

ASK OF ALL PERSONS 12-18.

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.

FORM **SCS-1**
11/8/99

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENCY FOR THE
BUREAU OF JUSTICE STATISTICS
U.S. DEPARTMENT OF JUSTICE

**SCHOOL CRIME SUPPLEMENT
TO THE NATIONAL CRIME
VICTIMIZATION SURVEY
1999**

Sample	Control number		
J	PSU	Segment	CK, Serial

A. FR code		B. Respondent		Name
001		Line No.	Age	
		002	003	

FIELD REPRESENTATIVE - Complete an SCS-1 form for all persons 12 - 18 in all interviewed households even when that person is a Type Z noninterview. Do NOT complete an SCS for persons 12 - 18 if the household is a Type A.

C. Type of SCS Interview

004

<input type="checkbox"/> Personal - Self	} SKIP to INTRO 1
<input type="checkbox"/> Telephone - Self	
<input type="checkbox"/> Personal - Proxy	
<input type="checkbox"/> Telephone - Proxy	
<input type="checkbox"/> Noninterview - FILL ITEM D	

D. Reason for SCS noninterview

005

Type Z noninterview on NCVS

SCS noninterview

Refused

Not available

Physically or mentally unable and no proxy available

FIELD REPRESENTATIVE - Read introduction

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

E. SCREEN QUESTIONS FOR SUPPLEMENT

1a. Did you attend school at any time during the last 6 months, that is, any time since _____ 1st?	006	<input type="checkbox"/> Yes <input type="checkbox"/> No - END INTERVIEW
1b. Was all of that home schooling?	007	<input type="checkbox"/> Yes - END INTERVIEW <input type="checkbox"/> No
2. What grade are you in school?	008	<input type="checkbox"/> Sixth <input type="checkbox"/> Seventh <input type="checkbox"/> Eighth <input type="checkbox"/> Ninth <input type="checkbox"/> Tenth <input type="checkbox"/> Eleventh <input type="checkbox"/> Twelfth <input type="checkbox"/> Other - Specify _____ <input type="checkbox"/> College/GED/Other noneligible - END INTERVIEW
3. In what month did your current school year begin?	009	<input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> Other - Specify _____
4. Did you attend school for all of the last 6 months?	010	<input type="checkbox"/> Yes - SKIP to 6a <input type="checkbox"/> No
5. How many months were you in school during the last 6 months?	011	<input type="checkbox"/> One month <input type="checkbox"/> Two months <input type="checkbox"/> Three months <input type="checkbox"/> Four months <input type="checkbox"/> Five months

F. ENVIRONMENTAL QUESTIONS

6a. What is the name of your school? Please provide the complete name of the school.

012

6b. In what city, county, and state is your school located?

013 _____ City

014 _____ County

015 _____ State

FIELD REPRESENTATIVE - Probe, if necessary

F. ENVIRONMENTAL QUESTIONS - Continued

<p>7a. Is your school public or private?</p>	<p>016 <input type="checkbox"/> Public <input type="checkbox"/> Private - SKIP to 7c</p>
<p>7b. Is this your regularly assigned school or a school that you or your family chose?</p>	<p>017 <input type="checkbox"/> Assigned <input type="checkbox"/> Chosen <input type="checkbox"/> Assigned school is school of choice } SKIP to 8</p>
<p>7c. Is the school church-related?</p>	<p>018 <input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 8 <input type="checkbox"/> Don't know</p>
<p>7d. Is the school Catholic?</p>	<p>019 <input type="checkbox"/> Yes, Catholic <input type="checkbox"/> No, other religion</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="text"/> (lowest)</p> <p>TO</p> <p>021 <input type="text"/> (highest)</p>
<p>9. How do you get to school most of the time?</p> <p>FIELD REPRESENTATIVE - If multiple modes are used, code the mode in which the student spends the most time.</p>	<p>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 <u> </u></p>
<p>10. How long does it take you to get from your home to school most of the time?</p>	<p>023 <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</p>
<p>11. How do you get home from school most of the time?</p> <p>FIELD REPRESENTATIVE - If multiple modes are used, code the mode in which the student spends the most time.</p> <p>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.</p>	<p>024 <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> </u></p>
<p>12a. Are most students at your school allowed to leave the school grounds to eat lunch?</p>	<p>025 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>
<p>12b. How often do you leave school grounds to eat lunch? (READ CATEGORIES)</p>	<p>026 <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</p>
<p>13. In the last 6 months, have you participated in any extra-curricular school activities?</p>	<p>027 <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

