

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.

FORM **SCS-1**

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

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
2011
QUESTIONNAIRE

Control number

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

A. FR Code

001

B. Respondent

Line No. Age Name
002 003

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

C. Type of SCS Interview

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

D. Reason for SCS noninterview

- 005 2 Refused } **SKIP to END**
3 Not available } **SKIP to END**
4 NCVS completed in a Language other than English or Spanish } **SKIP to END**
5 Unknown reason (Internal category created for post data collection processing)
6 Refused by parent

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.

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

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

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

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

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

- 007 1 Yes - **SKIP to 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?

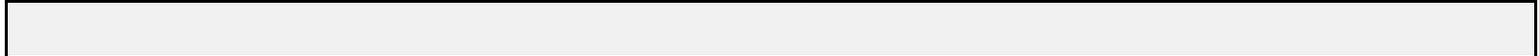
- 093 0 Fifth or under - **SKIP to END**
1 Sixth
2 Seventh
3 Eighth
4 Ninth
5 Tenth
6 Eleventh
7 Twelfth
8 Other - Specify _____ } **SKIP to INTRO 2**
9 College/GED/Post-graduate/
Other noneligible - **SKIP to END**

| | |
|--|--|
| <p>2b. What grade are you in?</p> | <p>008</p> <p>0 <input type="checkbox"/> Fifth or under - SKIP to 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 - SKIP to END</p> <p style="text-align: right;">} SKIP to 3</p> |
|--|--|

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</p> <p>1 <input type="checkbox"/> August</p> <p>2 <input type="checkbox"/> September</p> <p>3 <input type="checkbox"/> Other - <i>Specify</i></p> <p>_____</p> |
|--|---|



