

2017 SCHOOL CRIME SUPPLEMENT

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.

SCREEN QUESTIONS FOR SUPPLEMENT

E_ATTENDSCHOOL

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

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

E_HOMESCHOOL

1b. During that time, were you ever homeschooled? 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 E_DIFFSCHOOL_ATTENDED**

E_ALLHOMESCHOOL

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

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

E_DIFFSCHOOL_ATTENDED

1d. How many different schools have you attended this school year?

Include your homeschooling as one school.
(only asked if student answered "yes" to being homeschooled)

- 185SCS 1 One school
 2 Two schools
 3 Three or more schools

Check Item: if student was not homeschooled (1b, **E_HOMESCHOOL** = "No") Skip to 2b, **WHATGRADE**. If student was partially homeschooled (1c, **E_ALLHOMESCHOOL** = "No") continue with 2a, **E_HOMESCHOOLGRADE**.

E_HOMESCHOOLGRADE

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

- 093 0 Fifth or under - **SKIP to END**
- | | | |
|---|---|------------------------|
| <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</p> | } | SKIP to INTRO_2 |
|---|---|------------------------|
- 8 Other - *Specify*
- 9 College/GED/Post-graduate/
 Other noneligible - **SKIP to END**

E_HOMESCHOOLGRADE_OTHER

E_WHATGRADE

2b. What grade are you in?

- 008 0 Fifth or under - **SKIP to END**
- | | | |
|---|---|----------------------------|
| <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</p> | } | SKIP to E_WHATMONTH |
|---|---|----------------------------|
- 8 Other - *Specify*
- 9 College/GED/Post-graduate/
 Other noneligible - **SKIP to END**

E_WHATGRADEOTHER

INTRO_2 -The following questions pertain only to your attendance at a public or private school and not to being homeschooled.

E_WHATMONTH

3. In what month did your current school year begin?

- 009 1 August
 2 September
 3 Other - Specify _____

E_WHATMONTHOTHER

- 1 January
 2 February
 3 March
 4 April
 5 May
 6 June
 7 July
 8 October
 9 November
 10 December

ENVIRONMENTAL QUESTIONS

F_SCHOOLSTATE, F_SCHOOLCOUNTY, F_SCHOOLCITY

4b. In what State, County and City is your school located?

- 015 State
 014 County
 013 City
 012 School Name

F_NAMEOFSCHOOL

What is the complete name of your school?

F_PUBLICORPRIVATE

5a. Is your school public or private?

- 016 1 Public – ASK **F_REGULARSCHOOL**
 2 Private - **SKIP** to **F_CHURCHRELATED**

F_REGULARSCHOOL

5b. Is this the regular school that most of the students in your neighborhood attend?

- 017 1 Yes
 2 No } **SKIP** to **F_GRADES_LOW**

F_CHURCHRELATED

5c. Is your school affiliated with a religion?

- 018 1 Yes
 2 No
 3 Don't know

<p>6. 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>020 <input type="checkbox"/> <input type="checkbox"/> (lowest) F_GRADES_LOW TO 021 <input type="checkbox"/> <input type="checkbox"/> (highest) F_GRADES_HIGH</p>
<p>F_GETTOSCHOOL</p> <p>7. How do you get to school most of the time this school year?</p> <p>FIELD REPRESENTATIVE - <i>If multiple modes are used, code the mode in which the student spends the most time.</i></p> <p>F_GETTOSCHOOL_SPECIFY</p> <p><i>Enter the other way that the respondent gets to school.</i></p>	<p>022 1 <input type="checkbox"/> Walk 2 <input type="checkbox"/> School bus 3 <input type="checkbox"/> Public bus, subway, train 4 <input type="checkbox"/> Car 5 <input type="checkbox"/> Bicycle, motorbike, or motorcycle 6 <input type="checkbox"/> Some other way – <i>Specify</i> _____</p>
<p>F_HOMEFROMSCHOOL</p> <p>8. How do you get home from school most of the time this school year?</p> <p>FIELD REPRESENTATIVE - <i>If multiple modes are used, code the mode in which the student spends the most time.</i></p> <p>F_HOMEFROMSCHOOL_SPECIFY</p> <p><i>Enter the other way that the respondent gets home from school.</i></p>	<p>024 1 <input type="checkbox"/> Walk 2 <input type="checkbox"/> School bus 3 <input type="checkbox"/> Public bus, subway, train 4 <input type="checkbox"/> Car 5 <input type="checkbox"/> Bicycle, motorbike, or motorcycle 6 <input type="checkbox"/> Some other way - <i>Specify</i> _____</p>

