

1989 School Crime Supplement Questionnaire

OMB No. 1121-0139: Approval Expires 12/31/89

<p>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 Management Services, Room 2027, Bureau of the Census, Washington, DC 20233; or to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.</p>	<p>NOTICE – Your report to the Census Bureau is confidential by law (U.S. Code 42, Sections 3789g and 3735). All identifiable information will be used only by persons engaged in and for the purposes of the survey, and may not be disclosed or released to others for any purposes.</p>	<p>FORM SCS-1 (11-22-88)</p> <p style="text-align: right;">U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE BUREAU OF JUSTICE STATISTICS U.S. DEPARTMENT OF JUSTICE</p>
<p>PGM 2</p>	<p>Sample _____</p> <p>Control number</p> <p>PSU _____ Segment _____ CK _____ Serial _____</p>	<p>NATIONAL CRIME SURVEY SCHOOL CRIME SUPPLEMENT</p>
<p>A. Field representative code <input type="text" value="1000"/> B. Respondent <input type="text" value="1001"/> Line No. <input type="text" value="1002"/> Age _____ Name _____</p>		
<p>C. Type of interview <input type="text" value="1003"/> 1 <input type="checkbox"/> Personal – Self 2 <input type="checkbox"/> Telephone – Self 3 <input type="checkbox"/> Personal – Proxy 4 <input type="checkbox"/> Telephone – Proxy 5 <input type="checkbox"/> Noninterview – _____</p> <p style="margin-left: 150px;">} SKIP TO ITEM 1, SECTION E FILL ITEM D</p>		
<p>D. Reason for noninterview <input type="text" value="1004"/> 1 <input type="checkbox"/> NCS noninterview SCS noninterview 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Not available 4 <input type="checkbox"/> Physically or mentally unable and no proxy available</p>		
<p>FIELD REPRESENTATIVE – Read introduction – Now I have some additional questions about your school activities.</p>		
<p>E. Screen Questions For Supplement</p>		
<p>1. Were you attending school at any time during the last six months? <input type="text" value="PGM 3"/> <input type="text" value="1005"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – END INTERVIEW</p>		
<p>2. In what month did your current school year begin? <input type="text" value="1006"/> 1 <input type="checkbox"/> August 2 <input type="checkbox"/> September 3 <input type="checkbox"/> Other – Specify _____</p>		
<p>3. Did you attend school for all of the last six months? <input type="text" value="1007"/> 1 <input type="checkbox"/> Yes – SKIP to question 5 2 <input type="checkbox"/> No</p>		
<p>4. How many months were you in school during the last six months? <input type="text" value="1008"/> 1 <input type="checkbox"/> One month 2 <input type="checkbox"/> Two months 3 <input type="checkbox"/> Three months 4 <input type="checkbox"/> Four months 5 <input type="checkbox"/> Five months</p>		
<p>5. What grade are you in school? <input type="text" value="1009"/> 1 <input type="checkbox"/> Sixth 2 <input type="checkbox"/> Seventh 3 <input type="checkbox"/> Eighth 4 <input type="checkbox"/> Ninth 5 <input type="checkbox"/> Tenth 6 <input type="checkbox"/> Eleventh 7 <input type="checkbox"/> Twelfth 8 <input type="checkbox"/> Other – Specify _____ 9 <input type="checkbox"/> College level – END INTERVIEW</p>		
<p>F. Environmental Questions</p>		
<p>6a. What is the name of your school? _____ _____</p> <p style="text-align: right;"><input type="text" value="1010"/> <input type="text" value=""/></p>		
<p>b. In what city, county, and state is your school located? _____ City</p> <p style="text-align: right;"><input type="text" value="1011"/> <input type="text" value=""/> _____ County</p> <p style="text-align: right;"><input type="text" value="1012"/> <input type="text" value=""/> _____ State</p>		
<p>7. Is your school public or private? <input type="text" value="1013"/> 1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private</p>		
<p>8. What grades are taught in your school? <input type="text" value="1014"/> Grades: <input type="text" value=""/> to <input type="text" value=""/></p> <p style="text-align: right;"><input type="text" value="1015"/> <input type="text" value=""/></p>		
<p>9. How far away from your home is the school you attend? <input type="text" value="1016"/> READ THE CATEGORIES.</p> <p style="text-align: right;">1 <input type="checkbox"/> Less than 1 mile 2 <input type="checkbox"/> 1–5 miles 3 <input type="checkbox"/> 6–10 miles 4 <input type="checkbox"/> 11–25 miles 5 <input type="checkbox"/> More than 25 miles 6 <input type="checkbox"/> Don't know how far</p>		

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F. Environmental Questions– Continued	
