

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**

Economics and Statistics Administration
 U.S. Census Bureau
 ACTING AS COLLECTING AGENCY FOR THE
 BUREAU OF JUSTICE STATISTICS
 U.S. DEPARTMENT OF JUSTICE

We estimate that it will take from 5 to 15 minutes to complete this interview with 10 minutes being the average time. If you have any comments regarding these estimates or any other aspect of this survey, send them to the Associate Director for Finance and Administration, Room 2027, U.S. Census Bureau, Washington DC 20233, or to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503. According to the Paperwork Reduction Act of 1995, no such persons are required to respond to a collection of information unless such collection displays a valid OMB control number.

SCHOOL CRIME SUPPLEMENT
 TO THE NATIONAL CRIME
 VICTIMIZATION SURVEY
 2009

Control number

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

FINAL QUESTIONNAIRE

A. FR Code

001

B. Respondent

Line No.

002

Age

003

Name

FIELD REPRESENTATIVE - Complete an SCS-1 form for all NCVS interviewed people ages 12-18. Do NOT complete an SCS-1 form for Type Z noninterview people or for people in Type A noninterview households.

C. Type of SCS Interview

- 004
- 1 Personal - Self
 - 2 Telephone - Self
 - 3 Personal - Proxy
 - 4 Telephone - Proxy
 - 5 Noninterview - *FILL ITEM D*
- } **SKIP to INTRO 1**

D. Reason for SCS noninterview

- 005
- 2 Refused
 - 3 Not available

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

E. SCREEN QUESTIONS FOR SUPPLEMENT

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

- 006
- 1 Yes
 - 2 No - **END**
- _____

1b. During that time, were you ever home-schooled? That is, did you receive ANY of that schooling at home, rather than in a public or private school?

- 092
- 1 Yes
 - 2 No - **SKIP to 2b**
- _____

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

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

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

- 093
- 0 Fifth or under - **END**
 - 1 Sixth
 - 2 Seventh
 - 3 Eighth
 - 4 Ninth
 - 5 Tenth
 - 6 Eleventh
 - 7 Twelfth
 - 8 Other - *Specify* _____
 - 9 College/GED/Post-graduate/
Other noneligible - **END**
- } **SKIP to INTRO 2**

<p>2b. What grade are you in?</p>	<p>008 0 <input type="checkbox"/> Fifth or under - END</p> <p>1 <input type="checkbox"/> Sixth</p> <p>2 <input type="checkbox"/> Seventh</p> <p>3 <input type="checkbox"/> Eighth</p> <p>4 <input type="checkbox"/> Ninth</p> <p>5 <input type="checkbox"/> Tenth</p> <p>6 <input type="checkbox"/> Eleventh</p> <p>7 <input type="checkbox"/> Twelfth</p> <p>8 <input type="checkbox"/> Other - <i>Specify</i> _____</p> <p>9 <input type="checkbox"/> College/GED/Post-graduate/ Other noneligible - END</p> <p style="text-align: right;">} SKIP to 3</p>
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E. SCREEN QUESTIONS FOR SUPPLEMENT

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</p> <p>2 <input type="checkbox"/> September</p> <p>3 <input type="checkbox"/> Other - <i>Specify</i> _____</p> <p>4 <input type="checkbox"/> July (category created during post-data collection processing)</p>
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F. ENVIRONMENTAL QUESTIONS

<p>6a. What is the complete name of your school?</p> <p>_____</p> <p>6b. In what city, county, and state is your school located?</p> <p>_____</p>	
<p>7a. Is your school public or private?</p> <p>_____</p> <p>7b. Is this the regular school that most of the students in your neighborhood attend?</p> <p>_____</p> <p>7c. Is your school church-related?</p>	<p>016 1 <input type="checkbox"/> Public - ASK 7b</p> <p>2 <input type="checkbox"/> Private - SKIP to 7c</p> <hr/> <p>017 1 <input type="checkbox"/> Yes } SKIP to 8</p> <p>2 <input type="checkbox"/> No</p> <hr/> <p>018 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Don't know</p>

<p>8. 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) TO 021 <input type="checkbox"/> <input type="checkbox"/> (highest)</p>
<p>9. How [do you/did 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>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>10. How long does it take you to get from your home to school most of the time?</p>	<p>023 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/did 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><i>If the student volunteers that he or she does not go directly home after school, record the mode that the student uses to get to his or her first destination after school.</i></p>	<p>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> <p>_____</p>
<p>12a. How often do you leave school grounds at lunch time?</p> <p>(READ CATEGORIES)</p> <p>_____</p> <p>12b. Are students in your grade level allowed to leave school grounds to eat lunch?</p>	<p>026 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>_____</p> <p>025 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>

