes</p> <p>3 <input type="checkbox"/> Most of the time</p>

<p><b>16a.</b> 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>d. If a school rule is broken, students know what kind</p>	<table border="0"> <thead> <tr> <th>Strongly Agree</th> <th>Agree</th> <th>Disagree</th> <th>Strongly Disagree</th> </tr> </thead> <tbody> <tr> <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>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>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>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	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>								
Strongly Agree	Agree	Disagree	Strongly Disagree																										
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																										
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																										
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																										
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																										
<p><b>16b.</b> Thinking about the TEACHERS at your school, would you strongly agree, agree, disagree, or strongly disagree with the following...</p> <p>e. Teachers treat students with respect.</p> <p>b. Teachers care about students.</p> <p>c. Teachers do or say things that make students feel bad about themselves.</p>	<table border="0"> <thead> <tr> <th>Strongly Agree</th> <th>Agree</th> <th>Disagree</th> <th>Strongly Disagree</th> </tr> </thead> <tbody> <tr> <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>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>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	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>												
Strongly Agree	Agree	Disagree	Strongly Disagree																										
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																										
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																										
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																										
<p><b>16c.</b> There is an ADULT at school who...</p> <p>a. Really cares about me</p> <p>b. Notices when I'm not there.</p> <p>c. Listens to me when I have something to say</p> <p>d. Tells me when I do a good job.</p> <p>e. Always wants me to do my best.</p> <p>f. Believes that I will be a success.</p>	<table border="0"> <thead> <tr> <th>Strongly Agree</th> <th>Agree</th> <th>Disagree</th> <th>Strongly Disagree</th> </tr> </thead> <tbody> <tr> <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>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>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>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>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>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	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Strongly Agree	Agree	Disagree	Strongly Disagree																										
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																										
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																										
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																										
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																										
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																										
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																										
<p><b>16d.</b> Thinking about FRIENDS at your school, would you strongly agree, agree, disagree, or strongly disagree with the following...</p> <p>a. At school, you have a FRIEND you can talk to, who cares about your feelings and what happens to you.</p>	<table border="0"> <thead> <tr> <th>Strongly Agree</th> <th>Agree</th> <th>Disagree</th> <th>Strongly Disagree</th> </tr> </thead> <tbody> <tr> <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	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																				
Strongly Agree	Agree	Disagree	Strongly Disagree																										
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																										

<p><b>16e. Thinking about the neighborhood where you live, would you strongly agree, agree, disagree, or strongly disagree with the following...</b></p> <p>a. There is a lot of crime in the neighborhood where I live.</p> <p>f. I feel safe in the neighborhood where I live.</p>	<table border="1"> <thead> <tr> <th>Strongly Agree</th> <th>Agree</th> <th>Disagree</th> <th>Strongly Disagree</th> </tr> </thead> <tbody> <tr> <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>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	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Strongly Agree	Agree	Disagree	Strongly Disagree										
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>										
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>										
<p><b>16f. Thinking about the neighborhood where your school is located, would you strongly agree, agree, disagree, or strongly disagree with the following...</b></p> <p>a. There is a lot of crime in the neighborhood where I go to school.</p> <p>b. I feel safe in the neighborhood where I go to school.</p>	<table border="1"> <thead> <tr> <th>Strongly Agree</th> <th>Agree</th> <th>Disagree</th> <th>Strongly Disagree</th> </tr> </thead> <tbody> <tr> <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>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	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Strongly Agree	Agree	Disagree	Strongly Disagree										
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>										
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>										

**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.**

<p><b>17a. The following question refers to the availability of drugs and alcohol at your school.</b></p> <p><b>Tell me if you don't know what any of these items are.</b></p> <p>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.</p> <p>FIELD REPRESENTATIVE - <i>For each item ask,</i></p> <p><b>Is it possible to get _____ at your school?</b></p> <p>a. Alcoholic beverages</p> <p>b. Marijuana</p> <p>c. Crack</p> <p>d. Other forms of cocaine</p> <p>e. Uppers such as ecstasy, crystal meth or other illegal stimulants</p>	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>Don't know</th> <th>Don't know drug</th> </tr> </thead> <tbody> <tr> <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>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>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>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>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>	Yes	No	Don't know	Don't know drug	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Yes	No	Don't know	Don't know drug																						
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																						
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																						
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																						
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																						
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																						

