

**APPENDIX G**  
CPTED Student Survey

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## CPTED STUDENT SURVEY

School ID: [ ][ ][ ] Classroom: [ ][ ] Grade Level: [ ][ ]

Thank you for agreeing to complete this survey. We want to learn about your feelings about your school, and how safe you feel in your school. Please be honest in your answers, and tell us what you really think. Your responses will help us understand what makes school a better place to be, and how changes may be made to improve it. You may choose not to answer any question. No one will be able to know how you answered because there are no names attached to the survey.

Again thank you for your help. If you have any questions during the survey, please feel free to ask the survey administrator who will explain the purposes of the survey, provide instructions for completing the survey, and be in the room to assist.

### Background

**1. First, we would like you to answer a few questions about you and your family. Your answers will help us understand who goes to your school and how they feel about it.**

**1.1** Are you a...

- Boy
- Girl

**1.2** How old are you?

- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old

- 14 years old
- 15 years old
- 16 years old
- Other \_\_\_\_\_

**1.3** Which grown-ups live in your house?  
(You can pick more than one)

- Mother
- Father
- Stepmother/Father's girlfriend
- Stepfather/Mother's boyfriend
- Foster Mother/Guardian
- Foster Father/Guardian
- Grandmother
- Grandfather
- Aunt
- Uncle
- Other relatives or friends

**1.4** Do you get or are you eligible for a free or reduced-price lunch at your school?

- Yes, I get or am eligible for free lunches
- Yes, I get or am eligible for reduced-price lunches
- No, I do not get and am not eligible for free or reduced-price lunches

**1.5** Do you receive special education services?

- Yes
- No
- I prefer not to answer

**1.6** Are you Hispanic or Latino/Latina?

- Yes
- No

**1.7** How do you describe yourself?

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other: \_\_\_\_\_

**1.8** What language is spoken most often in your home?

- English
- Spanish
- Another language

**1.9** Were your parents born in the United States?

- Yes, my mother
- Yes, my father
- Yes, both my mother and father
- No

**1.10** Do you take ESOL (English for Speakers of Other Languages) classes?

- Yes  
 No

## How You Feel About Your School

2. Now, we would like you to give us some of your general feelings about your school. Please mark the box that indicates how true each of the following statements is for you.

<i>Check one box for each statement.</i>	Not At All True	Not Really True	Sort of True	True	Very True
a) Students in my school don't really care about each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I feel safe outside around the school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I worry about crime and violence in my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Students in my school like to put each other down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I feel safe in the hallways and bathrooms of my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Students at my school are often teased or picked on.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) I feel safe when security is present at my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Students at my school don't get along together very well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Students at my school are often threatened or bullied.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) When students are caught bullying, they know what kind of punishment will follow.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) The teachers and other adults at my school stop bullying when it happens.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) My school has a required program to prevent violence or bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) I feel safe in my classes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) I sometimes stay home because I don't feel safe at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Students at my school just look out for themselves.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Students at my school treat each other with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) My classmates often bother me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) I like pretty much all of the other kids in my grade.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) I like working with my classmates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) I get along well with the other kids in my class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u) I am liked by my classmates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) I rarely fight or argue with other kids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w) I work hard at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x) I enjoy being at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y) I get bored at school a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z) I do well in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa) I feel good about myself when I am at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bb) Doing well in school is important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

cc) I like the way my school looks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dd) There are good places to hang out with my friends at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ee) My school is crowded and hard to get around in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ff) There are lots of places at school where I really feel at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gg) My school is bright and cheery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hh) We are watched way too closely at my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) At my school, everyone knows what the school rules are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
jj) The rules at my school are fair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
kk) The rules at my school are strictly enforced.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ll) If the rules at my school are broken, students know what kind of punishment will follow.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mm) The punishment for breaking school rules is that same no matter who you are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
nn) Teachers at my school treat students with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
oo) Teachers at my school treat other staff members with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Fear of Violence

3. Thinking about your life at school over the past month, please answer each of the following questions.

	Never	Seldom (1-2 Days)	Sometime s (3-5 Days)	Often (6-15 Days)	Frequently (16+ Days)
a) How often were you afraid that someone would attack or harm you in the school building or on school property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) How often were you afraid that someone would attack or harm you on a school bus or on the way to and from school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Besides the times you were in the school building, on school property, on a school bus, or going to or from school, how often were you afraid that someone would attack or harm you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Bullying

Bullying is when one or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when two students of about the same strength or power argue or fight or tease each other in a friendly way.

4.1 Thinking about your life at school over the past month, how often has any student bullied you by...?

Check one box for each statement.	Never	Seldom (1-2 Days)	Sometime s (3-5 Days)	Often (6-15 Days)	Frequentl y (16+
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					<u>Days</u>
a) Making fun of you, calling you names, or insulting you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Spreading rumors about you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Threatening you with harm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Pushing you, shoving you, tripping you, or spitting on you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Trying to make you do things you did not want to do, for example, give them money or other things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Excluding you from activities on purpose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Destroying your property on purpose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Feelings of Safety

