

1995 School Crime Supplement Questionnaire

F. ENVIRONMENTAL QUESTIONS ± Continued	
7a. Is your school public or private?	014 <input type="checkbox"/> Public <input type="checkbox"/> Private ± SKIP to 7c
7b. Is this your regularly assigned school or a school that you or your family chose?	015 <input type="checkbox"/> Assigned <input type="checkbox"/> Chosen <input type="checkbox"/> Assigned school is school of choice } SKIP to 8
7c. Is the school church-related?	016 <input type="checkbox"/> Yes <input type="checkbox"/> No ± SKIP to 8 <input type="checkbox"/> Don't know
7d. Is the school Catholic?	017 <input type="checkbox"/> Yes, Catholic <input type="checkbox"/> No, other religion
8. What grades are taught in your school? Pre-K or Kindergarten 00 01 02 03 04 05 06 07 08 09 10 11 H.S. Senior 12 Post-graduate 13 All ungraded 20 All Special Education 30	Grades: 018 <input type="text"/> (lowest) TO 019 <input type="text"/> (highest)
9. How do you get to school most of the time? <i>FIELD REPRESENTATIVE ± If multiple modes are used, code the mode in which the student spends the most time.</i>	020 <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 <input type="text"/>
10. How long does it take you to get from your home to school most of the time?	021 <input type="checkbox"/> Less than 15 minutes <input type="checkbox"/> 15 ± 29 minutes <input type="checkbox"/> 30 ± 44 minutes <input type="checkbox"/> 45 ± 59 minutes <input type="checkbox"/> 60 minutes or longer
11. How do you get home from school most of the time? <i>FIELD REPRESENTATIVE ± If multiple modes are used, code the mode in which the student spends the most time.</i> <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>	022 <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 <input type="text"/>
12a. Are most students at your school allowed to leave the school grounds to eat lunch?	023 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
12b. How often do you leave school grounds to eat lunch? <i>(READ CATEGORIES)</i>	024 <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a year <input type="checkbox"/> Once or twice a month <input type="checkbox"/> Once or twice a week <input type="checkbox"/> Almost every day
13. In the past six months, have you participated in any extra-curricular school activities?	025 <input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do you spend most of the school day in the same classroom?	026 <input type="checkbox"/> Yes <input type="checkbox"/> No

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<p>15. Does your school take any particular measures to ensure the safety of students? For example, does the school have:</p> <p>a. Security guards?</p> <p>b. Other school staff supervising the hallway?</p> <p>c. Metal detectors?</p> <p>d. Locked doors during the day?</p> <p>e. A requirement that visitors sign in?</p> <p>f. Locker checks?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> <td colspan="2"></td> </tr> <tr> <td style="text-align: right;">027</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td colspan="2"></td> </tr> <tr> <td style="text-align: right;">028</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td colspan="2"></td> </tr> <tr> <td style="text-align: right;">029</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td colspan="2"></td> </tr> <tr> <td style="text-align: right;">030</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td colspan="2"></td> </tr> <tr> <td style="text-align: right;">031</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td colspan="2"></td> </tr> <tr> <td style="text-align: right;">032</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td colspan="2"></td> </tr> </table>		Yes	No			027	1 <input type="checkbox"/>	2 <input type="checkbox"/>			028	1 <input type="checkbox"/>	2 <input type="checkbox"/>			029	1 <input type="checkbox"/>	2 <input type="checkbox"/>			030	1 <input type="checkbox"/>	2 <input type="checkbox"/>			031	1 <input type="checkbox"/>	2 <input type="checkbox"/>			032	1 <input type="checkbox"/>	2 <input type="checkbox"/>																											
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<p>16. I am going to read a list of statements that could describe a school. Thinking about your school over the past six months, 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 style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">Strongly Agree</td> <td style="width: 10%; text-align: center;">Agree</td> <td style="width: 10%; text-align: center;">Disagree</td> <td style="width: 10%; text-align: center;">Strongly Disagree</td> </tr> <tr> <td style="text-align: right;">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 style="text-align: right;">034</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 style="text-align: right;">035</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 style="text-align: right;">036</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 style="text-align: right;">037</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> </table>		Strongly Agree	Agree	Disagree	Strongly Disagree	033	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	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"/>																														
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<p>17. Have you attended any drug education classes in your school during the last six months, that is, since _____ 1st?</p>	<p>038 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>																																																												
<p>18. 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? FIELD REPRESENTATIVE ± For each item ask, Is it easy, hard, or impossible to get _____ at your school?</p> <p>a. Alcoholic beverages</p> <p>b. Marijuana</p> <p>c. Crack</p> <p>d. Other forms of cocaine</p> <p>e. Uppers/downers</p> <p>f. LSD</p> <p>g. PCP</p> <p>h. Heroin</p> <p>i. Other illegal drugs</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">Easy</td> <td style="width: 10%; text-align: center;">Hard</td> <td style="width: 10%; text-align: center;">Impossible</td> <td style="width: 10%; text-align: center;">DK</td> <td style="width: 10%; text-align: center;">DK drug</td> </tr> <tr> <td style="text-align: right;">039</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> <td style="text-align: center;">5 <input type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">040</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 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<p>19. Are there any street gangs at your school?</p>	<p>048 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>																																																												
G. VICTIMIZATION																																																													
<p>FIELD REPRESENTATIVE ± Read Introduction INTRO 2 ± 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 any crimes you may have told me about earlier in this interview.</p>																																																													
<p>20a. During the past six months, that is, since _____ 1st, did anyone take money or things DIRECTLY FROM YOU by force, weapons, or threats at school?</p>	<p>049 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No ± SKIP to 21a</p>																																																												
<p>20b. How many times did this happen during the last six months?</p>	<p>050 <input style="width: 40px;" type="text"/> Number of times</p>																																																												
<p>20c. How many of these times was your total loss worth more than \$10?</p>	<p>051 <input style="width: 40px;" type="text"/> Number of times 0 <input type="checkbox"/> None</p>																																																												