F. ENVIRONMENTAL QUESTIONS - Continued

<p>14. Does your school take any particular measures to ensure the safety of students? For example, does the school have:</p>					
		Yes	No		
a. Security guards and/or assigned police officers?	028	<input type="checkbox"/>	<input type="checkbox"/>		
b. Other school staff or other adults supervising the hallway?	029	<input type="checkbox"/>	<input type="checkbox"/>		
c. Metal detectors?	030	<input type="checkbox"/>	<input type="checkbox"/>		
d. Locked entrance or exit doors during the day?	031	<input type="checkbox"/>	<input type="checkbox"/>		
e. A requirement that visitors sign in?	032	<input type="checkbox"/>	<input type="checkbox"/>		
f. Locker checks?	033	<input type="checkbox"/>	<input type="checkbox"/>		
<p>15. I am going to read a list of statements that could describe a school. Thinking about your school over the last 6 months, would you strongly agree, agree, disagree, or strongly disagree with the following...</p>					
		Strongly Agree	Agree	Disagree	Strongly Disagree
a. Everyone knows what the school rules are	034	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The school rules are fair	035	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The punishment for breaking school rules is the same no matter who you are	036	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The school rules are strictly enforced	037	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. If a school rule is broken, students know what kind of punishment will follow	038	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>16. Have you attended any drug education classes in your school during the last 6 months, that is, since _____ 1st?</p>					
	039	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	
<p>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 each item ask, Is it possible to get _____ at your school?</p>					
		Yes	No	DK	DK drug
a. Alcoholic beverages	040	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Marijuana	041	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Crack	042	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other forms of cocaine	043	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Uppers/downers	044	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. LSD	045	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. PCP	046	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Heroin	047	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Other illegal drugs - If "Yes" is marked, ASK - What drugs?	048	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Specify	_____		
<p><small>FIELD REPRESENTATIVE - Refer to Drug Stang Cards (SCS-2a and SCS-2b). Reclassify the "other illegal drugs" to one of the categories a-h if possible. If able to reclassify the drug(s) mentioned, mark the "No" box in category i, otherwise, mark the "Yes" box in category i and enter the "other illegal drug(s)" mentioned in the Specify space.</small></p>					
<p>17b. FIELD REPRESENTATIVE - For each YES response in 17a ask the drug, otherwise check NA</p>					
		Easy	Fairly Easy	Fairly Hard	Hard NA
Would you say _____ (is/are) easy, fairly easy, fairly hard, or hard to get at your school?					
a. Alcoholic beverages	049	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Marijuana	050	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Crack	051	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other forms of cocaine	052	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Uppers/downers	053	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. LSD	054	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. PCP	055	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Heroin	056	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Other illegal drugs	057	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>18. Are there any street gangs at your school?</p>					
	058	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	

G. VICTIMIZATION, BULLYING AND HATE CRIME

**CHECK
ITEM A**

Were any NCVS-2 incident reports completed for this respondent?

- Yes – Ask 19a
 No – SKIP to 19b

19a. In the first part of this interview, you told me about crimes that happened to you in the last 6 months, whether in school or not in school. Here, the focus is on crimes that happened to you at school. By "at school," we mean in the school building, on school grounds, or on a school bus. Besides the incident(s) that you already told me about, did anyone attack, threaten to attack, or take something directly from you by force or threats, or steal something from your desk or locker at school in the last 6 months, that is, since _____ 1st?

- 059** Yes – SKIP to 19c
 No – SKIP to 20

19b. In the first part of this interview, we asked you about crimes that happened in the last 6 months, whether in school or not in school. Here, the focus is on crimes that happened to you at school. By "at school," we mean in the school building, on school grounds, or on a school bus. Did anyone attack, threaten to attack, or take something directly from you by force or threats, or steal something from your desk or locker at school in the last 6 months, that is, since _____ 1st?

- 060** Yes – SKIP to 19c
 No – SKIP to 20

19c. What happened? Did someone –

- | | Yes | No |
|---|-------------------------------------|--------------------------|
| 1. Attack you? | 061 <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Threaten to attack you? | 062 <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Take something directly from you by force or threats? | 063 <input type="checkbox"/> | <input type="checkbox"/> |
| OR | | |
| 4. Steal something from your desk or locker at school? | 064 <input type="checkbox"/> | <input type="checkbox"/> |

FIELD REPRESENTATIVE – If "Yes" is marked in 19a or 19b, there must be at least one "Yes" box marked in 19c. If all "No" boxes are marked, go back and verify that 19a OR 19b is marked correctly. Reask 19a OR 19b, and 19c if necessary.

