

<b>ASK OF ALL PERSONS 12-18.</b>		<p><b>NOTICE</b> – Your report to the Census Bureau is <b>confidential</b> 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>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><b>FORM SCS-1</b> (11-5-98)</p>	<p>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><b>SCHOOL CRIME SUPPLEMENT TO THE NATIONAL CRIME VICTIMIZATION SURVEY 1999</b></p>			
Sample	<b>Control number</b>	PSU	Segment
<b>J</b> _____			CK Serial
<b>A. FR code</b>		<b>B. Respondent</b>	
Line No.		Age	
001		002	
		003	
		Name	
<p>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.</p>		<p><b>D. Reason for SCS noninterview</b></p>	
<p><b>C. Type of SCS Interview</b></p>		<p>005 1 <input type="checkbox"/> Type Z noninterview on NCVS</p>	
<p>004 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 – FILL ITEM D</p>		<p>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>3 <input type="checkbox"/> Personal – Proxy } SKIP to INTRO 1 4 <input type="checkbox"/> Telephone – Proxy } 5 <input type="checkbox"/> Noninterview – FILL ITEM D }</p>			
<p>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.</p>			
<b>E. SCREEN QUESTIONS FOR SUPPLEMENT</b>			
<p><b>1a. Did you attend school at any time during the last 6 months, that is, any time since _____ 1st?</b></p>		<p>006 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – END INTERVIEW</p>	
<p><b>1b. Was all of that home schooling?</b></p>		<p>007 1 <input type="checkbox"/> Yes – END INTERVIEW 2 <input type="checkbox"/> No</p>	
<p><b>2. What grade are you in school?</b></p>		<p>008 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/GED/Other noneligible } END INTERVIEW</p>	
<p><b>3. In what month did your current school year begin?</b></p>		<p>009 1 <input type="checkbox"/> August 2 <input type="checkbox"/> September 3 <input type="checkbox"/> Other – Specify _____</p>	
<p><b>4. Did you attend school for all of the last 6 months?</b></p>		<p>010 1 <input type="checkbox"/> Yes – SKIP to 6a 2 <input type="checkbox"/> No</p>	
<p><b>5. How many months were you in school during the last 6 months?</b></p>		<p>011 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>	
<b>F. ENVIRONMENTAL QUESTIONS</b>			
<p><b>6a. What is the name of your school? Please provide the complete name of the school.</b></p>		<p>_____</p> <p>_____</p>	
		<p>012 _____</p>	
<p><b>6b. In what city, county, and state is your school located?</b></p>		<p>013 _____ City</p>	
<p>FIELD REPRESENTATIVE – Probe, if necessary</p>		<p>014 _____ County</p>	
		<p>015 _____ State</p>	

**F. ENVIRONMENTAL QUESTIONS - Continued**

<p><b>7a. Is your school public or private?</b></p>	<p><b>016</b></p>	<p>1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private – <i>SKIP to 7c</i></p>
<p><b>7b. Is this your regularly assigned school or a school that you or your family chose?</b></p>	<p><b>017</b></p>	<p>1 <input type="checkbox"/> Assigned 2 <input type="checkbox"/> Chosen 3 <input type="checkbox"/> Assigned school is school of choice } <i>SKIP to 8</i></p>
<p><b>7c. Is the school church-related?</b></p>	<p><b>018</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 8</i> 3 <input type="checkbox"/> Don't know</p>
<p><b>7d. Is the school Catholic?</b></p>	<p><b>019</b></p>	<p>1 <input type="checkbox"/> Yes, Catholic 2 <input type="checkbox"/> No, other religion</p>
<p><b>8. What grades are taught in your school?</b></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><b>020</b> <b>021</b></p>	<p>Grades:  <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; margin-right: 5px;"></div> (lowest)          TO  <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; margin-right: 5px;"></div> (highest)</p>
<p><b>9. How do you get to 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><b>022</b></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><b>10. How long does it take you to get from your home to school most of the time?</b></p>	<p><b>023</b></p>	<p>1 <input type="checkbox"/> Less than 15 minutes 2 <input type="checkbox"/> 15 – 29 minutes 3 <input type="checkbox"/> 30 – 44 minutes 4 <input type="checkbox"/> 45 – 59 minutes 5 <input type="checkbox"/> 60 minutes or longer</p>
<p><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><b>024</b></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><b>12a. Are most students at your school allowed to leave the school grounds to eat lunch?</b></p>	<p><b>025</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>
<p><b>12b. How often do you leave school grounds to eat lunch?</b> <i>(READ CATEGORIES)</i></p>	<p><b>026</b></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><b>13. In the last 6 months, have you participated in any extra-curricular school activities?</b></p>	<p><b>027</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>