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G. VICTIMIZATION ± Continued																												
21a. 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)?	052 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No ± SKIP to 22a																											
21b. How many times did this happen during the last six months?	053 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Number of times																											
21c. How many of these times was your total loss worth more than \$10?	054 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Number of times 0 <input type="checkbox"/> None																											
22a. (Other than the incidents just mentioned,) did anyone physically attack you at school during the last six months?	055 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No ± SKIP to 23a																											
22b. How many times did this happen?	056 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Number of times																											
22c. Did you go to a doctor as a result of (this/any of these) attack(s)?	057 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No ± SKIP to 22e																											
If attacked only once in 22b, SKIP to question 22e.																												
22d. How many times did you receive injuries in any of these attacks at school that led to a visit to the doctor?	058 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Number of times																											
22e. (1) If 22b is one time, ASK ± Was that incident an attack or just a fight? FIELD REPRESENTATIVE ± If just a fight, enter 001 in the box for number of fights. If an attack, mark box 0. (2) If 22b is more than one, ASK ± How many of these (fill in number from 22b) attacks were just fights?	059 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Number of fights 0 <input type="checkbox"/> Incident(s) was/were an attack																											
H. AVOIDANCE																												
23a. Did you STAY AWAY from any of the following places because you thought someone might attack or harm you there? (READ CATEGORIES)	<table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>1. The shortest route to school?</td> <td style="text-align: center;">060 1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>2. The entrance into the school?</td> <td style="text-align: center;">061 1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>3. Any hallways or stairs in school?</td> <td style="text-align: center;">062 1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>4. Parts of the school cafeteria?</td> <td style="text-align: center;">063 1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>5. Any school restrooms?</td> <td style="text-align: center;">064 1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>6. Other places inside the school building?</td> <td style="text-align: center;">065 1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>7. School parking lot?</td> <td style="text-align: center;">066 1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>8. Other places on school grounds?</td> <td style="text-align: center;">067 1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	1. The shortest route to school?	060 1 <input type="checkbox"/>	2 <input type="checkbox"/>	2. The entrance into the school?	061 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3. Any hallways or stairs in school?	062 1 <input type="checkbox"/>	2 <input type="checkbox"/>	4. Parts of the school cafeteria?	063 1 <input type="checkbox"/>	2 <input type="checkbox"/>	5. Any school restrooms?	064 1 <input type="checkbox"/>	2 <input type="checkbox"/>	6. Other places inside the school building?	065 1 <input type="checkbox"/>	2 <input type="checkbox"/>	7. School parking lot?	066 1 <input type="checkbox"/>	2 <input type="checkbox"/>	8. Other places on school grounds?	067 1 <input type="checkbox"/>	2 <input type="checkbox"/>
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23b. Did you AVOID extra-curricular activities at your school because you thought someone might attack or harm you?	068 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																											
24. How often are you afraid that someone will attack or harm you at school? (READ CATEGORIES)	069 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 the way to and from school? (READ CATEGORIES)	070 1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Most of the time																											

