

ASK OF ALL PEOPLE AGES 12-18

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

SCHOOL CRIME SUPPLEMENT
 TO THE NATIONAL CRIME
 VICTIMIZATION SURVEY
 2015

QUESTIONNAIRE

Control number

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

A. FR Code

001

B. Respondent

Line No. Age Name
 002 003

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 1 Personal - Self
 2 Telephone – Self
 3 Personal - Proxy
 4 Telephone - Proxy
 5 Noninterview – **SKIP to ITEM D**

D. Reason for SCS noninterview

- 005 2 Refused } **SKIP to END**
 3 Not available } **SKIP to END**
 4 NCVS completed in a
 Language other than } **SKIP to END**
 English or Spanish

INTRO 1 - Now, I would like to ask some questions about your experiences at school. We estimate the survey will take about 10 minutes. The law authorizes the collection of this data and requires us to keep all information about you and your household strictly confidential.

E. SCREEN QUESTIONS FOR SUPPLEMENT

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

- 006 1 Yes
 2 No - **SKIP to 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?

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

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

- 007 1 Yes - **SKIP to END**
 2 No

1d. How many different schools have you attended this school year? [if student said "yes" to 1b add: Include your homeschooling as one school]

- 1 one school
 2 two schools
 3 three or more schools

Check item: if student was not homeschooled (1b = "no") continue with 2b. If student was partially homeschooled, continue with 2a.

<p>2a. <u>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?</u></p> <p>_____</p>	<p>093 0 <input type="checkbox"/> Fifth or under - SKIP to END</p> <hr/> <p>1 <input type="checkbox"/> Sixth 2 <input type="checkbox"/> Seventh 3 <input type="checkbox"/> Eighth 4 <input type="checkbox"/> Ninth 5 <input type="checkbox"/> Tenth 6 <input type="checkbox"/> Eleventh 7 <input type="checkbox"/> Twelfth 8 <input type="checkbox"/> Other - <i>Specify</i> _____</p> <hr/> <p>9 <input type="checkbox"/> College/GED/Post-graduate/ Other noneligible - END</p>
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Skip to 3

<p>2b. What grade are you in?</p>	<p>008 0 <input type="checkbox"/> Fifth or under - SKIP to END</p> <p>1 <input type="checkbox"/> Sixth 2 <input type="checkbox"/> Seventh 3 <input type="checkbox"/> Eighth 4 <input type="checkbox"/> Ninth 5 <input type="checkbox"/> Tenth 6 <input type="checkbox"/> Eleventh 7 <input type="checkbox"/> Twelfth 8 <input type="checkbox"/> Other - <i>Specify</i> _____</p> <p>9 <input type="checkbox"/> College/GED/Post-graduate/ Other noneligible - SKIP to END</p>
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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>3. In what month did your current school year begin?</p>	<p>009 1 <input type="checkbox"/> August 2 <input type="checkbox"/> September 3 <input type="checkbox"/> Other - <i>Specify</i> _____</p>
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F. ENVIRONMENTAL QUESTIONS

<p>4a. What is the complete name of your school?</p> <p>4b. In what city, county, and state is your school located?</p>	<p>012 School Name 013 City 014 County 015 State</p>
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<p>5a. Is your school public or private?</p> <p>5b. Is this the regular school that most of the students in your neighborhood attend?</p> <p>5c. Is your school affiliated with a religion?</p>	<p>016 1 <input type="checkbox"/> Public - ASK 5b 2 <input type="checkbox"/> Private - SKIP to 5c</p> <p>1 <input type="checkbox"/> Yes } SKIP to 6 2 <input type="checkbox"/> No } SKIP to 6</p> <p>017 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
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6. What grades are taught in your school?

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

Grades:

020 (lowest)
TO
021 (highest)

7. How do you get to school most of the time this school year?

FIELD REPRESENTATIVE - *If multiple modes are used, code the mode in which the student spends the most time.*

022 1 Walk
2 School bus
3 Public bus, subway, train
4 Car
5 Bicycle, motorbike, or motorcycle
6 Some other way – *Specify* _____

8. How do you get home from school most of the time this school year?

FIELD REPRESENTATIVE - *If multiple modes are used, code the mode in which the student spends the most time.*

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.