5. Thinking about your life at school over the past month, how SAFE did you feel in each of these places?

<i>Check one box for each statement.</i>	<u>Not At All Safe</u>	<u>Not Really Safe</u>	<u>Sort of Safe</u>	<u>Safe</u>	<u>Very Safe</u>
a) School parking lots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) School grounds (sidewalks and gathering areas such as outside courtyards and bike rack areas, or any outdoor areas within school boundaries).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Student entries and exits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Corridors/hallways and locker areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Stairs, stair areas and balconies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Restrooms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Classrooms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Gym locker rooms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Inside recreation and/or athletic areas such as gyms or practice areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Outside recreation and/or athletic areas such as playing fields or courts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Cafeteria and vending areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Portables and other non-attached buildings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) School bus waiting areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Places Where Threats Are Made

6. Thinking about the past month, how often do you think students have been THREATENED in each of these places?

<i>Check one box for each statement.</i>	<u>Never</u>	<u>Seldom (1-2 Days)</u>	<u>Sometimes (3-5 Days)</u>	<u>Often (6-15 Days)</u>	<u>Frequently (16+ Days)</u>
a) School parking lots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) School grounds (sidewalks, gathering areas such as outside courtyards and bike rack areas, or any other outdoor area within school boundaries).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Student entries and exits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Corridors/hallways and locker areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Stairs, stair areas and balconies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Restrooms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Classrooms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Gym locker rooms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Inside recreation and/or athletic areas such as gyms or practice areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Outside recreation and/or athletic areas such as playing fields or courts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Cafeteria and vending areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Portables and other non-attached buildings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) School bus waiting areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Places Where Fights Happen

7. Thinking about the past month, how often do you think students have been in **PHYSICAL FIGHTS** in each of these places?

<i>Check one box for each statement.</i>	<u>Never</u>	<u>Seldom (1-2 Days)</u>	<u>Sometimes (3-5 Days)</u>	<u>Often (6-15 Days)</u>	<u>Frequently (16+ Days)</u>
a) School parking lots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) School grounds (sidewalks and gathering areas such as outside courtyards and bike rack areas, or any other outdoor areas within school boundaries).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Student entries and exits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Corridors/hallways and locker areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Stairs, stair areas and balconies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Restrooms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Classrooms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Gym locker rooms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Inside recreation and/or athletic areas such as gyms or practice areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Outside recreation and/or athletic areas such as playing fields or courts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Cafeteria and vending areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Portables and other non-attached buildings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) School bus waiting areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Places Where Tobacco, Alcohol or Drugs Are Used

8. Thinking about the past month, how often do you think students have USED TOBACCO, ALCOHOL or DRUGS in each of these places?

<i>Check one box for each statement.</i>	<u>Never</u>	<u>Seldom</u> (1-2 Days)	<u>Sometimes</u> (3-5 Days)	<u>Often</u> (6-15 Days)	<u>Frequently</u> (16+ Days)
a) School parking lots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) School grounds (sidewalks and gathering areas such as outside courtyards and bike rack areas).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Student entries and exits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Corridors/hallways and locker areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Stairs, stair areas and balconies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Restrooms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Classrooms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Gym locker rooms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Inside recreation and/or athletic areas such as gyms or practice areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Outside recreation and/or athletic areas such as playing fields or courts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Cafeteria and vending areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Portables and other non-attached buildings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) School bus waiting areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>









## Substance Use

15. During the past month, how many days did you do the following on school property?

<i>Check one box for each statement.</i>	<u>Never</u>	<u>Seldom</u> (1-2 Days)	<u>Sometime</u> <sup>s</sup> (3-5 Days)	<u>Often</u> (6-15 Days)	<u>Frequentl</u> <u>y</u> (16+ Days)	<u>Prefer not to answer</u>
a) Smoke cigarettes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Have at least one drink of alcohol, other than a few sips.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Use marijuana.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Use inhalants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Use any other illegal drug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Use prescription drugs without doctor's permission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Personal Norms Concerning Aggression

16. How "ok" do you think it is for a kid in your school to ...?

<i>Check one box for each statement.</i>	<u>Not At All Okay</u>	<u>Not Really Okay</u>	<u>Sort of Okay</u>	<u>Okay</u>	<u>Completel</u> <u>y Okay</u>
a) Hit someone who said something mean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Yelled at someone who said something mean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Threatened someone who said something mean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Hit someone who hit first?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Hit someone for no reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Threatened someone because that person yelled first?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Yelled at someone for no reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Yelled at someone who yelled first?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Threatened someone for no reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Threatened someone who hit first?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## School Norms Concerning Aggression

17. How "ok" would *the kids in your school* think it was if a kid in your school...?

<i>Check one box for each statement.</i>	<u>Not At All Okay</u>	<u>Not Really Okay</u>	<u>Sort of Okay</u>	<u>Okay</u>	<u>Completel</u> <u>ly Okay</u>
a) Hit someone who said something mean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**20. In the last month, how many whole days of school have you skipped or cut **WITHOUT** parents' permission...?**

<i>Check one box for each statement.</i>	<u>Never</u>	<u>Seldom</u> <u>(1-2 Days)</u>	<u>Sometimes</u> <u>(3-5 Days)</u>	<u>Often</u> <u>(6-15 Days)</u>	<u>Frequently</u> <u>(16+ Days)</u>	<u>Prefer not to answer</u>
<b>a)</b> Because of illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b)</b> Because I felt I would be unsafe at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c)</b> Because I felt I would be unsafe on the way to or from school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d)</b> Because I had something else to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e)</b> For other reasons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>