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I. WEAPONS																																														
26. During the last six months how often did you bring something to school to protect yourself from being attacked or harmed? <i>(READ CATEGORIES)</i>	071 1 <input type="checkbox"/> Never ± SKIP to 27b 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Most of the time																																													
27a. Did you bring any of the following to school to protect yourself from being attacked?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 10%;"></th> <th style="width: 10%;">Yes</th> <th style="width: 10%;">No</th> </tr> </thead> <tbody> <tr> <td>1. Mace or pepper spray</td> <td>072</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>2. Stick, club, or bat</td> <td>073</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>3. Knife</td> <td>074</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>4. Gun</td> <td>075</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>5. Something else</td> <td>076</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> </tbody> </table>			Yes	No	1. Mace or pepper spray	072	1 <input type="checkbox"/>	2 <input type="checkbox"/>	2. Stick, club, or bat	073	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3. Knife	074	1 <input type="checkbox"/>	2 <input type="checkbox"/>	4. Gun	075	1 <input type="checkbox"/>	2 <input type="checkbox"/>	5. Something else	076	1 <input type="checkbox"/>	2 <input type="checkbox"/>																					
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2. Stick, club, or bat	073	1 <input type="checkbox"/>	2 <input type="checkbox"/>																																											
3. Knife	074	1 <input type="checkbox"/>	2 <input type="checkbox"/>																																											
4. Gun	075	1 <input type="checkbox"/>	2 <input type="checkbox"/>																																											
5. Something else	076	1 <input type="checkbox"/>	2 <input type="checkbox"/>																																											
27b. Do you know any other students who have brought a gun to your school in the last six months?	077 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No ± SKIP to Intro 3																																													
27c. Have you actually seen another student with a gun at school in the last six months?	078 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know																																													
J. GANGS																																														
FIELD REPRESENTATIVE ± Read Introduction INTRO 3 ± We'd like to know a little more about any gangs at or around your school. You may know these as street gangs, fighting gangs, crews, or something else. For this survey, we are interested in gangs that may or may not be involved in violent or illegal activity.																																														
28. Do any of the students at your school belong to a street gang?	079 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know																																													
29. What about gangs that don't have members attending your school ... have any of those gangs come around your school in the past six months?	080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know																																													
<div style="background-color: black; width: 50px; height: 20px; display: inline-block;"></div> Is Item 28 or Item 29 marked "Yes?"	<input type="checkbox"/> Yes <input type="checkbox"/> No ± SKIP to Check Item C																																													
30. How do you know street gangs exist? Do gangs or gang members: <i>(READ CATEGORIES)</i>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 10%;"></th> <th style="width: 10%;">Yes</th> <th style="width: 10%;">No</th> <th style="width: 10%;">Don't know</th> </tr> </thead> <tbody> <tr> <td>a. Have a name?</td> <td>081</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>b. Have a recognized leader?</td> <td>082</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>c. Have their own territory or turf?</td> <td>083</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>d. Tag or mark turf with graffiti?</td> <td>084</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>e. Commit violent acts?</td> <td>085</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>f. Spend time with other members of the gang?</td> <td>086</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>g. Wear clothing or other items to identify their gang membership?</td> <td>087</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>h. Have tatoos?</td> <td>088</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	a. Have a name?	081	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	b. Have a recognized leader?	082	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	c. Have their own territory or turf?	083	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d. Tag or mark turf with graffiti?	084	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	e. Commit violent acts?	085	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	f. Spend time with other members of the gang?	086	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	g. Wear clothing or other items to identify their gang membership?	087	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	h. Have tatoos?	088	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
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31. How often have street gangs been involved in fights, attacks or violence at your school in the past six months? <i>(READ CATEGORIES 1±5)</i>	089 1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Once or twice in the six months 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																																													
32. Have street gangs been involved in the sale of drugs at your school in the past six months?	090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know																																													
33. Have any street gang members brought guns to your school in the past six months?	091 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know																																													

1995 School Crime Supplement Questionnaire

J. GANGS ± Continued	
<p>Were the supplement questions asked in private, or was an adult member of the household or family present during at least part of the questions? <i>If not sure or if a telephone interview, ask ±</i></p> <p>Was an adult member of the household or family present during at least part of the questions?</p>	<p style="text-align: center;">092</p> <p>1 <input type="checkbox"/> Personal interview ± No adult present 2 <input type="checkbox"/> Personal interview ± Adult present 3 <input type="checkbox"/> Telephone interview ± No adult present 4 <input type="checkbox"/> Telephone interview ± Adult present 5 <input type="checkbox"/> Telephone interview ± Don't Know</p>
<p>Is this the last household member to be interviewed?</p>	<p><input type="checkbox"/> Yes ± <i>END SUPPLEMENT</i> <input type="checkbox"/> No ± <i>Interview next household member</i></p>
<p>NOTES</p>	