| | |
|--|---|
| <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>012 School Name</p> <p>013 City</p> <p>014 County</p> <p>015 State</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 affiliated with a religion?</p> | <p>016</p> <p>1 <input type="checkbox"/> Public - <i>ASK 7b</i></p> <p>2 <input type="checkbox"/> Private - SKIP to 7c</p> <p>_____</p> <p>017</p> <p>1 <input type="checkbox"/> Yes } SKIP to 8</p> <p>2 <input type="checkbox"/> No } SKIP to 8</p> <p>_____</p> <p>018</p> <p>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 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 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>13a. During this school year, have you participated in any of the following activities sponsored by your school:</p> <p>a. Athletic teams at school?</p> <p>b. Spirit groups, for example, Cheerleading, Dance Team, or Pep Club?</p> <p>c. Performing arts, for example, Band, Choir, Orchestra, or Drama?</p> <p>d. Academic clubs, for example, Debate Team, Honor Society, Spanish Club, or Math Club?</p> <p>e. Student government?</p> <p>f. [IF GRADES 6, 7, or 8 ASK] Volunteer or community service clubs sponsored by your school, for example, Peer Mediators, Ecology Club, or Recycling Club?</p> <p>[IF GRADES 9, 10, 11, or 12 ASK] Volunteer or community service clubs sponsored by your school, for example, Peer Mediators, Ecology Club, Key Club, or Interact? Do not include community service hours required for graduation.</p> <p>g. Other school clubs or school activities?</p> | <table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>120</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>121</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>122</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>123</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>124</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>125</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>126</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center;">Specify _____ ↘ _____</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"/> | | Specify _____ ↘ _____ | | | | | | | | | | | | | | | | | | | | | | | | |
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| | 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"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Specify _____ ↘ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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, including wands?</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 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> <th style="text-align: center;">School does not have lockers</th> </tr> </thead> <tbody> <tr> <td>028</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></td> </tr> <tr> <td>029</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></td> </tr> <tr> <td>030</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></td> </tr> <tr> <td>031</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></td> </tr> <tr> <td>032</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></td> </tr> <tr> <td>033</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> <tr> <td>094</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></td> </tr> <tr> <td>095</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></td> </tr> <tr> <td>096</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></td> </tr> </tbody> </table> | | Yes | No | Don't know | School does not have lockers | 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"/> | 4 <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"/> | |
| | Yes | No | Don't know | School does not have lockers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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"/> | 4 <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"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| <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>FIELD REPRESENTATIVE - <i>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> | <p>Yes No Don't know</p> <p>167 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|----------------------------|----------------------------|----------------------------|-----------------|--------------------------|-----|----------------------------|----------------------------|----------------------------|----------------------------|-----|----------------------------|----------------------------|----------------------------|----------------------------|-----|----------------------------|----------------------------|----------------------------|----------------------------|-----|----------------------------|----------------------------|----------------------------|----------------------------|-----|----------------------------|----------------------------|----------------------------|----------------------------|
| <p>15a. In your classes, how often are you distracted from doing your schoolwork because other students are misbehaving, for example, talking or fighting?</p> <p>(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> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>15b. In general, how often do teachers punish students during your classes?</p> <p>(READ CATEGORIES.)</p> | <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"/> |
| | 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"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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"/> | | | | | | | | | | |
| | 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"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| <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>There is an ADULT at school who...</p> <p>a. Really cares about you.</p> <p>b. Notices when you are not there.</p> <p>c. Listens to you when you have something to say.</p> <p>d. Tells you when you do a good job.</p> <p>e. Always wants you to do your best.</p> <p>f. Believes that you will be a success.</p> | <table border="1"> <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>174SCS</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> <tr> <td>177SCS</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>178SCS</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"/> | 174SCS | 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"/> | 177SCS | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 178SCS | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
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| | Strongly Agree | Agree | Disagree | Strongly Disagree | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 173SCS | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 174SCS | 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"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 177SCS | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 178SCS | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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="1"> <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"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Strongly Agree | Agree | Disagree | Strongly Disagree | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 132 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>16e. Thinking about the neighborhood where you live, would you strongly agree, agree, disagree, or strongly disagree with the following...</p> <p>a. There is not a lot of crime in the neighborhood where you live.</p> <p>b. You feel safe in the neighborhood where you live.</p> | <table border="1"> <thead> <tr> <th></th> <th>Strongly Agree</th> <th>Agree</th> <th>Disagree</th> <th>Strongly Disagree</th> </tr> </thead> <tbody> <tr> <td>179SCS</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> <tr> <td>180SCS</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> </tbody> </table> | | Strongly Agree | Agree | Disagree | Strongly Disagree | 179SCS | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 180SCS | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
| | Strongly Agree | Agree | Disagree | Strongly Disagree | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 179SCS | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 180SCS | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>16f. Thinking about the neighborhood where your school is located, would you strongly agree, agree, disagree, or strongly disagree with the following...</p> <p>a. There is not a lot of crime in the neighborhood where you go to school.</p> <p>b. You feel safe in the neighborhood where you go to school.</p> | <table border="1"> <thead> <tr> <th></th> <th>Strongly Agree</th> <th>Agree</th> <th>Disagree</th> <th>Strongly Disagree</th> </tr> </thead> <tbody> <tr> <td>181SCS</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> <tr> <td>182SCS</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> </tbody> </table> | | Strongly Agree | Agree | Disagree | Strongly Disagree | 181SCS | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 182SCS | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
| | Strongly Agree | Agree | Disagree | Strongly Disagree | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 181SCS | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 182SCS | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

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. Prescription drugs illegally obtained without a prescription, such as Oxycontin, Vicodin, or Xanax

k. Other illegal drugs

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

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 k, otherwise, mark the "Yes" box in category k and enter the "other illegal drug(s)" mentioned in the Specify space.

| | 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"/> |
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| 041 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
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| 042 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
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|-----|----------------------------|----------------------------|----------------------------|----------------------------|
| 043 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
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|-----|----------------------------|----------------------------|----------------------------|----------------------------|
| 097 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
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| 098 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
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| 045 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
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| 046 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
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| 047 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
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| 159 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
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| 048 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
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Specify _____