20. (Besides anything that happened in the incidents you just told me about), during the last 6 months, has anyone called you a derogatory or bad name at school having to do with race, religion, Hispanic origin, disability, gender, or sexual orientation? We call these hate-related words.

- 065** Yes
 No

21. During the last 6 months, 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?

- 066** Yes
 No

22. During the last 6 months, have you been bullied at school? That is, has anyone picked on you a lot or tried to make you do things you didn't want to do like give them money? You may include incidents you reported before.

- 067** Yes
 No

H. AVOIDANCE

<p>23a. During the last 6 months, that is, since _____ 1st, did you STAY AWAY from any of the following places because you thought someone might attack or harm you there? (READ CATEGORIES)</p>			
1. The shortest route to school?	068	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. The entrance into the school?	069	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Any hallways or stairs in school?	070	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Parts of the school cafeteria?	071	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Any school restrooms?	072	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Other places inside the school building?	073	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. School parking lot?	074	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Other places on school grounds?	075	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23b. Did you AVOID extra-curricular activities at your school because you thought someone might attack or harm you?	076	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23c. Did you AVOID any classes because you thought someone might attack or harm you?	077	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23d. Did you stay home from school because you thought someone might attack or harm you at school, or going to or from school?	078	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24. How often are you afraid that someone will attack or harm you at school? (READ CATEGORIES)	079	<input type="checkbox"/> Never	<input type="checkbox"/> Almost never
		<input type="checkbox"/> Sometimes	<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)	080	<input type="checkbox"/> Never	<input type="checkbox"/> Almost never
		<input type="checkbox"/> Sometimes	<input type="checkbox"/> Most of the time
26. Besides the times you are at school, or going to or from school, how often are you afraid that someone will attack or harm you? (READ CATEGORIES)	081	<input type="checkbox"/> Never	<input type="checkbox"/> Almost never
		<input type="checkbox"/> Sometimes	<input type="checkbox"/> Most of the time
I. WEAPONS			
27a. Some people bring guns, knives or objects that can be used as weapons to school for protection. During the last 6 months, that is, since _____ 1st, did you ever bring a gun to school or onto school grounds?	082	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27b. During the last 6 months, that is, since _____ 1st, did you ever bring a knife to school or onto school grounds? Include only knives brought as weapons.	083	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27c. During the last 6 months, that is, since _____ 1st, did you ever bring some other weapon to school or onto school grounds?	084	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28a. Do you know any (other) students who have brought a gun to your school in the last 6 months?	085	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28b. Have you actually seen another student with a gun at school in the last 6 months?	086	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Don't know	

J. GANGS

FIELD REPRESENTATIVE – *Read Introduction*

INTRO 2 – 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 any gangs that may or may not be involved in violent or illegal activity.

29. Do any of the students at your school belong to a gang?	087	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
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30. What about gangs that don't have members attending your school ... have any of those gangs come around your school in the last 6 months?	088	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
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CHECK ITEM B <i>Is either Item 29 OR Item 30 marked "Yes?"</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item C</i>
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31. How often have gangs been involved in fights, attacks or other violence at your school in the last 6 months? <i>(READ CATEGORIES 1-5)</i>	089	<input type="checkbox"/> Never <input type="checkbox"/> Once or twice in the last 6 months <input type="checkbox"/> Once or twice a month <input type="checkbox"/> Once or twice a week, or <input type="checkbox"/> Almost every day <input type="checkbox"/> Don't know
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32. Have gangs been involved in the sale of drugs at your school in the last 6 months?	090	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
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CHECK ITEM C 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> Was an adult member of the household or family present during at least part of these questions?	091	<input type="checkbox"/> Personal interview – No adult present <input type="checkbox"/> Personal interview – Adult present <input type="checkbox"/> Telephone interview – No adult present <input type="checkbox"/> Telephone interview – Adult present <input type="checkbox"/> Telephone interview – Don't know
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CHECK ITEM D <i>Is this the last household member to be interviewed?</i>	<input type="checkbox"/> Yes – <i>END SUPPLEMENT</i> <input type="checkbox"/> No – <i>Interview next household member</i>
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NOTES