9. During this school year, have you participated in any of the following activities sponsored by your school:

F_ACTIVITIES_SPORTS

a. Athletic teams at school?

120

Yes

1

No

2

F_ACTIVITIES_SPIRIT

b. Spirit groups, for example, Cheerleading, Dance Team, or Pep Club?

121

1

2

F_ACTIVITIES_ARTS

c. Performing arts, for example, Band, Choir, Orchestra, or Drama?

122

1

2

F_ACTIVITIES_ACADEMIC

d. Academic clubs, for example, Debate Team, Honor Society, Spanish Club, or Math Club?

123

1

2

F_ACTIVITIES_GOV'T

e. Student government?

124

1

2

F_ACTIVITIES_SERVICE

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?

125

1

2

[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.

F_ACTIVITIES_OTHER

g. Other school clubs or school activities?

126

1

2



F_ACTIVITIES_OTHER_SPECIFY

What are the other school clubs or school activities you participate in?

Specify _____

10. The next questions are about security measures that some schools take.		Yes	No	Don't know	School does not have lockers
Does your school have:					
F_SAFETY_POLICE					
	a. Security guards or assigned police officers?	028	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
F_SAFETY_HALLSTAFF					
	b. Other adults supervising the hallway, such as teachers, administrators, or parent volunteers?	029	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
F_SAFETY_METAL_DETECTORS					
	c. Metal detectors, including wands? <i>(The definition for the term 'metal detector' is a device used to check for weapons students might be trying to bring onto school property. The metal detector may be in a form of a doorframe, which you are asked to walk through. It may also be in the form of a hand-held metal detector that looks like a wand or paddle, which is moved around your body.)</i>	030	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
F_SAFETY_DOORS_LOCKED					
	d. Locked entrance or exit doors during the day?	031	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
F_SAFETY_SIGN_IN					
	e. A requirement that visitors sign in AND wear visitor badges or stickers?	032	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
F_SAFETY_LOCKER_CHECKS					
	f. Locker checks?	033	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
F_SAFETY_STUDENT_ID					4 <input type="checkbox"/>
	g. A requirement that students wear badges or picture identification?	094	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
F_SAFETY_CAMERAS					
	h. One or more security cameras to monitor the school?	095	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
F_SAFETY_CODE_OF_CONDUCT					
	i. A code of student conduct, that is, a set of written rules or guidelines that the school provides you?	096	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
F_REPORT					
	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?	167	Yes 1 <input type="checkbox"/>	No 2 <input type="checkbox"/>	Don't know 3 <input type="checkbox"/>
F_DISTRACTED					
	12. In your classes, how often are you distracted from doing your schoolwork because other students are misbehaving, for example, talking or fighting? <i>(READ CATEGORIES.)</i>	156	1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Most of the time		