<p>13. 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] Community service or volunteer clubs sponsored by your school, for example, Peer Mediators, Ecology Club, or Recycling Club?</p> <p>[IF GRADES 9, 10, 11, or 12] Community service or volunteer clubs sponsored by your school, for example, Peer Mediators, Ecology Club, Key Club, or Interact?</p> <p>g. Other school clubs or school activities?</p>	<table> <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>		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>14a. Does your school take any measures to make sure students are safe?</p> <p>For example, does the school have:</p> <p>a. Security guards or assigned police officers?</p> <p>b. Other school staff or other adults supervising the hallway?</p> <p>c. Metal detectors?</p> <p>d. Locked entrance or exit doors during the day?</p> <p>e. A requirement that visitors sign in?</p> <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> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Don't know</th> </tr> </thead> <tbody> <tr> <td>028</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>029</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>030</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>031</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>032</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></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>3 <input type="checkbox"/></td> </tr> <tr> <td>095</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>096</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	Don't know	028	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	029	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	030	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	031	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	032	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <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"/>	3 <input type="checkbox"/>	095	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	096	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
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<p>14b. If you hear about a threat to school or student safety, do you have a way to report it to someone in authority without giving your name?</p> <p><i>FIELD REPRESENTATIVE - The term 'authority' includes the police, teachers, principals, security guards, or other school staff. It does not include the student's parents, guardians, or peers.</i></p>	<table> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Don't know</th> </tr> </thead> <tbody> <tr> <td>167</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	Don't know	167	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>																																
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<p>15a. 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> <hr/> <p>15b. In general, how often do teachers punish students during your classes? (READ CATEGORIES.)</p>	<p>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> <hr/> <p>157 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>16a. I am going to read a list of statements that could describe a school. Thinking about your school, would you strongly agree, agree, disagree, or strongly disagree with the following...</p> <p>a. Everyone knows what the school rules are.</p> <p>b. The school rules are fair.</p> <p>c. The punishment for breaking school rules is the same no matter who you are.</p> <p>d. The school rules are strictly enforced.</p> <p>e. If a school rule is broken, students know what kind of punishment will follow.</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>034</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>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> </tbody> </table>		Strongly Agree	Agree	Disagree	Strongly Disagree	034	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	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"/>
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<p>16b. Thinking about the TEACHERS at your school, would you strongly agree, agree, disagree, or strongly disagree with the following...</p> <p>a. Teachers treat students with respect.</p> <p>b. Teachers care about students.</p> <p>c. Teachers do or say things that make students feel bad about themselves.</p>	<table border="0"> <thead> <tr> <th></th> <th>Strongly Agree</th> <th>Agree</th> <th>Disagree</th> <th>Strongly Disagree</th> </tr> </thead> <tbody> <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> <tr> <td>128</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>129</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	127	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	128	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	129	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>										
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<p>16c. Thinking about all of the ADULTS at your school, including teachers, would you strongly agree, agree, disagree, or strongly disagree with the following ...</p> <p>a. At school, there is an ADULT you can talk to, who cares about your feelings and what happens to you.</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>130</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	130	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																				
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<p>16d. Thinking about FRIENDS at your school, would you strongly agree, agree, disagree, or strongly disagree with the following...</p> <p>a. At school, you have a FRIEND you can talk to, who cares about your feelings and what happens to you.</p>	<table border="0"> <thead> <tr> <th></th> <th>Strongly Agree</th> <th>Agree</th> <th>Disagree</th> <th>Strongly Disagree</th> </tr> </thead> <tbody> <tr> <td>132</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	132	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.

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

	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"/>

b. Marijuana

041	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
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c. Crack

042	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
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d. Other forms of cocaine

043	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
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e. Uppers such as ecstasy, crystal meth or other illegal stimulants

097	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
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f. Downers such as GHB or sleeping pills

098	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
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g. LSD or acid

045	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
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h. PCP or angel dust

046	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
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i. Heroin or smack

047	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
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j. Prescription drugs illegally obtained without a prescription, such as Oxycontin, Vicodin, or Xanax

159	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
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k. Other illegal drugs

If "Yes" is marked, ASK - What drugs?
(Exclude tobacco products.)

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-l if possible. If able to reclassify the drug(s) mentioned, mark the "No" box in category j, otherwise, mark the "Yes" box in category j and enter the "other illegal drug(s)" mentioned in the Specify space.

17b. During this school year, did you know for sure that any students were on drugs or alcohol while they were at school?

101	1 <input type="checkbox"/> Yes
	2 <input type="checkbox"/> No

17c. During this school year, did anyone offer, or try to sell or give you an illegal drug other than alcohol or tobacco at your school?