024 1 Walk
2 School bus
3 Public bus, subway, train
4 Car
5 Bicycle, motorbike, or motorcycle
6 Some other way – *Specify* _____

<p>9. During this school year, have you participated in any of the following activities sponsored by your school:</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 ASK] Volunteer or community service clubs sponsored by your school, for example, Peer Mediators, Ecology Club, or Recycling Club?</p> <p>[IF GRADES 9, 10, 11, or 12 ASK] Volunteer or community service clubs sponsored by your school, for example, Peer Mediators, Ecology Club, Key Club, or Interact? Do not include community service hours required for graduation.</p> <p>g. Other school clubs or school activities?</p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>120</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>121</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>122</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>123</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>124</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>125</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>126</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> </tbody> </table> <p style="text-align: right;">Specify _____</p>		Yes	No	120	1 <input type="checkbox"/>	2 <input type="checkbox"/>	121	1 <input type="checkbox"/>	2 <input type="checkbox"/>	122	1 <input type="checkbox"/>	2 <input type="checkbox"/>	123	1 <input type="checkbox"/>	2 <input type="checkbox"/>	124	1 <input type="checkbox"/>	2 <input type="checkbox"/>	125	1 <input type="checkbox"/>	2 <input type="checkbox"/>	126	1 <input type="checkbox"/>	2 <input type="checkbox"/>																
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<p>10. The next questions are about security measures that some schools take.</p> <p>Does your school have:</p> <p>a. Security guards or assigned police officers?</p> <p>b. Other adults supervising the hallway, such as teachers, administrators, or parent volunteers?</p> <p>c. Metal detectors, including wands?</p> <p>d. Locked entrance or exit doors during the day?</p> <p>e. A requirement that visitors sign in and wear visitor badges or stickers?</p> <p>f. Locker checks?</p> <p>g. A requirement that students wear badges or picture identification?</p> <p>h. One or more security cameras to monitor the school?</p> <p>i. A code of student conduct, that is, a set of written rules or guidelines that the school provides you?</p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>School does not have lockers</th> </tr> </thead> <tbody> <tr> <td>028</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>029</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>030</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>031</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>032</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>033</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>094</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>095</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>096</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td></td> </tr> </tbody> </table>		Yes	No	School does not have lockers	028	1 <input type="checkbox"/>	2 <input type="checkbox"/>		029	1 <input type="checkbox"/>	2 <input type="checkbox"/>		030	1 <input type="checkbox"/>	2 <input type="checkbox"/>		031	1 <input type="checkbox"/>	2 <input type="checkbox"/>		032	1 <input type="checkbox"/>	2 <input type="checkbox"/>		033	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	094	1 <input type="checkbox"/>	2 <input type="checkbox"/>		095	1 <input type="checkbox"/>	2 <input type="checkbox"/>		096	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
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<p>11. If you hear about a threat to school or student safety, do you have a way to report it without having to give your name?</p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>167</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	167	1 <input type="checkbox"/>	2 <input type="checkbox"/>																																		
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<p>12. In your classes, how often are you distracted from doing your schoolwork because other students are misbehaving, for example, talking or fighting? (READ CATEGORIES.)</p>	<p>156</p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Most of the time</p>																														
<p>13. Thinking about your school, would you strongly agree, agree, disagree, or strongly disagree with the following...</p> <p>a. The school rules are fair.</p> <p>b. The punishment for breaking school rules is the same no matter who you are.</p> <p>c. The school rules are strictly enforced.</p> <p>d. If a school rule is broken, students know what kind of punishment will follow.</p> <p>e. Teachers treat students with respect</p>	<table border="0"> <thead> <tr> <th></th> <th>Strongly Agree</th> <th>Agree</th> <th>Disagree</th> <th>Strongly Disagree</th> </tr> </thead> <tbody> <tr> <td>035</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> <tr> <td>036</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> <tr> <td>037</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> <tr> <td>038</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>127</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> </tbody> </table>		Strongly Agree	Agree	Disagree	Strongly Disagree	035	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	036	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	037	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	038	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	127	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