<p>13. Thinking about your school, would you strongly agree, agree, disagree, or strongly disagree with the following...</p> <p>F_RULES_FAIR a. The school rules are fair.</p> <p>F_PUNISHMENT_SAME b. The punishment for breaking school rules is the same no matter who you are.</p> <p>F_RULES_ENFORCED c. The school rules are strictly enforced. <i>(Strictly enforced rules means that the school consistently carries out disciplinary actions against any students who break school rules.)</i></p> <p>F_PUNISHMENT_KNOWN d. If a school rule is broken, students know what kind of punishment will follow.</p> <p>F_TEACHERS_RESPECT 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>F_ADULT_REALLYCARES a. Really cares about you.</p> <p>F_ADULT_LISTENS b. Listens to you when you have something to say.</p> <p>F_ADULT_GOOD_JOB 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. Still thinking about your school, would you strongly agree, agree, disagree, or strongly disagree with the following...</p> <p>There is a STUDENT at school who...</p> <p>F_STUDENT_REALLYCARES a. Really cares about you.</p> <p>F_STUDENT_LISTENS b. Listens to you when you have something to say.</p> <p>F_STUDENT_SUCCESS 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>186SCS</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>187SCS</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>188SCS</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	186SCS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	187SCS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	188SCS	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>F_CRIME_NEIGHBORHOOD 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>212SCS</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	212SCS	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>F_CRIME_NEIGHBORHOOD_SCHOOL 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>213SCS</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	213SCS	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>F_SAFE_IN_SCHOOL You feel safe in your school</p>	<table border="0"> <tr> <td></td> <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: right;">189SCS</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 style="text-align: center;">4 <input type="checkbox"/></td> </tr> </table>		Strongly Agree	Agree	Disagree	Strongly Disagree	189SCS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>					
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<p>SCS_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>																
<p>19. The following question refers to the availability of drugs and alcohol at your school.</p> <p style="text-align: center;">Is it possible for students at your school to get...</p> <p>F_ALCOHOL a. Alcoholic beverages?</p> <p>F_MARIJUANA b. Marijuana, also known as pot, weed or mary jane?</p> <p>F_PRESCRIPTION_DRUGS c. Prescription drugs illegally obtained without a prescription, such as Oxycontin, Ritalin, or Adderall?</p> <p>F_OTHER_ILLEGAL d. Other illegal drugs, such as cocaine, uppers, or heroin?</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: right;">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: right;">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: right;">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: right;">209SCS</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></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"/>	209SCS	1 <input type="checkbox"/>	2 <input type="checkbox"/>
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209SCS	1 <input type="checkbox"/>	2 <input type="checkbox"/>														
<p>F_KNOW_DRUGS_OR_ALCOHOL 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>210SCS 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>															
<p>FIGHTING, BULLYING AND HATE BEHAVIORS</p>																
<p>G_FIGHT_AT_SCHOOL 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: G_BULLY_MADE_FUN</p>															
<p>G_FIGHT_HOW_OFTEN 21b. During this school year, how many times have you been in a physical fight at school?</p>	<p>104 <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> (Number of times)</p>															