<p>f. Downers such as GHB or sleeping pills</p> <p>g. LSD or acid</p> <p>h. PCP or angel dust</p> <p>i. Heroin or smack</p> <p>j. Prescription drugs illegally obtained without a prescription, such as Oxycontin, Vicodin, or Xanax</p> <p>k. Other illegal drugs If "Yes" is marked, ASK - What drugs? (Exclude tobacco products.)</p> <p>FIELD REPRESENTATIVE - Refer to Drug Slang Card (SCS-2). Reclassify the "other illegal drug(s)" to one of the categories a-l 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.</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/></p> <p>↓</p> <p>Specify _____</p>																
<p><b>17b. During this school year, did you know for sure that any students were on drugs or alcohol while they were at school?</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>																
<p><b>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?</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>																
<p><b>G. FIGHTING, BULLYING AND HATE BEHAVIORS</b></p>																	
<p><b>18a. During this school year, have you been in one or more physical fights at school?</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <b>SKIP</b> to 19a</p>																
<p><b>18b. During this school year, how many times have you been in a physical fight at school?</b></p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Number of times)</p>																
<p><b>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?</b></p> <p><b>That is, has another student...</b></p> <p><i>(Read each category a-g.)</i></p> <p>a. Made fun of you, called you names, or insulted you?</p> <p>b. Spread rumors about you or tried to make others dislike you?</p> <p>c. Threatened you with harm?</p> <p>d. Pushed you, shoved you, tripped you, or spit on you?</p> <p>e. Tried to make you do things you did not want to do, for example, give them money or other things?</p> <p>f. Excluded you from activities on purpose?</p> <p>g. Destroyed your property on purpose?</p>	<table border="0"> <thead> <tr> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> </tbody> </table>	Yes	No	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Yes	No																
1 <input type="checkbox"/>	2 <input type="checkbox"/>																
1 <input type="checkbox"/>	2 <input type="checkbox"/>																
1 <input type="checkbox"/>	2 <input type="checkbox"/>																
1 <input type="checkbox"/>	2 <input type="checkbox"/>																
1 <input type="checkbox"/>	2 <input type="checkbox"/>																
1 <input type="checkbox"/>	2 <input type="checkbox"/>																
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																					
<b>19b.</b> You just indicated that someone had bullied you during this school year. Thinking about all of ways in which you were bullied, how often did all of those things happen?  <i>(READ CATEGORIES 1-4.)</i>	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> Still thinking about all of times you were bullied, where did the bullying occur? Did it occur ...  <i>(READ CATEGORIES) Mark (X) all that apply</i>	1 <input type="checkbox"/> In a classroom at school? 2 <input type="checkbox"/> In a hallway or stairwell at school? 3 <input type="checkbox"/> In a bathroom or locker room at school? 3 <input type="checkbox"/> Somewhere else inside the school building? - <i>Specify</i> _____  4 <input type="checkbox"/> Outside on school grounds? 5 <input type="checkbox"/> On a school bus?																					
<b>19d.</b> Was a teacher or some other adult at school notified about this bullying?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																					
<b>CHECK Item B</b> Is Box 4 in Question 19a marked?	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>	1 <input type="checkbox"/> None 2 <input type="checkbox"/> Bruises or swelling 3 <input type="checkbox"/> Cuts, scratches, or scrapes 4 <input type="checkbox"/> Black eye/bloody nose 5 <input type="checkbox"/> Teeth chipped or knocked out 6 <input type="checkbox"/> Broken bones/internal injuries 7 <input type="checkbox"/> Knocked unconscious 8 <input type="checkbox"/> Other - <i>Specify</i> _____																					
<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.  <b>During this school year, has another student....</b>  <i>(Read each category a-f.)</i>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;"><b>Yes</b></th> <th style="text-align: center;"><b>No</b></th> </tr> </thead> <tbody> <tr> <td>a. Posted hurtful information about you on the Internet, for example, on a social networking site like MySpace, Facebook, Formspring or Twitter?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>b. Purposely shared your private information, photos or videos on the Internet or mobile phones in a hurtful way?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>c. Threatened or insulted you through email?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>d. Threatened or insulted you through instant messaging?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>e. Threatened or insulted you through text messaging?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>f. Threatened or insulted you through online gaming, for example, while playing XBOX or World of Warcraft; or similar activities such as Second Life?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> </tbody> </table>		<b>Yes</b>	<b>No</b>	a. Posted hurtful information about you on the Internet, for example, on a social networking site like MySpace, Facebook, Formspring or Twitter?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	b. Purposely shared your private information, photos or videos on the Internet or mobile phones in a hurtful way?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	c. Threatened or insulted you through email?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	d. Threatened or insulted you through instant messaging?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	e. Threatened or insulted you through text messaging?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	f. Threatened or insulted you through online gaming, for example, while playing XBOX or World of Warcraft; or similar activities such as Second Life?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
	<b>Yes</b>	<b>No</b>																				
a. Posted hurtful information about you on the Internet, for example, on a social networking site like MySpace, Facebook, Formspring or Twitter?	1 <input type="checkbox"/>	2 <input type="checkbox"/>																				
b. Purposely shared your private information, photos or videos on the Internet or mobile phones in a hurtful way?	1 <input type="checkbox"/>	2 <input type="checkbox"/>																				
c. Threatened or insulted you through email?	1 <input type="checkbox"/>	2 <input type="checkbox"/>																				
d. Threatened or insulted you through instant messaging?	1 <input type="checkbox"/>	2 <input type="checkbox"/>																				
e. Threatened or insulted you through text messaging?	1 <input type="checkbox"/>	2 <input type="checkbox"/>																				
f. Threatened or insulted you through online gaming, for example, while playing XBOX or World of Warcraft; or similar activities such as Second Life?	1 <input type="checkbox"/>	2 <input type="checkbox"/>																				