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<p>14. Still thinking about your school, would you strongly agree, agree, disagree, or strongly disagree with the following...</p> <p>There is a TEACHER or other ADULT at school who...</p> <p>a. Really cares about you.</p> <p>b. Listens to you when you have something to say.</p> <p>c. Tells you when you do a good job.</p>	<table border="0"> <thead> <tr> <th></th> <th>Strongly Agree</th> <th>Agree</th> <th>Disagree</th> <th>Strongly Disagree</th> </tr> </thead> <tbody> <tr> <td>173SCS</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>175SCS</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>176SCS</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> </tbody> </table>		Strongly Agree	Agree	Disagree	Strongly Disagree	173SCS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	175SCS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	176SCS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>										
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<p>15. There is a STUDENT at school who...</p> <p>a. Really cares about you.</p> <p>b. Listens to you when you have something to say.</p> <p>c. Believes that you will be a success.</p>	<table border="0"> <thead> <tr> <th></th> <th>Strongly Agree</th> <th>Agree</th> <th>Disagree</th> <th>Strongly Disagree</th> </tr> </thead> <tbody> <tr> <td></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></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></td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> </tbody> </table>		Strongly Agree	Agree	Disagree	Strongly Disagree		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"/>										
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<p>16. Thinking about the neighborhood where YOU LIVE, would you strongly agree, agree, disagree, or strongly disagree with the following...</p> <p>There is a lot of crime in the neighborhood where you live.</p>	<table border="0"> <thead> <tr> <th></th> <th>Strongly Agree</th> <th>Agree</th> <th>Disagree</th> <th>Strongly Disagree</th> </tr> </thead> <tbody> <tr> <td>179SCS</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> </tbody> </table>		Strongly Agree	Agree	Disagree	Strongly Disagree	179SCS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																				
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<p>17. Thinking about the neighborhood where your SCHOOL IS LOCATED, would you strongly agree, agree, disagree, or strongly disagree with the following...</p> <p>There is a lot of crime in the neighborhood where you go to school.</p>	<table border="0"> <thead> <tr> <th></th> <th>Strongly Agree</th> <th>Agree</th> <th>Disagree</th> <th>Strongly Disagree</th> </tr> </thead> <tbody> <tr> <td>181SCS</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> </tbody> </table>		Strongly Agree	Agree	Disagree	Strongly Disagree	181SCS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																				
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<p>18. Thinking about your school, would you strongly agree, agree, disagree, or strongly disagree with the following...</p> <p>You feel safe in your school</p>	<table border="0"> <tr> <td style="text-align: center;">Strongly Agree</td> <td style="text-align: center;">Agree</td> <td style="text-align: center;">Disagree</td> <td style="text-align: center;">Strongly Disagree</td> </tr> <tr> <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 style="text-align: center;">4 <input type="checkbox"/></td> </tr> </table>	Strongly Agree	Agree	Disagree	Strongly Disagree	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
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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>19. The following question refers to the availability of drugs and alcohol at your school.</p> <p>FIELD REPRESENTATIVE - For each item ask,</p> <p>Is it possible to get _____ at your school?</p> <p>a. Alcoholic beverages</p> <p>b. Marijuana</p> <p>c. Prescription drugs illegally obtained without a prescription, such as Oxycontin, Ritalin or Adderall?</p> <p>d. Other illegal drugs, such as cocaine, uppers, or heroin. <i>If "Yes" is marked, ASK - What drugs? (Exclude tobacco products.)</i></p>	<table border="0"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">040</td> <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;">041</td> <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;">159</td> <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;">048</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;"><input type="checkbox"/></td> <td style="text-align: center;">Specify _____</td> </tr> </table>		Yes	No	040	1 <input type="checkbox"/>	2 <input type="checkbox"/>	041	1 <input type="checkbox"/>	2 <input type="checkbox"/>	159	1 <input type="checkbox"/>	2 <input type="checkbox"/>	048	1 <input type="checkbox"/>	2 <input type="checkbox"/>		<input type="checkbox"/>	Specify _____
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<p>20. During this school year, did you see another student who was under the influence of illegal drugs or alcohol while they were at school?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
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G. FIGHTING, BULLYING AND HATE BEHAVIORS

