

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

ASK OF ALL PEOPLE AGES 12-18.

FORM **SCS-1**
(10-2-2002)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
ACTING AS COLLECTING AGENT FOR THE
BUREAU OF JUSTICE STATISTICS
U.S. DEPARTMENT OF JUSTICE

We estimate that it will take from 5 to 15 minutes to complete this interview with 10 minutes being the average time. If you have any comments regarding this burden estimate or any other aspect of this survey, send them to Paperwork Project 0607-1121 U.S. Census Bureau, 4700 Silver Hill Road, Stop 1500, Washington DC 20233-1500. You may e-mail comments to Paperwork@census.gov; use "Paperwork Project 0607-1121" as the subject. According to the Paperwork Reduction Act of 1995, no such persons are required to respond to a collection of information unless such collection displays a valid OMB control number.

**SCHOOL CRIME SUPPLEMENT
TO THE NATIONAL CRIME
VICTIMIZATION SURVEY
2003**

Sample	Control number		
J _____	PSU	Segment	CK Serial

A. FR code	B. Respondent		
Line No.	Age	Name	
001	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.

D. Reason for SCS noninterview

005 2 Refused
 3 Not available

C. Type of SCS Interview

004 1 Personal – Self
 2 Telephone – Self
 3 Personal – Proxy
 4 Telephone – Proxy
 5 Noninterview – FILL ITEM D

} **SKIP to INTRO 1**

FIELD REPRESENTATIVE – Read introduction.

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

E. SCREEN QUESTIONS FOR SUPPLEMENT

1a. Did you attend school at any time during the last 6 months, that is, any time since _____ 1st, 2002?	006	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to CHECK ITEM B on page 7
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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2b
1c. Was ALL or SOME of that home schooling?	007	1 <input type="checkbox"/> All – SKIP to CHECK ITEM B on page 7 2 <input type="checkbox"/> Some
2a. During the time you were home-schooled in the last 6 months, what grade would you have been in if you were in a public or private school?	093	0 <input type="checkbox"/> Fifth or under – SKIP to CHECK ITEM B on page 7 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 – Specify _____ 9 <input type="checkbox"/> College/GED/Post-graduate/Other noneligible – SKIP to CHECK ITEM B on page 7
2b. During the last 6 months, that is, any time since _____ 1st, 2002, what grade were you in school?	008	0 <input type="checkbox"/> Fifth or under – SKIP to CHECK ITEM B on page 7 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 – Specify _____ 9 <input type="checkbox"/> College/GED/Post-graduate/Other noneligible – SKIP to CHECK ITEM B on page 7

E. SCREEN QUESTIONS FOR SUPPLEMENT – Continued

FIELD REPRESENTATIVE – *Read introduction only if any of the boxes 1– 8 are marked in item 2a.*

INTRO 2 – The following questions pertain only to your attendance at a public or private school and not to being home-schooled.

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

- 009 1 August
 2 September
 3 Other – *Specify* _____

4. Did you attend school for all of the last 6 months?

- 010 1 Yes – **SKIP** to 6a
 2 No

5. How many months were you in school during the last 6 months?

- 011 1 One month
 2 Two months
 3 Three months
 4 Four months
 5 Five months

F. ENVIRONMENTAL QUESTIONS

6a. What is the complete name of your school?

012

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 Office Use Only

6b. In what city, county, and state is your school located?

FIELD REPRESENTATIVE – *Probe, if necessary.*

013 _____ City
 _____ County

014

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 Office Use Only

015

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 Office Use Only

_____ State

7a. Is your school public or private?

- 016 1 Public – *ASK 7b*
 2 Private – **SKIP** to 7c

7b. Is this your regularly assigned school or a school that you or your family chose?

- 017 1 Assigned
 2 Chosen
 3 Assigned school is school of choice } **SKIP** to 8

7c. Is your school church-related?

- 018 1 Yes – *ASK 7d*
 2 No – **SKIP** to 8
 3 Don't know – *ASK 7d*

7d. Is your school Catholic?