g. Purposefully excluded you from online activities?	1 <input type="checkbox"/> 2 <input type="checkbox"/>																												
Check Item 20a Are all categories a-f marked "No" in Q20a above?	1 <input type="checkbox"/> Yes - SKIP to 21a 2 <input type="checkbox"/> No - SKIP to 20b																												
20b. You just indicated that someone had bullied you during this school year. Thinking about all of ways in which you were bullied, how often did all of those things happen?  (READ CATEGORIES 1-4)	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 bullying?	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.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <b>SKIP</b> to 22																												
21b. Were any of the hate-related words related to ...  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)	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Don't know</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>b.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>c.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>d.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>e.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>f.</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	a.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	c.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	e.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	f.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	Yes	No	Don't know																										
a.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>																										
b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>																										
c.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>																										
d.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>																										
e.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>																										
f.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>																										
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?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																												
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?  b. The entrance into the school?  c. Any hallways or stairs in school?  d. Parts of the school cafeteria?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>b.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>c.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>d.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	a.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	c.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	d.	1 <input type="checkbox"/>	2 <input type="checkbox"/>													
	Yes	No																											
a.	1 <input type="checkbox"/>	2 <input type="checkbox"/>																											
b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>																											
c.	1 <input type="checkbox"/>	2 <input type="checkbox"/>																											
d.	1 <input type="checkbox"/>	2 <input type="checkbox"/>																											

e. Any school restrooms?	1 <input type="checkbox"/> 2 <input type="checkbox"/>
f. Other places inside the school building?	1 <input type="checkbox"/> 2 <input type="checkbox"/>
g. School parking lot?	1 <input type="checkbox"/> 2 <input type="checkbox"/>
h. Other places on school grounds?	1 <input type="checkbox"/> 2 <input type="checkbox"/>
i. Certain online activities?	1 <input type="checkbox"/> 2 <input type="checkbox"/>
<b>23b. Did you AVOID any activities at your school because you thought someone might attack or harm you?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>23c. Did you AVOID any classes because you thought someone might attack or harm you?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>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?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>I. FEAR</b>	
<b>24. How often are you afraid that someone will attack or harm you in the school building or on school property?</b>  (READ CATEGORIES.)	1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Most of the time
<b>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?</b>  (READ CATEGORIES)	1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Most of the time
<b>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?</b>  (READ CATEGORIES)	1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Most of the time
<b>J. WEAPONS</b>	
<b>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?</b>  (READ CATEGORIES.)	
a. A gun?	<b>Yes</b> 1 <input type="checkbox"/> <b>No</b> 2 <input type="checkbox"/>
b. A knife brought as a weapon?	1 <input type="checkbox"/> 2 <input type="checkbox"/>
c. Some other weapon?	1 <input type="checkbox"/> 2 <input type="checkbox"/>
<b>28a. Do you know of any other students who have brought a gun to your school during this school year?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <u>Skip to 29</u>



28b. Have you actually seen another student with a gun at school during this school year?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
29. During this school year, could you have gotten a loaded gun without adult permission, either at school or away from school?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

**K. GANGS**

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.

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

**L. STUDENT CHARACTERISTICS**

33. During this school year, across all subjects have you gotten mostly -  (READ CATEGORIES 1-5)	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
34a. During the last 4 weeks of school, did you skip any classes?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <b>SKIP to 35</b> 3 <input type="checkbox"/> Don't know - <b>SKIP to 35</b>
34b. During the last 4 weeks of school, on how many days did you skip at least one class?	<input type="checkbox"/> <input type="checkbox"/> (Number of days)

35. Thinking about the future, do you think you will ...  a. Attend school after high school, such as a technical school or college? .....  b. Graduate from a 4-year college? .....	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">Don't know</td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/> -- <b>END</b></td> <td style="text-align: center;">3 <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">4 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">3 <input type="checkbox"/></td> </tr> </table>	Yes	No	Don't know	1 <input type="checkbox"/>	2 <input type="checkbox"/> -- <b>END</b>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Yes	No	Don't know								
1 <input type="checkbox"/>	2 <input type="checkbox"/> -- <b>END</b>	3 <input type="checkbox"/>								
4 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>								