<p>21a. During this school year, have you been in one or more physical fights at school?</p>	<p>103 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 22</p>
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<p>21b. During this school year, how many times have you been in a physical fight at school?</p>	<p>104 <input type="text"/> <input type="text"/> <input type="text"/> (Number of times)</p>
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<p>22. Now I have some questions about what students do at school that makes you feel bad or is 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>That is, has another student...</p> <p><i>(Read each category a-g.)</i></p> <p>a. Made fun of you, called you names, or insulted you, in a hurtful way?</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 style="text-align: center;">(alt version - just respond to stem 22)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</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> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> </table> <p>134 1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>135 1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>136 1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>137 1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>138 1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>139 1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>140 1 <input type="checkbox"/> 2 <input type="checkbox"/></p>		Yes	No		1 <input type="checkbox"/>	2 <input type="checkbox"/>		Yes	No
	Yes	No								
	1 <input type="checkbox"/>	2 <input type="checkbox"/>								
	Yes	No								
<p>CHECK Item 22 Are all categories a-g marked "No" in Q22 above?</p>	<p>1 <input type="checkbox"/> Yes - SKIP to 29a 2 <input type="checkbox"/> No</p>									
<p>23a. When you were bullied this school year, did it happen over and over, or were you afraid it would happen over and over?</p> <p>23b. When you were bullied this school year, were you ever bullied by someone who had more power or strength than you? This could be because the person was bigger than you, was more popular, had more money, or had more power than you in another way.</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>									
<p>24. During this school year, how often were you bullied? <i>(READ CATEGORIES 1-4.)</i></p>	<p>142 1 <input type="checkbox"/> Once or twice this school year 2 <input type="checkbox"/> Once or twice a month 3 <input type="checkbox"/> Once or twice a week, or 4 <input type="checkbox"/> Almost every day</p>									
<p>25. Still thinking about all of the times that you were bullied, where did the bullying occur? Did it occur ... <i>(READ CATEGORIES) Mark (X) all that apply</i></p>	<p>143 1 <input type="checkbox"/> In a classroom at school? 168 2 <input type="checkbox"/> In a hallway or stairwell at school? 169 3 <input type="checkbox"/> In a bathroom or locker room at school? 173 4 <input type="checkbox"/> In a cafeteria or lunchroom at school? 146 5 <input type="checkbox"/> Somewhere else inside the school building? – <i>Specify</i> _____ 144 6 <input type="checkbox"/> Outside on school grounds? 145 7 <input type="checkbox"/> On the way to or from school such as on a school bus or at a bus stop? 8 <input type="checkbox"/> <input type="checkbox"/> Online or by text?</p>									
<p>26. Did you tell a teacher or some other adult at school about being bullied?</p>	<p>147 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>									