- 019 1 Yes, Catholic
 2 No, other religion

8. 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

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 (lowest)

TO

021

--	--

 (highest)

9. How do you get to school most of the time?

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* _____

F. ENVIRONMENTAL QUESTIONS – Continued

<p>10. How long does it take you to get from your home to school most of the time?</p>	023	<p>1 <input type="checkbox"/> Less than 15 minutes 2 <input type="checkbox"/> 15–29 minutes 3 <input type="checkbox"/> 30–44 minutes 4 <input type="checkbox"/> 45–59 minutes 5 <input type="checkbox"/> 60 minutes or longer</p>
<p>11. How do you get home from school most of the time?</p> <p>FIELD REPRESENTATIVE – <i>If multiple modes are used, code the mode in which the student spends the most time.</i></p> <p><i>If the student volunteers that he or she does not go directly home after school, record the mode that the student uses to get to his or her first destination after school.</i></p>	024	<p>1 <input type="checkbox"/> Walk 2 <input type="checkbox"/> School bus 3 <input type="checkbox"/> Public bus, subway, train 4 <input type="checkbox"/> Car 5 <input type="checkbox"/> Bicycle, motorbike, or motorcycle 6 <input type="checkbox"/> Some other way – <i>Specify</i> _____</p>
<p>12a. How often do you leave school grounds at lunch time? (READ CATEGORIES.)</p>	026	<p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Once or twice a year 3 <input type="checkbox"/> Once or twice a month 4 <input type="checkbox"/> Once or twice a week 5 <input type="checkbox"/> Almost every day</p>
<p>12b. Are MOST students at your school allowed to leave the school grounds to eat lunch?</p>	025	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>
<p>13. During the last 6 months, have you participated in any extra-curricular activities sponsored by your school?</p>	027	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>14. Does your school take any measures to make sure students are safe?</p> <p>For example, does the school have:</p>		Yes No Don't know
<p>a. Security guards and/or assigned police officers?</p>	028	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></p>
<p>b. Other school staff or other adults supervising the hallway?</p>	029	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></p>
<p>c. Metal detectors?</p>	030	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></p>
<p>d. Locked entrance or exit doors during the day?</p>	031	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></p>
<p>e. A requirement that visitors sign in?</p>	032	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></p>
<p>f. Locker checks?</p>	033	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></p>
<p>g. A requirement that students wear badges or picture identification?</p>	094	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></p>
<p>h. One or more security cameras to monitor the school?</p>	095	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></p>
<p>i. A code of student conduct, that is, a set of written rules or guidelines that the school provides you?</p>	096	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></p>
<p>15. I am going to read a list of statements that could describe a school. Thinking about your school over the last 6 months, would you strongly agree, agree, disagree, or strongly disagree with the following...</p>		Strongly Agree Agree Disagree Strongly Disagree
<p>a. Everyone knows what the school rules are</p>	034	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/></p>
<p>b. The school rules are fair</p>	035	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/></p>
<p>c. The punishment for breaking school rules is the same no matter who you are</p>	036	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/></p>
<p>d. The school rules are strictly enforced</p>	037	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/></p>
<p>e. If a school rule is broken, students know what kind of punishment will follow</p>	038	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/></p>
<p>16. During the last 6 months, that is, since _____ 1st, 2002, have you attended any drug education classes in your school?</p>	039	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>

F. ENVIRONMENTAL QUESTIONS – Continued

FIELD REPRESENTATIVE – *Read introduction.*

INTRO 3 – Now I have some questions about things that happened at school. For this survey, "at school" includes the school building, on school property, on a school bus, or going to and from school. I want to remind you that all of your answers are confidential.

17a. The following question refers to the availability of drugs and alcohol at your school.

Tell me if you don't know what any of these items are.

FIELD REPRESENTATIVE – *For "Don't Know" responses, probe if necessary to determine if respondent means they do not know if the drug is available or if they do not know the drug.*

FIELD REPRESENTATIVE – *For each item ask,*

Is it possible to get _____ at your school?

- a. Alcoholic beverages**
- b. Marijuana**
- c. Crack**
- d. Other forms of cocaine**
- e. Uppers such as ecstasy, crystal meth, or other illegal stimulants**
- f. Downers such as GHB or sleeping pills**
- g. LSD or acid**
- h. PCP or angel dust**
- i. Heroin or smack**
- j. Other illegal drugs –**
*If "Yes" is marked, ASK – What drugs?
(Exclude tobacco products.)*

	Yes	No	Don't know	Don't know drug
040	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
041	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
042	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
043	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
097	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
098	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
045	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
046	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
047	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
048	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Specify

FIELD REPRESENTATIVE – *Refer to Drug Slang Card (SCS-2). Reclassify the "other illegal drug(s)" to one of the categories a–i if possible. If able to reclassify the drug(s) mentioned, mark the "No" box in category j, otherwise, mark the "Yes" box in category j and enter the "other illegal drug(s)" mentioned in the Specify space.*

17b. FIELD REPRESENTATIVE – For each YES response in 17a ask the drug, otherwise mark NA for each category not marked YES in 17a.