102	1 <input type="checkbox"/> Yes
	2 <input type="checkbox"/> No

G. FIGHTING, BULLYING AND HATE BEHAVIORS

<p>18a. 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 19a</p>																								
<p>18b. 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>																								
<p>19a. Now I have some questions about what students do at school that make you feel bad or are hurtful to you. We often refer to this as being bullied. You may include events you told me about already. During this school year, has any student bullied you?</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?</p> <p>b. Spread rumors about you?</p> <p>c. Threatened you with harm?</p> <p>d. Pushed you, shoved you, tripped you, or spit on you?</p> <p>e. Tried to make you do things you did not want to do, for example, give them money or other things?</p> <p>f. Excluded you from activities on purpose?</p> <p>g. Destroyed your property on purpose?</p>	<table border="0"> <tr> <td></td> <td align="center">Yes</td> <td align="center">No</td> </tr> <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"/></td> </tr> </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"/>
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140	1 <input type="checkbox"/>	2 <input type="checkbox"/>																							
<p>Check Item 19a Are all categories a-g marked "No" in Q19a above?</p>	<p>1 <input type="checkbox"/> Yes - SKIP to 20a 2 <input type="checkbox"/> No - SKIP to 19b</p>																								
<p>19b. You just indicated that someone had bullied you during this school year. Thinking about all of the ways in which you were bullied, how often did all of those things happen?</p> <p><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 5 <input type="checkbox"/> Don't know</p>																								
<p>19c. Still thinking about all of the times you were bullied, where did the bullying occur? Did it occur ...</p> <p><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? 146 4 <input type="checkbox"/> Somewhere else inside the school building? Specify → _____ 144 5 <input type="checkbox"/> Outside on school grounds? 145 6 <input type="checkbox"/> On a school bus? 173 7 <input type="checkbox"/> Cafeteria?(category created during post-data collection processing)</p>																								
<p>19d. Was a teacher or some other adult at school notified about this bullying?</p>	<p>147 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>																								
<p>CHECK Item B Is Box 4 in Question 19a marked?</p>	<p>1 <input type="checkbox"/> Yes - Ask 19e 2 <input type="checkbox"/> No - Skip to 20a</p>																								

<p>19e. What were the injuries you suffered as a result of being pushed, shoved, tripped, or spit on?</p> <p><i>Mark (X) all that apply</i></p>	<p>148 1 <input type="checkbox"/> None 149 2 <input type="checkbox"/> Bruises or swelling 150 3 <input type="checkbox"/> Cuts, scratches, or scrapes 151 4 <input type="checkbox"/> Black eye/bloody nose 152 5 <input type="checkbox"/> Teeth chipped or knocked out 153 6 <input type="checkbox"/> Broken bones/internal injuries 154 7 <input type="checkbox"/> Knocked unconscious 155 8 <input type="checkbox"/> Other - <i>Specify</i> _____</p>																					
<p>20a. Now I have some questions about what students do that could occur <i>anywhere</i> and that make you feel bad or are hurtful to you. You may include events you told me about already.</p> <p>During this school year, has another student....</p> <p><i>(Read each category a-f.)</i></p> <p>a. Posted hurtful information about you on the Internet, for example, on a social networking site like MySpace or Facebook?</p> <p>b. Threatened or insulted you through email?</p> <p>c. Threatened or insulted you through instant messaging?</p> <p>d. Threatened or insulted you through text messaging?</p> <p>e. Threatened or insulted you through online gaming, for example, while playing a game, through Second Life, or through XBOX?</p> <p>f. Purposefully excluded you from an online community, for example, a buddy list or friends list?</p>	<table border="0"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>161</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>170</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>162</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>163</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>171</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>172</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> </table>		Yes	No	161	1 <input type="checkbox"/>	2 <input type="checkbox"/>	170	1 <input type="checkbox"/>	2 <input type="checkbox"/>	162	1 <input type="checkbox"/>	2 <input type="checkbox"/>	163	1 <input type="checkbox"/>	2 <input type="checkbox"/>	171	1 <input type="checkbox"/>	2 <input type="checkbox"/>	172	1 <input type="checkbox"/>	2 <input type="checkbox"/>
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<p>Check Item 20a Are all categories a-f marked "No" in Q20a above?</p>	<p>1 <input type="checkbox"/> Yes - SKIP to 21a 2 <input type="checkbox"/> No - SKIP to 20b</p>																					
<p>20b. You just indicated that someone had bullied you during this school year. Thinking about all of the ways in which you were bullied, how often did all of those things happen?</p> <p><i>(READ CATEGORIES 1-4)</i></p>	<p>165 1 <input type="checkbox"/> Once or twice this school year 2 <input type="checkbox"/> Once or twice a month 3 <input type="checkbox"/> Once or twice a week, or 4 <input type="checkbox"/> Almost every day 5 <input type="checkbox"/> Don't know</p>																					
<p>20c. Was a teacher or some other adult <i>at school</i> notified about this bullying?</p>	<p>166 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>																					
<p>21a. During this school year, has anyone called you an insulting or bad name at school having to do with your race, religion, ethnic background or national origin, disability, gender, or sexual orientation? We call these hate-related words.</p>	<p>065 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 22</p>																					