<p>22. 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?</p> <p>That is, has another student...</p> <p><i>(Read each category a-g.)</i></p> <p>G_BULLY_MADE_FUN a. Made fun of you, called you names, or insulted you, in a hurtful way?</p> <p>G_BULLY_RUMOR b. Spread rumors about you or tried to make others dislike you?</p> <p>G_BULLY_THREAT c. Threatened you with harm?</p> <p>G_BULLY_CONTACT d. Pushed you, shoved you, tripped you, or spit on you?</p> <p>G_BULLY_COERCED e. Tried to make you do things you did not want to do, for example, give them money or other things?</p> <p>G_BULLY_EXCLUDED f. Excluded you from activities on purpose?</p> <p>G_BULLY_DESTROYED_PROP g. Destroyed your property on purpose?</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>134</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>135</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>136</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>137</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>138</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>139</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>140</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/> If all categories a-g are marked "No" SKIP to G_HATE</td> </tr> </tbody> </table>		Yes	No	134	1 <input type="checkbox"/>	2 <input type="checkbox"/>	135	1 <input type="checkbox"/>	2 <input type="checkbox"/>	136	1 <input type="checkbox"/>	2 <input type="checkbox"/>	137	1 <input type="checkbox"/>	2 <input type="checkbox"/>	138	1 <input type="checkbox"/>	2 <input type="checkbox"/>	139	1 <input type="checkbox"/>	2 <input type="checkbox"/>	140	1 <input type="checkbox"/>	2 <input type="checkbox"/> If all categories a-g are marked "No" SKIP to G_HATE
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139	1 <input type="checkbox"/>	2 <input type="checkbox"/>																							
140	1 <input type="checkbox"/>	2 <input type="checkbox"/> If all categories a-g are marked "No" SKIP to G_HATE																							
<p>G_BULLY_DAY_PLUS 23a. During this school year, how many days were you bullied? <i>(READ ANSWER CATEGORIES)</i></p>	<p>214SCS</p> <p>1 <input type="checkbox"/> One day – Go to G_BULLY_TIMES</p> <p>2 <input type="checkbox"/> Two days 3 <input type="checkbox"/> Three to ten days 4 <input type="checkbox"/> More than ten days } SKIP to G_BULLY_HAPPEN_AGAIN</p>																								
<p>G_BULLY_TIMES 23b. In that one day, how many times would you say other students did those things that made you feel bad or were hurtful to you? <i>(READ ANSWER CATEGORIES 1-4)</i></p>	<p>215SCS</p> <p>1 <input type="checkbox"/> Once 2 <input type="checkbox"/> Two to ten times 3 <input type="checkbox"/> Eleven to fifty times 4 <input type="checkbox"/> More than fifty times 5 <input type="checkbox"/> Too many times to count 6 <input type="checkbox"/> Don't know</p>																								
<p>G_BULLY_HAPPEN_AGAIN 24. Did you think the bullying would happen again?</p>	<p>216SCS</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>																								

<p>G_BULLY_MULTI_PERS 25. Thinking about the [time/times] you were bullied this school year, did more than one person do [this/these things] to you?</p>	<p>217SCS 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to: G_BULLY_STRONGER</p>																		
<p>G_BULLY_HOW_ACT 26. Did these people act alone, together as a team, or both?</p>	<p>218SCS 1 <input type="checkbox"/> Alone 2 <input type="checkbox"/> Together 3 <input type="checkbox"/> Both 4 <input type="checkbox"/> Don't know</p>																		
<p>27. Now I have some additional questions about the time [another student/ other students] {behavior₁}, {behavior₂}, and {behavior_x...}. Thinking about the [person/ people] who did [this/these things] to you this school year,</p> <p>G_BULLY_STRONGER a. [Was this person/ Were any of these people/ Was anyone in the group] physically bigger or stronger than you?</p> <p>G_BULLY_POPULAR b. [Was this person/ Were any of these people/ Was anyone in the group] more popular than you?</p> <p>G_BULLY_MONEY c. [Did this person/ Did any of these people/ Did anyone in the group] have more money than you?</p> <p>G_BULLY_INFLUENCE d. [Did this person/ Did any of these people/ Did anyone in the group] have the ability to influence what other students think of you?</p> <p>G_BULLY_OTHER_POWER e. [Did this person/ Did any of these people/ Did anyone in the group] have more power than you in another way?</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>219SCS</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>220SCS</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>221SCS</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>222SCS</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>223SCS</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	219SCS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	220SCS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	221SCS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	222SCS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	223SCS	1 <input type="checkbox"/>	2 <input type="checkbox"/>
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<p>G_BULLY_WHERE1 through G_BULLY_WHERE8 28. Still thinking about all of the times that you were bullied, where did the bullying occur? Did it occur ...</p> <p style="text-align: center;"><i>(READ CATEGORIES) Mark (X) all that apply</i></p> <p>G_BULLY_WHERE_SPECIFY Where is the other place where bullying occurred?</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 lunch room 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? 211SCS 8 <input type="checkbox"/> Online or by text?</p>																		
<p>G_BULLY_ADULT_TOLD 29. 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>30. This school year, how much has bullying had a NEGATIVE effect on: (READ ANSWER CATEGORIES)</p> <p>G_SCHOOL_WORK a. YOUR school work.</p> <p>G_RELATION_FRIEND_FAMILY b. YOUR relationships with friends or family.</p> <p>G_ABOUT_YOURSELF c. How you feel about YOURSELF.</p> <p>G_PHYSICAL_HEALTH d. YOUR physical health for example, caused injuries, gave you headaches or stomach aches.</p>	<table border="1"> <thead> <tr> <th></th> <th>Not at all</th> <th>Not very much</th> <th>Somewhat</th> <th>A lot</th> </tr> </thead> <tbody> <tr> <td>196SCS</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>197SCS</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>198SCS</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>199SCS</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>		Not at all	Not very much	Somewhat	A lot	196SCS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	197SCS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	198SCS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	199SCS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
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199SCS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																						
<p>31. When you were bullied in school this year, did you ever think it was related to ...</p> <p>G_BULLY_RACE a. YOUR race?</p> <p>G_BULLY_RELIGION b. YOUR religion?</p> <p>G_BULLY_ETHNIC_ORIGIN c. Your ethnic background or national origin - for example, people of Hispanic origin?</p> <p>G_BULLYING_DISABILITY d. Any disability you may have – such as physical, mental, or developmental disabilities?</p> <p>G_BULLYING_GENDER e. YOUR gender?</p> <p>G_BULLYING_ORIENTATION f. YOUR sexual orientation - by this we mean gay, lesbian, bisexual, or straight?</p> <p>G_BULLYING_APPEARANCE g. YOUR physical appearance?</p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>200SCS</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>201SCS</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>202SCS</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>203SCS</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>204SCS</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>205SCS</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>206SCS</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	200SCS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	201SCS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	202SCS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	203SCS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	204SCS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	205SCS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	206SCS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
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<p>G_HATE 32. 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.</p>	<p>065 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to G_HATE_WORDS</p>																									