10. How do you get to school most of the time?	1017 <input type="checkbox"/> Walk <input type="checkbox"/> School bus <input type="checkbox"/> Public bus, subway, train <input type="checkbox"/> Car <input type="checkbox"/> Bicycle, motorbike, or motorcycle <input type="checkbox"/> Some other way – Specify <u>7</u>
11. How do you get home from school most of the time?	1018 <input type="checkbox"/> Walk <input type="checkbox"/> School bus <input type="checkbox"/> Public bus, subway, train <input type="checkbox"/> Car <input type="checkbox"/> Bicycle, motorbike, or motorcycle <input type="checkbox"/> Some other way – Specify <u>7</u>
12. Are most students at your school allowed to leave the school grounds to eat lunch?	1019 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only certain grades <input type="checkbox"/> Don't know
13. In the past six months, have you participated in or attended any extra-curricular school activities?	1020 <input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do you spend most of the schoolday in the same classroom?	1021 <input type="checkbox"/> Yes – SKIP to question 16 <input type="checkbox"/> No
15. During class changes, do teachers stand in the doorways and monitor the halls?	1022 <input type="checkbox"/> Yes <input type="checkbox"/> No
16. Does anyone (else) patrol the hallways during school hours?	1023 <input type="checkbox"/> Yes <input type="checkbox"/> No
17. Are visitors to your school required to report to the school office?	1024 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
18. Is it safe to store money or valuables in your locker at school?	1025 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't have lockers <input type="checkbox"/> Don't know
19. What happens to a student who gets caught doing the following things in your school? <small>READ THE ANSWER CATEGORIES IF NECESSARY. Mark (X) all that apply.</small>	1026 * <input type="checkbox"/> Nothing <input type="checkbox"/> Student disciplined by teacher <input type="checkbox"/> Student sent to the principal's office <input type="checkbox"/> Student's parents are notified <input type="checkbox"/> Detention <input type="checkbox"/> Suspension <input type="checkbox"/> Other – Specify <u>7</u> <input type="checkbox"/> Don't know
a. Being disrespectful to teachers?	* <input type="checkbox"/> Nothing <input type="checkbox"/> Student disciplined by teacher <input type="checkbox"/> Student sent to the principal's office <input type="checkbox"/> Student's parents are notified <input type="checkbox"/> Detention <input type="checkbox"/> Suspension <input type="checkbox"/> Other – Specify <u>7</u> <input type="checkbox"/> Don't know
b. Fighting with other students? <small>Mark (X) all that apply.</small>	* <input type="checkbox"/> Nothing <input type="checkbox"/> Student disciplined by teacher <input type="checkbox"/> Student sent to the principal's office <input type="checkbox"/> Student's parents are notified <input type="checkbox"/> Detention <input type="checkbox"/> Suspension <input type="checkbox"/> Other – Specify <u>7</u> <input type="checkbox"/> Don't know
c. Drinking or being drunk at school? <small>Mark (X) all that apply.</small>	* <input type="checkbox"/> Nothing <input type="checkbox"/> Student disciplined by teacher <input type="checkbox"/> Student sent to the principal's office <input type="checkbox"/> Student's parents are notified <input type="checkbox"/> Detention <input type="checkbox"/> Suspension <input type="checkbox"/> Other – Specify <u>7</u> <input type="checkbox"/> Don't know
d. Cutting classes? <small>Mark (X) all that apply.</small>	* <input type="checkbox"/> Nothing <input type="checkbox"/> Student disciplined by teacher <input type="checkbox"/> Student sent to the principal's office <input type="checkbox"/> Student's parents are notified <input type="checkbox"/> Detention <input type="checkbox"/> Suspension <input type="checkbox"/> Other – Specify <u>7</u> <input type="checkbox"/> Don't know

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F. Environmental Questions – Continued																																											
<p>20. Have you attended any drug education classes in your school during the last six months?</p>	<p>1030 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>																																										
<p>21. Does your school try to prevent students from having drugs or alcohol in school in any of the following ways? READ THE CATEGORIES. Mark (X) all that apply.</p>	<p>1031 * 1 <input type="checkbox"/> Locker searches 2 <input type="checkbox"/> Security guards 3 <input type="checkbox"/> Teachers or principal patrolling halls and school ground 4 <input type="checkbox"/> Surprise restroom checks 5 <input type="checkbox"/> Other – Specify _____ 6 <input type="checkbox"/> School takes no preventative action</p>																																										