<p>31. Were any of the hate-related words related to ...</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 you may have – such as physical, mental, or developmental disabilities?</p> <p>e. Your gender?</p> <p>f. Your sexual orientation - by this we mean homosexual, bisexual, or heterosexual?</p>	<table border="1"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>107SCS 1</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>108SCS 1</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>109SCS 1</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>110SCS 1</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>111SCS 1</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>112SCS 1</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	107SCS 1	1 <input type="checkbox"/>	2 <input type="checkbox"/>	108SCS 1	1 <input type="checkbox"/>	2 <input type="checkbox"/>	109SCS 1	1 <input type="checkbox"/>	2 <input type="checkbox"/>	110SCS 1	1 <input type="checkbox"/>	2 <input type="checkbox"/>	111SCS 1	1 <input type="checkbox"/>	2 <input type="checkbox"/>	112SCS 1	1 <input type="checkbox"/>	2 <input type="checkbox"/>
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111SCS 1	1 <input type="checkbox"/>	2 <input type="checkbox"/>																				
112SCS 1	1 <input type="checkbox"/>	2 <input type="checkbox"/>																				
<p>32. 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?</p>	<p>066 1 <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> 2 <input type="checkbox"/> No</p>																					

H. AVOIDANCE

<p>33. 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?</p> <p><i>(READ CATEGORIES.)</i></p> <p>a. For example, did you ever STAY AWAY from the shortest route to school because you thought someone might attack or harm you?</p> <p>b. The entrance into the school?</p> <p>c. Any hallways or stairs in school?</p> <p>d. Parts of the school cafeteria?</p> <p>e. Any school restrooms?</p> <p>f. Other places inside the school building?</p> <p>g. School parking lot?</p> <p>h. Other places on school grounds?</p> <p>i. School bus or bus stop?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 10%;"></th> <th style="width: 10%;">Yes</th> <th style="width: 10%;">No</th> </tr> </thead> <tbody> <tr> <td>068</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>069</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>070</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>071</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>072</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>073</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>074</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>075</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td style="color: red;">1 <input type="checkbox"/></td> <td style="color: red;">2 <input type="checkbox"/></td> <td></td> </tr> </tbody> </table>			Yes	No	068	1 <input type="checkbox"/>	2 <input type="checkbox"/>		069	1 <input type="checkbox"/>	2 <input type="checkbox"/>		070	1 <input type="checkbox"/>	2 <input type="checkbox"/>		071	1 <input type="checkbox"/>	2 <input type="checkbox"/>		072	1 <input type="checkbox"/>	2 <input type="checkbox"/>		073	1 <input type="checkbox"/>	2 <input type="checkbox"/>		074	1 <input type="checkbox"/>	2 <input type="checkbox"/>		075	1 <input type="checkbox"/>	2 <input type="checkbox"/>			1 <input type="checkbox"/>	2 <input type="checkbox"/>	
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<p>34a. Did you AVOID any activities at your school because you thought someone might attack or harm you?</p>	<p>076</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>																																								
<p>34b. Did you AVOID any classes because you thought someone might attack or harm you?</p>	<p>077</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>																																								
<p>34c. 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?</p>	<p>078</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>																																								

I. FEAR

Intro: Sometimes, even if you can't avoid a place, you may still be afraid of what might happen there.

<p>35a. How often are you afraid that someone will attack or harm you in the school building or on school property?</p> <p><i>(READ CATEGORIES.)</i></p>	<p>079</p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Most of the time</p>
<p>35b. How often are you afraid that someone will attack or harm you on a school bus or on the way to and from school?</p> <p><i>(READ CATEGORIES.)</i></p>	<p>080</p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Most of the time</p>
<p>35c. 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><i>(READ CATEGORIES.)</i></p>	<p>081</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

In the next series of questions we are going to ask you about weapons at your school. All your responses are strictly confidential and will not be shared with anyone.

<p>36. 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><i>(READ CATEGORIES.)</i></p> <p>a. A gun?</p> <p>b. A knife brought as a weapon?</p> <p>c. Some other weapon?</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 10%;"></td> <td style="width: 40%;">Yes</td> <td style="width: 40%;">No</td> </tr> <tr> <td>082</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>083</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>084</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> </table>		Yes	No	082	1 <input type="checkbox"/>	2 <input type="checkbox"/>	083	1 <input type="checkbox"/>	2 <input type="checkbox"/>	084	1 <input type="checkbox"/>	2 <input type="checkbox"/>
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083	1 <input type="checkbox"/>	2 <input type="checkbox"/>											
084	1 <input type="checkbox"/>	2 <input type="checkbox"/>											
<p>37a. Do you know of any other students who have brought a gun to your school during this school year?</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 10%;">085</td> <td style="width: 40%;">1 <input type="checkbox"/></td> <td style="width: 40%;">Yes</td> </tr> <tr> <td></td> <td>2 <input type="checkbox"/></td> <td>No - SKIP to 38</td> </tr> </table>	085	1 <input type="checkbox"/>	Yes		2 <input type="checkbox"/>	No - SKIP to 38						
085	1 <input type="checkbox"/>	Yes											
	2 <input type="checkbox"/>	No - SKIP to 38											
<p>37b. Have you actually seen another student with a gun at school during this school year?</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 10%;">086</td> <td style="width: 40%;">1 <input type="checkbox"/></td> <td style="width: 40%;">Yes</td> </tr> <tr> <td></td> <td>2 <input type="checkbox"/></td> <td>No</td> </tr> </table>	086	1 <input type="checkbox"/>	Yes		2 <input type="checkbox"/>	No						
086	1 <input type="checkbox"/>	Yes											
	2 <input type="checkbox"/>	No											
<p>38. During this school year, could you have gotten a loaded gun without adult permission, either at school or away from school?</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 10%;">113</td> <td style="width: 40%;">1 <input type="checkbox"/> Yes</td> <td style="width: 40%;"></td> </tr> <tr> <td></td> <td>2 <input type="checkbox"/> No</td> <td></td> </tr> </table>	113	1 <input type="checkbox"/> Yes			2 <input type="checkbox"/> No							
113	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.