		Yes	No	Don't know
<p>33. Were any of the hate-related words related to ...</p> <p>G_HATE_RACE a. Your race?</p> <p>G_HATE_RELIGION b. Your religion?</p> <p>G_HATE_ETHNICITY c. Your ethnic background or national origin- for example, people of Hispanic origin?</p> <p>G_HATE_DISABILITY d. Any disability you may have – such as physical, mental, or developmental disabilities?</p> <p>G_HATE_GENDER e. Your gender?</p> <p>G_HATE_SEXUAL_ORIENTATION f. Your sexual orientation – by this we mean gay, lesbian, bisexual or straight?</p>	<p>107SCS</p> <p>108SCS</p> <p>109SCS</p> <p>110SCS</p> <p>111SCS</p> <p>112SCS</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>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>3 <input type="checkbox"/></p> <p>3 <input type="checkbox"/></p> <p>3 <input type="checkbox"/></p> <p>3 <input type="checkbox"/></p> <p>3 <input type="checkbox"/></p> <p>3 <input type="checkbox"/></p>
<p>G_HATE_WORDS 34. 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</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>		
AVOIDANCE				
<p>35. 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>H_AVOID_SHORTCUT 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>H_AVOID_ENTRANCE b. The entrance into the school?</p> <p>H_AVOID_HALLWAYS c. Any hallways or stairs in school?</p> <p>H_AVOID_CAFETERIA d. Parts of the school cafeteria or lunchroom?</p> <p>H_AVOID_RESTROOMS e. Any school restrooms?</p> <p>H_AVOID_OTHER_PLACES f. Other places inside the school building?</p> <p>H_AVOID_PARKING_LOT g. School parking lot?</p> <p>H_AVOID_OTHER_SCHOOL h. Other places on school grounds?</p> <p>H_SCHOOL_BUS_STOP i. School bus or bus stop?</p>	<p>068</p> <p>069</p> <p>070</p> <p>071</p> <p>072</p> <p>073</p> <p>074</p> <p>075</p> <p>208SCS</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>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>H_AVOID_ACTIVITIES 36a. 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>H_AVOID_CLASSES 36b. Did you AVOID any classes because you thought someone might attack or harm you?</p>	<p>077 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>												
<p>H_STAY_HOME 36c. 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 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>												
FEAR													
<p>I_INTRO_FEAR: Sometimes, even if you can't avoid a place, you may still be afraid of what might happen there.</p>													
<p>I_AFRAID 37a. How often are you afraid that someone will attack or harm you in the school building or on school property? (READ ANSWER CATEGORIES.)</p>	<p>079 1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Most of the time</p>												
<p>I_AFRAID_ON_BUS 37b. How often are you afraid that someone will attack or harm you on a school bus or on the way to and from school? (READ ANSWER CATEGORIES)</p>	<p>080 1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Most of the time</p>												
<p>I_AFRAID_NONSCHOOL 37c. Besides the times you are in the school building, on school property, on a school bus, or going to or from school, how often are you afraid that someone will attack or harm you? (READ ANSWER CATEGORIES)</p>	<p>081 1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Most of the time</p>												
WEAPONS													
<p>J_INTRO_WEAPON 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>													
<p>38. Some people bring guns, knives, or objects that can be used as weapons to school for protection. During this school year, did you ever bring the following to school or onto school grounds? (READ CATEGORIES.)</p> <p>J_WEAPONS_GUN a. A gun?</p> <p>J_WEAPONS_KNIFE b. A knife brought as a weapon?</p> <p>J_WEAPONS_OTHER c. Some other weapon?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 40%; text-align: center;">Yes</th> <th style="width: 40%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>082 1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>083 1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>084 1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	082 1 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	083 1 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	084 1 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
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084 1 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>											
<p>J_GUN_OTHERS 39a. Do you know of any other students who have brought a gun to your school during this school year?</p>	<p>085 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to J_GET_GUN</p>												