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 |
|-----|---|

| 18a. During this school year, have you been in one or more physical fights at school? | 103 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 19a | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|----------------------------|-----|----|-----|----------------------------|----------------------------|-----|----------------------------|----------------------------|-----|----------------------------|----------------------------|-----|----------------------------|----------------------------|-----|----------------------------|----------------------------|-----|----------------------------|----------------------------|-----|----------------------------|----------------------------|
| 18b. During this school year, how many times have you been in a physical fight at school? | 104 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Number of times) | | | | | | | | | | | | | | | | | | | | | | | | |
| <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, in a hurtful way?</p> <p>b. Spread rumors about you or tried to make others dislike you?</p> <p>c. Threatened you with harm?</p> <p>d. Pushed you, shoved you, tripped you, or spit on you?</p> <p>e. Tried to make you do things you did not want to do, for example, give them money or other things?</p> <p>f. Excluded you from activities on purpose?</p> <p>g. Destroyed your property on purpose?</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>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> </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"/> |
| | 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"/> | | | | | | | | | | | | | | | | | | | | | | | |
| CHECK Item 19a Are all categories a-g marked "No" in Q19a above? | 1 <input type="checkbox"/> Yes - SKIP to 20a 2 <input type="checkbox"/> No - SKIP to 19b | | | | | | | | | | | | | | | | | | | | | | | | |
| <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> | 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>19c. Still thinking about all of the times that 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?</p> <p>168 2 <input type="checkbox"/> In a hallway or stairwell at school?</p> <p>169 3 <input type="checkbox"/> In a bathroom or locker room at school?</p> <p>146 4 <input type="checkbox"/> Somewhere else inside the school building? – Specify _____</p> <p>144 5 <input type="checkbox"/> Outside on school grounds?</p> <p>145 6 <input type="checkbox"/> On a school bus?</p> <p>173 7 <input type="checkbox"/> Cafeteria? (category created during post-data collection processing)</p> | | | | | | | | | | | | | | | | | | | | | | | | |
| 19d. Was a teacher or some other adult at school notified about this bullying? | 147 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | |

| CHECK Item B Is Box 4 in Question 19a marked "Yes"? | 160SCS 1 <input type="checkbox"/> Yes - ASK 19e 2 <input type="checkbox"/> No - SKIP to 20a | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|----------------------------|-----|----|---|--------------------------------|----------------------------|--|-----------------------------------|----------------------------|--|--------------------------------|----------------------------|--|--------------------------------|----------------------------|---|--------------------------------|----------------------------|---|--------------------------------|----------------------------|--|--------------------------------|----------------------------|
| 19e. What were the injuries you suffered as a result of being pushed, shoved, tripped, or spit on? <i>Mark (X) all that apply</i> | 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> _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. During this school year, has another student.... <i>(Read each category a-g.)</i> | <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>a. Posted hurtful information about you on the Internet, for example, on a social networking site like MySpace, Facebook, Formspring, or Twitter?</td> <td style="text-align: center;">161 1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>b. Purposely shared your private information, photos, or videos on the Internet or mobile phones in a hurtful way?</td> <td style="text-align: center;">183SCS 1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>c. Threatened or insulted you through email?</td> <td style="text-align: center;">170 1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>d. Threatened or insulted you through instant messaging or chat?</td> <td style="text-align: center;">162 1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>e. Threatened or insulted you through text messaging?</td> <td style="text-align: center;">163 1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>f. Threatened or insulted you through online gaming, for example, while playing XBOX, World of Warcraft, or similar activities?</td> <td style="text-align: center;">171 1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>g. Purposefully excluded you from online communications?</td> <td style="text-align: center;">172 1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> </tbody> </table> | | Yes | No | a. Posted hurtful information about you on the Internet, for example, on a social networking site like MySpace, Facebook, Formspring, or Twitter? | 161 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | b. Purposely shared your private information, photos, or videos on the Internet or mobile phones in a hurtful way? | 183SCS 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | c. Threatened or insulted you through email? | 170 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | d. Threatened or insulted you through instant messaging or chat? | 162 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | e. Threatened or insulted you through text messaging? | 163 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | f. Threatened or insulted you through online gaming, for example, while playing XBOX, World of Warcraft, or similar activities? | 171 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | g. Purposefully excluded you from online communications? | 172 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| | Yes | No | | | | | | | | | | | | | | | | | | | | | | | |
| a. Posted hurtful information about you on the Internet, for example, on a social networking site like MySpace, Facebook, Formspring, or Twitter? | 161 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | |
| b. Purposely shared your private information, photos, or videos on the Internet or mobile phones in a hurtful way? | 183SCS 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | |
| c. Threatened or insulted you through email? | 170 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | |
| d. Threatened or insulted you through instant messaging or chat? | 162 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | |
| e. Threatened or insulted you through text messaging? | 163 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | |
| f. Threatened or insulted you through online gaming, for example, while playing XBOX, World of Warcraft, or similar activities? | 171 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | |
| g. Purposefully excluded you from online communications? | 172 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | |
| CHECK Item 20a Are all categories a-g marked "No" in Q20a above? | 1 <input type="checkbox"/> Yes - SKIP to 21a 2 <input type="checkbox"/> No - ASK to 20b | | | | | | | | | | | | | | | | | | | | | | | | |
| 20b. You just indicated that someone had bullied you online (or through text messaging) during this school year. Thinking about all of the ways in which you were bullied online (or through text messaging), how often did all of those things happen? <i>(READ CATEGORIES 1-4)</i> | 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 | | | | | | | | | | | | | | | | | | | | | | | | |
| 20c. Was a teacher or some other adult <i>at school</i> notified about this bullying online (or through text messaging)? | 166 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | |

| <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="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Don't know</th> </tr> </thead> <tbody> <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> </tbody> </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"/> |
| | 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"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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. For example, did you ever STAY AWAY from the shortest route to school because you thought someone might attack or harm you?</p> <p>b. The entrance into the school?</p> <p>c. Any hallways or stairs in school?</p> <p>d. Parts of the school cafeteria?</p> <p>e. Any school restrooms?</p> <p>f. Other places inside the school building?</p> <p>g. School parking lot?</p> <p>h. Other places on school grounds?</p> | <table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <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> </tbody> </table> | | Yes | No | 068 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 069 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 070 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 071 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 072 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 073 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 074 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 075 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | |
| | 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"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>23a.1. During this school year, did you STAY AWAY from any online activities because you thought someone might be mean to you there?</p> | <p>184SCS 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | |
|--|---|----------------------------|------------|-----------|----------------------------|----------------------------|----------------------------|
| 23b. Did you AVOID any activities at your school because you thought someone might attack or harm you? | 076 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | | | | | |
| 23c. Did you AVOID any classes because you thought someone might attack or harm you? | 077 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | | | | | |
| 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? | 078 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | | | | | |
| | | | | | | | |
| 24. How often are you afraid that someone will attack or harm you in the school building or on school property? (READ CATEGORIES.) | 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 | | | | | | |
| 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? (READ CATEGORIES.) | 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 | | | | | | |
| 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? (READ CATEGORIES.) | 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 | | | | | | |
| | | | | | | | |
| 27. 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. 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.) | | | | | | | |
| 28a. Do you know of any other students who have brought a gun to your school during this school year? | 082 <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> </table> | | Yes | No | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| | Yes | No | | | | | |
| 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | | | | | |
| 28b. Have you actually seen another student with a gun at school during this school year? | 083 1 <input type="checkbox"/> Yes 084 2 <input type="checkbox"/> No 084 3 <input type="checkbox"/> Don't know | | | | | | |
| 29. During this school year, could you have gotten a loaded gun without adult permission, either at school or away from school? | 113 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | | | | | |

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>30. Are there any gangs at your school?</p> | <p>058 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 34 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? (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 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 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p> | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| <p>34. 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>33a. 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 35 3 <input type="checkbox"/> Don't know - SKIP to 35</p> | | | | | | | | | | | | |
| <p>33b. 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>35. Thinking about the future, do you think you will ...</p> <p> a. Attend school after high school, such as a college or technical school?</p> <p> b. Graduate from a 4-year college?</p> | <table border="0"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">Don't know</td> </tr> <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> </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"/> |
| | 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"/> | | | | | | | | | | |