Would you say _____ (is/are) easy, fairly easy, fairly hard, or hard to get at your school?

- a. Alcoholic beverages**
- b. Marijuana**
- c. Crack**
- d. Other forms of cocaine**
- e. Uppers such as ecstasy, crystal meth, or other illegal stimulants**
- f. Downers such as GHB or sleeping pills**
- g. LSD or acid**
- h. PCP or angel dust**
- i. Heroin or smack**
- j. Other illegal drugs**

	Easy	Fairly Easy	Fairly Hard	Hard	NA
049	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
050	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
051	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
052	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
099	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
100	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
054	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
055	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
056	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
057	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

17c. During the last 6 months, did you know for sure that any students were on drugs or alcohol while they were at school?

101 1 Yes
 2 No

17d. During the last 6 months, did anyone offer, or try to sell or give you an illegal drug other than alcohol or tobacco at your school?

102 1 Yes
 2 No

G. FIGHTING, BULLYING AND HATE BEHAVIORS

18a. During the last 6 months, have you been in one or more physical fights at school?

103 1 Yes
 2 No – **SKIP to 19a**

18b. During the last 6 months, how many times have you been in a physical fight at school?

104 (Number of times)

G. FIGHTING, BULLYING AND HATE BEHAVIORS – Continued

19a. During the last 6 months, have you been bullied at school? That is, have any other students picked on you a lot or tried to make you do things you didn't want to do like give them money? (You may include incidents you reported before.)

067

- 1 Yes
2 No – **SKIP to 20a**

19b. During the last 6 months, how OFTEN has this happened?

(READ CATEGORIES.)

120

- 1 **Once or twice in the last 6 months**
2 **Once or twice a month**
3 **Once or twice a week, or**
4 **Almost every day**

20a. During the last 6 months, have you often felt rejected by other students at school? For example, have you felt rejected because other students have made fun of you, called you names, or excluded you from activities?

105

- 1 Yes
2 No – **SKIP to 21a**

20b. During the last 6 months, how OFTEN has this happened?

(READ CATEGORIES.)

106

- 1 **Once or twice in the last 6 months**
2 **Once or twice a month**
3 **Once or twice a week, or**
4 **Almost every day**

21a. During the last 6 months, has anyone called you a derogatory or bad name at school having to do with your race, religion, ethnic background or national origin, disability, gender, or sexual orientation? We call these hate-related words.

065

- 1 Yes
2 No – **SKIP to 22**

21b. Were any of the hate-related words related to ...

Yes No Don't know

a. Your race?

107

- 1 2 3

b. Your religion?

108

- 1 2 3

c. Your ethnic background or national origin (for example people of Hispanic origin)? ..

109

- 1 2 3

d. Any disability (by this I mean physical, mental, or developmental disabilities) you may have?

110

- 1 2 3

e. Your gender?

111

- 1 2 3

f. Your sexual orientation?

If "Yes," SAY – (by this we mean homosexual, bisexual, or heterosexual)

112

- 1 2 3

22. During the last 6 months, have you seen any hate-related words or symbols written in school classrooms, school bathrooms, school hallways, or on the outside of your school building?

066

- 1 Yes
2 No

H. AVOIDANCE

23a. During the last 6 months, that is, since _____ 1st, 2002, did you STAY AWAY from any of the following places because you thought someone might attack or harm you there?

(READ CATEGORIES.)

a. The shortest route to school?

068

- Yes No
1 2

b. The entrance into the school?

069

- 1 2

c. Any hallways or stairs in school?

070

- 1 2

d. Parts of the school cafeteria?

071

- 1 2

e. Any school restrooms?

072

- 1 2

f. Other places inside the school building? ..

073

- 1 2

g. School parking lot?