<p>39a. Are there any gangs at your school?</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 10%;">058</td> <td style="width: 40%;">1 <input type="checkbox"/> Yes</td> <td style="width: 40%;"></td> </tr> <tr> <td></td> <td>2 <input type="checkbox"/> No - SKIP to 40</td> <td></td> </tr> </table>	058	1 <input type="checkbox"/> Yes			2 <input type="checkbox"/> No - SKIP to 40										
058	1 <input type="checkbox"/> Yes															
	2 <input type="checkbox"/> No - SKIP to 40															
<p>39b. During this school year, how often have gangs been involved in fights, attacks, or other violence at your school?</p> <p><i>(READ CATEGORIES 1-5)</i></p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 10%;">089</td> <td style="width: 40%;">1 <input type="checkbox"/> Never</td> <td style="width: 40%;"></td> </tr> <tr> <td></td> <td>2 <input type="checkbox"/> Once or twice this school year</td> <td></td> </tr> <tr> <td></td> <td>3 <input type="checkbox"/> Once or twice a month</td> <td></td> </tr> <tr> <td></td> <td>4 <input type="checkbox"/> Once or twice a week, or</td> <td></td> </tr> <tr> <td></td> <td>5 <input type="checkbox"/> Almost every day</td> <td></td> </tr> </table>	089	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	
089	1 <input type="checkbox"/> Never															
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	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															
<p>39c. Have gangs been involved in the sale of drugs at your school during this school year?</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 10%;">090</td> <td style="width: 40%;">1 <input type="checkbox"/> Yes</td> <td style="width: 40%;"></td> </tr> <tr> <td></td> <td>2 <input type="checkbox"/> No</td> <td></td> </tr> </table>	090	1 <input type="checkbox"/> Yes			2 <input type="checkbox"/> No										
090	1 <input type="checkbox"/> Yes															
	2 <input type="checkbox"/> No															

L. STUDENT CHARACTERISTICS

<p>40. During this school year, across all subjects have you gotten mostly -</p> <p><i>(READ CATEGORIES 1-5)</i></p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 10%;">116</td> <td style="width: 40%;">1 <input type="checkbox"/> A's</td> <td style="width: 40%;"></td> </tr> <tr> <td></td> <td>2 <input type="checkbox"/> B's</td> <td></td> </tr> <tr> <td></td> <td>3 <input type="checkbox"/> C's</td> <td></td> </tr> <tr> <td></td> <td>4 <input type="checkbox"/> D's</td> <td></td> </tr> <tr> <td></td> <td>5 <input type="checkbox"/> F's</td> <td></td> </tr> <tr> <td></td> <td>6 <input type="checkbox"/> School does not give grades/no alphabetic grade equivalent</td> <td></td> </tr> </table>	116	1 <input type="checkbox"/> A's			2 <input type="checkbox"/> B's			3 <input type="checkbox"/> C's			4 <input type="checkbox"/> D's			5 <input type="checkbox"/> F's			6 <input type="checkbox"/> School does not give grades/no alphabetic grade equivalent	
116	1 <input type="checkbox"/> A's																		
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	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>41a. During the last 4 weeks of school, did you skip any classes? Again, we would like to remind you that all your responses are strictly confidential and will not be shared with anyone.</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 10%;">114</td> <td style="width: 40%;">1 <input type="checkbox"/> Yes</td> <td style="width: 40%;"></td> </tr> <tr> <td></td> <td>2 <input type="checkbox"/> No - SKIP to 42</td> <td></td> </tr> </table>	114	1 <input type="checkbox"/> Yes			2 <input type="checkbox"/> No - SKIP to 42													
114	1 <input type="checkbox"/> Yes																		
	2 <input type="checkbox"/> No - SKIP to 42																		

<p>41b. During the last 4 weeks of school, on how many days did you skip at least one class?</p>	<p>115 <input type="text"/> <input type="text"/> (Number of days)</p>									
<p>42. Thinking about the future, do you think you will ...</p> <p>a. Attend school after high school, such as a college or technical school?</p> <p>b. Graduate from a 4-year college?</p>	<table border="0"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>117</td> <td style="text-align: center;">1 <input type="text"/></td> <td style="text-align: center;">2 <input type="text"/> -- <i>END</i></td> </tr> <tr> <td>118</td> <td style="text-align: center;">1 <input type="text"/></td> <td style="text-align: center;">2 <input type="text"/></td> </tr> </table>		Yes	No	117	1 <input type="text"/>	2 <input type="text"/> -- <i>END</i>	118	1 <input type="text"/>	2 <input type="text"/>
	Yes	No								
117	1 <input type="text"/>	2 <input type="text"/> -- <i>END</i>								
118	1 <input type="text"/>	2 <input type="text"/>								