

**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** U.S. DEPARTMENT OF COMMERCE  
 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  
 2007**

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

**D. Reason for SCS noninterview**

005 2  Refused  
 3  Not available

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

**E. SCREEN QUESTIONS FOR SUPPLEMENT**

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

**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?**

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

006 1  Yes  
 2  No - **SKIP** to CHECK ITEM D on page 8

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

---

007 1  Yes - **SKIP** to CHECK ITEM D on page 8  
 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 CHECK ITEM D on page 8

1  Sixth }  
 2  Seventh }  
 3  Eighth }  
 4  Ninth } **SKIP** to  
 5  Tenth } **INTRO 2**  
 6  Eleventh }  
 7  Twelfth }  
 8  Other - Specify \_\_\_\_\_ }

9  College/GED/Post-graduate/  
 Other noneligible - **SKIP** to CHECK ITEM D on page 8

**2b. What grade are you in?**

008 0  Fifth or under - **SKIP** to CHECK ITEM D on page 8

1  Sixth }  
 2  Seventh }  
 3  Eighth }  
 4  Ninth } **SKIP**  
 5  Tenth } to 3  
 6  Eleventh }  
 7  Twelfth }  
 8  Other - Specify \_\_\_\_\_ }

9  College/GED/Post-graduate/  
 Other noneligible - **SKIP** to CHECK ITEM D on page 8



<p><b>11. How do you get home from school most of the time?</b></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</p> <p>1 <input type="checkbox"/> Walk  2 <input type="checkbox"/> School bus  3 <input type="checkbox"/> Public bus, subway, train  4 <input type="checkbox"/> Car  5 <input type="checkbox"/> Bicycle, motorbike, or motorcycle  6 <input type="checkbox"/> Some other way - <i>Specify</i></p> <p>_____</p>																																								
<p><b>12a. How often do you leave school grounds at lunch time?</b></p> <p>(READ CATEGORIES.)</p> <p>_____</p> <p><b>12b. Are students in your grade level allowed to leave school grounds to eat lunch?</b></p>	<p>026</p> <p>1 <input type="checkbox"/> <b>Never</b>  2 <input type="checkbox"/> <b>Once or twice a year</b>  3 <input type="checkbox"/> <b>Once or twice a month</b>  4 <input type="checkbox"/> <b>Once or twice a week</b>  5 <input type="checkbox"/> <b>Almost every day</b></p> <p>_____</p> <p>025</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  3 <input type="checkbox"/> Don't know</p>																																								
<p><b>13. During this school year, have you participated in any of the following activities sponsored by your school:</b></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, for example, Peer Mediators, Ecology Club, or Recycling Club? . . . . .</p> <p>[IF GRADES 9, 10, 11, or 12] Community service or volunteer clubs, for example, Peer Mediators, Ecology Club, Key Club, or Interact? . . . . .</p> <p>g. Other school clubs or school activities,?. . . . .</p>	<table border="0"> <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><b>14. Does your school take any measures to make sure students are safe?</b></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 border="0"> <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>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> <p>_____</p> <p>15b. How often do teachers punish students during your classes? (READ CATEGORIES.)</p> <p>_____</p>	<p>156</p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Most of the time</p> <hr/> <p>157</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>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, would you strongly agree, agree, disagree, or strongly disagree with the following ....</p> <p>a. At school, there is an ADULT I can talk to, who cares about my feelings and what happens to me. . . . .</p> <p>b. At school, there is an ADULT who helps me with practical problems, who gives good suggestions and advice about my problems. . . . .</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> <tr> <td>131</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"/>	131	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, I have a FRIEND I can talk to, who cares about my feelings and what happens to me. . . . .</p> <p>b. At school, I have a FRIEND who helps me with practical problems, who gives good suggestions and advice about my problems. . . . .</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> <tr> <td>133</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"/>	133	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>															
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FIELD REPRESENTATIVE - *Read introduction.*

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 Ritalin or Oxycontin . . . .**  
**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 j, otherwise, mark the "Yes" box in category j 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"/>
041	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
042	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
043	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
097	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
098	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
045	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
046	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
047	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
159	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
048	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Specify \_\_\_\_\_

**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  Yes  
2  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  Yes  
2  No

**G. FIGHTING, BULLYING AND HATE BEHAVIORS**

**18a. During this school year, have you been in one or more physical fights at school?**

103 1  Yes  
2  No - **SKIP** to 19a

**18b. During this school year, how many times have you been in a physical fight at school?**

104  (Number of times)

**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?**

**That is, has another student...**  
*(Read each category a-g.)*

- a. **Made fun of you, called you names, or insulted you?**
- b. **Spread rumors about you?**
- c. **Threatened you with harm?**
- d. **Pushed you, shoved you, tripped you, or spit on you?**
- e. **Tried to make you do things you did not want to do, for example, give them money or other things?**
- f. **Excluded you from activities on purpose?**
- g. **Destroyed your property on purpose?**

	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  Yes - **SKIP** to 20a  
2  No - **SKIP** to 19b



<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>
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**H. AVOIDANCE**

<p>23a. During this school year, did you <b>STAY AWAY</b> from any of the following places because you thought someone might attack or harm you there?</p> <p>(READ CATEGORIES.)</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>	<p>068    Yes    No           1 <input type="checkbox"/>    2 <input type="checkbox"/></p> <p>069    1 <input type="checkbox"/>    2 <input type="checkbox"/></p> <p>070    1 <input type="checkbox"/>    2 <input type="checkbox"/></p> <p>071    1 <input type="checkbox"/>    2 <input type="checkbox"/></p> <p>072    1 <input type="checkbox"/>    2 <input type="checkbox"/></p> <p>073    1 <input type="checkbox"/>    2 <input type="checkbox"/></p> <p>074    1 <input type="checkbox"/>    2 <input type="checkbox"/></p> <p>167    1 <input type="checkbox"/>    2 <input type="checkbox"/></p> <p>075    1 <input type="checkbox"/>    2 <input type="checkbox"/></p>
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<p>23b. Did you <b>AVOID</b> 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>
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<p>23c. Did you <b>AVOID</b> 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>
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<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>
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**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    1 <input type="checkbox"/> <b>Never</b>           2 <input type="checkbox"/> <b>Almost never</b>           3 <input type="checkbox"/> <b>Sometimes</b>           4 <input type="checkbox"/> <b>Most of the time</b></p>
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<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    1 <input type="checkbox"/> <b>Never</b>           2 <input type="checkbox"/> <b>Almost never</b>           3 <input type="checkbox"/> <b>Sometimes</b>           4 <input type="checkbox"/> <b>Most of the time</b></p>
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<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    1 <input type="checkbox"/> <b>Never</b>           2 <input type="checkbox"/> <b>Almost never</b>           3 <input type="checkbox"/> <b>Sometimes</b>           4 <input type="checkbox"/> <b>Most of the time</b></p>
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**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 <b>YOU</b> ever bring the following to school or onto school grounds?</p> <p>(READ CATEGORIES.)</p> <p>a. A gun? . . . . .</p> <p>b. A knife brought as a weapon? . . . . .</p> <p>c. Some other weapon? . . . . .</p>	<p>          Yes                    No</p> <p>082    1 <input type="checkbox"/>                    2 <input type="checkbox"/></p> <p>083    1 <input type="checkbox"/>                    2 <input type="checkbox"/></p> <p>084    1 <input type="checkbox"/>                    2 <input type="checkbox"/></p>
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