<p>J_SEE_GUN 39b. Have you actually seen another student with a gun at school during this school year?</p>	<p>086 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>												
<p>J_GET_GUN 40. During this school year, could you have gotten a loaded gun without adult permission, either at school or away from school?</p>	<p>113 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>												
GANGS													
<p>K_INTRO_GANG 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>													
<p>K_GANGS 41a. Are there any gangs at your school?</p>	<p>058 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to L_GRADES 3 <input type="checkbox"/> Don't know - SKIP to L_GRADES</p>												
<p>K_GANG_FIGHTS 41b. During this school year, how often have gangs been involved in fights, attacks, or other violence at your school? (READ CATEGORIES 1-5)</p>	<p>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</p>												
<p>K_GANG_DRUGS 41c. Have gangs been involved in the sale of drugs at your school during this school year?</p>	<p>090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>												
STUDENT CHARACTERISTICS													
<p>L_GRADES 42. During this school year, across all subjects have you gotten mostly - (READ CATEGORIES 1-5)</p>	<p>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</p>												
<p>L_SKIP_CLASSES 43a. 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>	<p>114 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to L_SCHOOL_AFTER_SCHOOL 3 <input type="checkbox"/> Don't know - SKIP to L_SCHOOL_AFTER_SCHOOL</p>												
<p>L_SKIP_CLASS_DAYS 43b. 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>44. Thinking about the future, do you think you will ... L_SCHOOL_AFTER_SCHOOL a. Attend school after high school, such as a college or technical school?</p> <p>L_GRADUATE_4YR b. Graduate from a 4-year college?</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> </tr> </thead> <tbody> <tr> <td>117</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/> -- END</td> <td style="text-align: center;">3 <input type="checkbox"/></td> </tr> <tr> <td>118</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> </tr> </tbody> </table>		Yes	No	Don't know	117	1 <input type="checkbox"/>	2 <input type="checkbox"/> -- END	3 <input type="checkbox"/>	118	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
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