<p>21b. 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 (by this I mean physical, mental, or developmental disabilities) you may have?</p> <p>e. Your gender?</p> <p>f. Your sexual orientation?</p> <p>If "Yes," SAY - (by this we mean homosexual, bisexual, or heterosexual)</p>	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> <td>Don't know</td> </tr> <tr> <td>107SCS</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>108SCS</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>109SCS</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>110SCS</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>111SCS</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>112SCS</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> </table>		Yes	No	Don't know	107SCS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	108SCS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	109SCS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	110SCS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	111SCS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	112SCS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
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112SCS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>																										
<p>22. During this school year, have you seen any hate-related words or symbols written in school classrooms, school bathrooms, school hallways, or on the outside of your school building?</p>	<p>066 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>																												

H. AVOIDANCE

<p>23a. During this school year, did you ever STAY AWAY from any of the following places because you thought someone might attack or harm you there?</p> <p><i>(READ CATEGORIES.)</i></p> <p>a. The shortest route to school?</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>	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>068</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>069</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>070</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>071</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>072</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>073</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>074</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>075</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> </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"/>
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074	1 <input type="checkbox"/>	2 <input type="checkbox"/>																										
075	1 <input type="checkbox"/>	2 <input type="checkbox"/>																										
<p>23b. Did you AVOID any activities at your school because you thought someone might attack or harm you?</p>	<p>076 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>																											
<p>23c. 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>23d. Did you stay home from school because you thought someone might attack or harm you in the school building, on school property, on a school bus, or going to or from school?</p>	<p>078 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>																											

I. FEAR													
<p>24. How often are you afraid that someone will attack or harm you in the school building or on school property?</p> <p>(READ CATEGORIES.)</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>25. How often are you afraid that someone will attack or harm you on a school bus or on the way to and from school?</p> <p>(READ CATEGORIES)</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>26. Besides the times you are in the school building, on school property, on a school bus, or going to or from school, how often are you afraid that someone will attack or harm you?</p> <p>(READ CATEGORIES)</p>	<p>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													
<p>27. Some people bring guns, knives, or objects that can be used as weapons to school for protection. During this school year, did YOU ever bring the following to school or onto school grounds?</p> <p>(READ CATEGORIES.)</p> <p>a. A gun? b. A knife brought as a weapon? c. Some other weapon?</p>	<table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 45%; text-align: center;">Yes</th> <th style="width: 45%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>082</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>083</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>084</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	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>28a. Do you know of any other students who have brought a gun to your school during this school year?</p>	<p>085</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <u>Skip to 29</u></p>												
<p>28b. Have you actually seen another student with a gun at school during this school year?</p>	<p>086</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>												
<p>29. During this school year, could you have gotten a loaded gun without adult permission, either at school or away from school?</p>	<p>113</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>												
K. GANGS													
<p>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>30. Are there any gangs at your school?</p>	<p>058</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 33a 3 <input type="checkbox"/> Don't know</p>												

<p>31. During this school year, how often have gangs been involved in fights, attacks, or other violence at your school?</p> <p>(READ CATEGORIES 1-5)</p>	<p>089</p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Once or twice this school year 3 <input type="checkbox"/> Once or twice a month 4 <input type="checkbox"/> Once or twice a week, or 5 <input type="checkbox"/> Almost every day 6 <input type="checkbox"/> Don't know</p>
<p>32. Have gangs been involved in the sale of drugs at your school during this school year?</p>	<p>090</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>
<p>L. STUDENT CHARACTERISTICS</p>	
<p>33a. During the last 4 weeks of school, did you skip any classes?</p>	<p>114</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 34 3 <input type="checkbox"/> Don't know - SKIP to 34</p>
<p>33b. During the last 4 weeks of school, on how many days did you skip at least one class?</p>	<p>115</p> <p><input type="checkbox"/> <input type="checkbox"/> (Number of days)</p>
<p>34. During this school year, across all subjects have you gotten mostly -</p> <p>(READ CATEGORIES 1-5)</p>	<p>116</p> <p>1 <input type="checkbox"/> A's 2 <input type="checkbox"/> B's 3 <input type="checkbox"/> C's 4 <input type="checkbox"/> D's 5 <input type="checkbox"/> F's 6 <input type="checkbox"/> School does not give grades/no alphabetic grade equivalent</p>
<p>35. Thinking about the future, do you think you will ...</p> <p>a. Attend school after high school?</p> <p>b. Graduate from a 4-year college?</p>	<p>Yes No Don't know</p> <p>117 1 <input type="checkbox"/> 2 <input type="checkbox"/> -- END 3 <input type="checkbox"/></p> <p>118 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></p>