<p>22. The following question refers to the availability of drugs and alcohol in school. Tell me if you don't know what any of these items are. How easy or hard is it for someone to get the following things at your school? READ THE CATEGORIES.</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 15%;">Easy</th> <th style="width: 15%;">Hard</th> <th style="width: 15%;">Impossible</th> <th style="width: 15%;">D K</th> <th style="width: 15%;">Don't know drug</th> </tr> </thead> <tbody> <tr> <td>a. Alcoholic beverages.....</td> <td>1032 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>5 <input type="checkbox"/></td> </tr> <tr> <td>b. Marijuana</td> <td>1033 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>5 <input type="checkbox"/></td> </tr> <tr> <td>c. Cocaine</td> <td>1034 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>5 <input type="checkbox"/></td> </tr> <tr> <td>d. Crack</td> <td>1035 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>5 <input type="checkbox"/></td> </tr> <tr> <td>e. Uppers/downers</td> <td>1036 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>5 <input type="checkbox"/></td> </tr> <tr> <td>f. Other illegal drugs.....</td> <td>1037 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>5 <input type="checkbox"/></td> </tr> </tbody> </table>		Easy	Hard	Impossible	D K	Don't know drug	a. Alcoholic beverages	1032 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	b. Marijuana	1033 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	c. Cocaine	1034 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d. Crack	1035 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	e. Uppers/downers	1036 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	f. Other illegal drugs	1037 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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<p>23. Are there any street gangs at your school?</p>	<p>1038 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to question 25 3 <input type="checkbox"/> Don't know</p>																																										
<p>24. How often do street gang members fight with each other at school?</p>	<p>1039 1 <input type="checkbox"/> Never or almost 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>25. In the last six months, did a student attack or threaten to attack a teacher in your school?</p>	<p>1040 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>																																										
G. Victimization																																											
READ THE FOLLOWING – The following questions are about crimes that may have happened to you at school. By "at school" we mean in the school building, on the school grounds, or on a school bus. Be sure to include crimes you have told me about earlier in this interview.																																											
<p>26a. During the past six months, did anyone take money or things DIRECTLY FROM YOU by force, weapons, or threats at school?</p>	<p>PGM 4 1041 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to question 27a</p>																																										
<p>b. How many times did this happen during the last six month?</p>	<p>1042 <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Number of times</p>																																										
<p>c. How many of these times was your total loss worth more than \$10?</p>	<p>1043 <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Number of times</p>																																										
<p>27a. During the last six months, did anyone steal something from your desk, locker, or some other place at school, (other than any incidents just mentioned)?</p>	<p>1044 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to question 28a</p>																																										
<p>b. How many times did this happen during the last six month?</p>	<p>1045 <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Number of times</p>																																										
<p>c. How many of these times was your total loss worth more than \$10?</p>	<p>1046 <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Number of times</p>																																										

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G. Victimization – Continued	
28a. (Other than the incidents just mentioned), did anyone physically attack you at school during the last six months?	<input type="checkbox"/> 1047 Yes <input type="checkbox"/> 2 No – SKIP to question 29
b. How many times did this happen?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Number of times
c. Did you go to a doctor as a result of (this/any of these) attacks?	<input type="checkbox"/> 1049 Yes <input type="checkbox"/> 2 No – SKIP to question 28e
CHECK ITEM A If attacked only once, SKIP to question 28e.	