074

- 1 2

h. Other places on school grounds?

075

- 1 2

23b. Did you AVOID any extra-curricular activities at your school because you thought someone might attack or harm you?

076

- 1 Yes
2 No

H. AVOIDANCE – Continued

23c. Did you AVOID any classes because you thought someone might attack or harm you? 077 1 Yes
2 No

23d. Did you stay home from school because you thought someone might attack or harm you at school, or going to or from school? 078 1 Yes
2 No

I. FEAR

24. How often are you afraid that someone will attack or harm you at school? 079 1 **Never**
2 **Almost never**
3 **Sometimes**
4 **Most of the time**
(READ CATEGORIES.)

25. How often are you afraid that someone will attack or harm you on the way to and from school? 080 1 **Never**
2 **Almost never**
3 **Sometimes**
4 **Most of the time**
(READ CATEGORIES.)

26. Besides the times you are at school, how often are you afraid that someone will attack or harm you? 081 1 **Never**
2 **Almost never**
3 **Sometimes**
4 **Most of the time**
(READ CATEGORIES.)

J. WEAPONS

27. Some people bring guns, knives, or objects that can be used as weapons to school for protection. During the last 6 months, that is, since _____ 1st, 2002, did YOU ever bring the following to school or onto school grounds?
(READ CATEGORIES.)

		Yes	No
a. A gun?	<input type="checkbox"/> 082	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. A knife brought as a weapon?	<input type="checkbox"/> 083	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Some other weapon?	<input type="checkbox"/> 084	1 <input type="checkbox"/>	2 <input type="checkbox"/>

28a. Do you know any (other) students who have brought a gun to your school in the last 6 months? 085 1 Yes
2 No

28b. Have you actually seen another student with a gun at school in the last 6 months? 086 1 Yes
2 No
3 Don't know

29. During the last 6 months, could you have gotten a loaded gun without adult supervision, either at school or away from school? 113 1 Yes
2 No

K. GANGS

FIELD REPRESENTATIVE – *Read introduction.*

INTRO 4 – Now we'd like to know about gangs at your school. You may know these as street gangs, fighting gangs, crews, or something else. Gangs may use common names, signs, symbols, or colors. For this survey, we are interested in all gangs, whether or not they are involved in violent or illegal activity.

30. Are there any gangs at your school? 058 1 Yes
2 No
3 Don't know

31. During the last 6 months, that is, since _____ 1st, 2002, how often have gangs been involved in fights, attacks, or other violence at your school? 089 1 **Never**
2 **Once or twice in the last 6 months**
3 **Once or twice a month**
4 **Once or twice a week, or**
5 **Almost every day**
6 Don't know
(READ CATEGORIES 1–5.)

32. Have gangs been involved in the sale of drugs at your school in the last 6 months? 090 1 Yes
2 No
3 Don't know

L. STUDENT CHARACTERISTICS

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

114

- 1 Yes
- 2 No – **SKIP to 34**
- 3 Don't know – **SKIP to 34**

33b. During the last 4 weeks, on how many days did you skip at least one class?

115

(Number of days)

34. During this school year, across all subjects have you gotten mostly –

(READ CATEGORIES 1-5.)

116

- 1 **A's**
- 2 **B's**
- 3 **C's**
- 4 **D's**
- 5 **F's**
- 6 School does not give grades/no alphabetic grade equivalent

35. Thinking about the future, do you think you will....

a. Attend school after high school?

117

- | | | | |
|----------------------------|---|----|----------------------------|
| | Yes | No | Don't know |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> – SKIP to | | 3 <input type="checkbox"/> |
| | CHECK ITEM A | | |

b. Graduate from a 4-year college?

118

- | | | |
|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
|----------------------------|----------------------------|----------------------------|

CHECK ITEM A

Were the supplement questions asked in private, or was an adult member of the household or family present during at least part of the questions?

If not sure or if a telephone interview, ask –

Was an adult member of the household or family present during at least part of these questions?

091

- 1 Personal interview – No adult present
- 2 Personal interview – Adult present
- 3 Telephone interview – No adult present
- 4 Telephone interview – Adult present
- 5 Telephone interview – Don't know

CHECK ITEM B

Is this the last household member to be interviewed?

119

- Yes – **END SUPPLEMENT**
- No – *Interview next household member*

NOTES