d. How many times did you receive injuries in any of these attacks at school that led to a visit to the doctor?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Number of times
e. 1) If 28b is one time, ASK – Was that incident an attack or just a fight? 2) If 28b is more than one, ASK – How many of these (fill in number from 28b) attacks were just fights.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Number of times <input type="checkbox"/> 0 Incident was an attack
H. Avoidance	
29a. Did you stay at home any time during the last six months because you thought someone might attack or harm you at school?	<input type="checkbox"/> 1052 Yes <input type="checkbox"/> 2 No – SKIP to question 30
b. How many times did you stay at home because you thought someone might attack or harm you at school?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Number of times
30. Did you STAY AWAY from any of the following places because you thought someone might attack or harm you there? READ THE CATEGORIES	
a. The shortest route to school?.....	<input type="checkbox"/> 1054 Yes <input type="checkbox"/> 2 No
b. The entrances into the school?.....	<input type="checkbox"/> 1055 Yes <input type="checkbox"/> 2 No
c. Any hallways or stairs in school?.....	<input type="checkbox"/> 1056 Yes <input type="checkbox"/> 2 No
d. Parts of the school cafeteria?.....	<input type="checkbox"/> 1057 Yes <input type="checkbox"/> 2 No
e. Any school restrooms?.....	<input type="checkbox"/> 1058 Yes <input type="checkbox"/> 2 No
f. Other places inside the school building?.....	<input type="checkbox"/> 1059 Yes <input type="checkbox"/> 2 No
g. School parking lot?.....	<input type="checkbox"/> 1060 Yes <input type="checkbox"/> 2 No
h. Other places on school ground?.....	<input type="checkbox"/> 1061 Yes <input type="checkbox"/> 2 No
i. Extra-curricular school activities?.....	<input type="checkbox"/> 1062 Yes <input type="checkbox"/> 2 No
31. How often are you afraid that someone will attack or harm you at school?	<input type="checkbox"/> 1063 Never <input type="checkbox"/> 2 Almost never <input type="checkbox"/> 3 Sometimes <input type="checkbox"/> 4 Most of the time
32. How often are you afraid that someone will attack or harm you on the way to and from school?	<input type="checkbox"/> 1064 Never <input type="checkbox"/> 2 Almost never <input type="checkbox"/> 3 Sometimes <input type="checkbox"/> 4 Most of the time
33. During the last six months how often did you bring something to school to protect yourself from being attacked or harmed?	<input type="checkbox"/> 1065 Never – SKIP to Check Item B <input type="checkbox"/> 2 Almost never <input type="checkbox"/> 3 Sometimes <input type="checkbox"/> 4 Most of the time
34. What did you bring to school to protect yourself from being attacked or harmed? Mark (X) all that apply.	<input type="checkbox"/> 1066 * Gun <input type="checkbox"/> 2 Knife <input type="checkbox"/> 3 Brass knuckles <input type="checkbox"/> 4 Razor blade <input type="checkbox"/> 5 Spiked jewelry <input type="checkbox"/> 6 Mace <input type="checkbox"/> 7 Nunchucks <input type="checkbox"/> 8 Something else – Specify _____
35. Did bringing the weapon to school make you feel any safer?	<input type="checkbox"/> 1067 Yes <input type="checkbox"/> 2 No
CHECK ITEM B Is this the last household member to be interviewed?	
	<input type="checkbox"/> 1 Yes – END SUPPLEMENT <input type="checkbox"/> 2 No – Interview next household member