**F. ENVIRONMENTAL QUESTIONS – Continued**

<p><b>14. Does your school take any particular measures to ensure the safety of students?</b>  <b>For example, does the school have:</b></p> <p>a. Security guards and/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>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%; text-align: center;">Yes</td> <td style="width:10%;"></td> <td style="width:10%; text-align: center;">No</td> <td style="width:10%;"></td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">028</td> <td style="border: 1px solid black;">1</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">029</td> <td style="border: 1px solid black;">1</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">030</td> <td style="border: 1px solid black;">1</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">031</td> <td style="border: 1px solid black;">1</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">032</td> <td style="border: 1px solid black;">1</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">033</td> <td style="border: 1px solid black;">1</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;"></td> </tr> </table>			Yes		No		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"/>		033	1	<input type="checkbox"/>	2	<input type="checkbox"/>																													
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<p><b>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...</b></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%;"></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="border: 1px solid black; text-align: center;">034</td> <td style="border: 1px solid black;">1</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">3</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">035</td> <td style="border: 1px solid black;">1</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">3</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">036</td> <td style="border: 1px solid black;">1</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">3</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">037</td> <td style="border: 1px solid black;">1</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">3</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">038</td> <td style="border: 1px solid black;">1</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">3</td> </tr> </table>			Strongly Agree	Agree	Disagree	Strongly Disagree	034	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	035	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	036	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	037	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	038	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3																																		
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<p><b>16. Have you attended any drug education classes in your school during the last 6 months, that is, since _____ 1st?</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; text-align: center;">039</td> <td style="border: 1px solid black;">1</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> </tr> <tr> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;">2</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;">3</td> <td style="text-align: center;"><input type="checkbox"/> Don't know</td> </tr> </table>	039	1	<input type="checkbox"/> Yes		2	<input type="checkbox"/> No		3	<input type="checkbox"/> Don't know																																																													
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<p><b>17a. The following question refers to the availability of drugs and alcohol at your school.</b>  <b>Tell me if you don't know what any of these items are.</b>          FIELD REPRESENTATIVE – For each item ask,  <b>Is it possible to get _____ at your school?</b></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 –          If "Yes" is marked, ASK – What drugs? .....</p> <p>FIELD REPRESENTATIVE – Refer to Drug Slang Cards (SCS-2a and SCS-2b). Reclassify the "other illegal drug(s)" 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.</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%; text-align: center;">Yes</td> <td style="width:10%; text-align: center;">No</td> <td style="width:10%; text-align: center;">DK</td> <td style="width:10%; text-align: center;">DK drug</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">040</td> <td style="border: 1px solid black;">1</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">3</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">041</td> <td style="border: 1px solid black;">1</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">3</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">042</td> <td style="border: 1px solid black;">1</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">3</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">043</td> <td style="border: 1px solid black;">1</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">3</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">044</td> <td style="border: 1px solid black;">1</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">3</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">045</td> <td style="border: 1px solid black;">1</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">3</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">046</td> <td style="border: 1px solid black;">1</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">3</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">047</td> <td style="border: 1px solid black;">1</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">3</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">048</td> <td style="border: 1px solid black;">1</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">3</td> </tr> <tr> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="text-align: center;">↓</td> <td colspan="3" style="border: 1px solid black;">Specify _____</td> </tr> </table>			Yes	No	DK	DK drug	040	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	041	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	042	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	043	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	044	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	045	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	046	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	047	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	048	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3			↓	Specify _____						
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<p><b>17b. FIELD REPRESENTATIVE – For each YES response in 17a ask the drug, otherwise check NA</b></p> <p><b>Would you say _____ (is/are) easy, fairly easy, fairly hard, or hard to get at your school?</b></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%;"></td> <td style="width:10%; text-align: center;">Easy</td> <td style="width:10%; text-align: center;">Fairly Easy</td> <td style="width:10%; text-align: center;">Fairly Hard</td> <td style="width:10%; text-align: center;">Hard</td> <td style="width:10%; text-align: center;">NA</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">049</td> <td style="border: 1px solid black;">1</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">3</td> <td style="border: 1px solid black;">4</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">050</td> <td style="border: 1px solid black;">1</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">3</td> <td style="border: 1px solid black;">4</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">051</td> <td style="border: 1px solid black;">1</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">3</td> <td style="border: 1px solid black;">4</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">052</td> <td style="border: 1px solid black;">1</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">3</td> <td style="border: 1px solid black;">4</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">053</td> <td style="border: 1px solid black;">1</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">3</td> <td style="border: 1px solid black;">4</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">054</td> <td style="border: 1px solid black;">1</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">3</td> <td style="border: 1px solid black;">4</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">055</td> <td style="border: 1px solid black;">1</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">3</td> <td style="border: 1px solid black;">4</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">056</td> <td style="border: 1px solid black;">1</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">3</td> <td style="border: 1px solid black;">4</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">057</td> <td style="border: 1px solid black;">1</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black;">3</td> <td style="border: 1px solid black;">4</td> </tr> </table>			Easy	Fairly Easy	Fairly Hard	Hard	NA	049	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	4	050	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	4	051	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	4	052	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	4	053	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	4	054	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	4	055	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	4	056	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	4	057	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	4
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<p><b>18. Are there any street gangs at your school?</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; text-align: center;">058</td> <td style="border: 1px solid black;">1</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> </tr> <tr> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;">2</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;">3</td> <td style="text-align: center;"><input type="checkbox"/> Don't know</td> </tr> </table>	058	1	<input type="checkbox"/> Yes		2	<input type="checkbox"/> No		3	<input type="checkbox"/> Don't know																																																													
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**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**    1  Yes – SKIP to 19c  
 2  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**    1  Yes – SKIP to 19c  
 2  No – SKIP to 20

**19c. What happened? Did someone –**

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

**H. AVOIDANCE**

<p><b>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?</b> (<i>READ CATEGORIES</i>)</p> <p><b>1. The shortest route to school?</b> ..... <b>068</b></p> <p><b>2. The entrance into the school?</b> ..... <b>069</b></p> <p><b>3. Any hallways or stairs in school?</b> ..... <b>070</b></p> <p><b>4. Parts of the school cafeteria?</b> ..... <b>071</b></p> <p><b>5. Any school restrooms?</b> ..... <b>072</b></p> <p><b>6. Other places inside the school building?</b> ..... <b>073</b></p> <p><b>7. School parking lot?</b> ..... <b>074</b></p> <p><b>8. Other places on school grounds?</b> ..... <b>075</b></p>	<p>Yes      No</p> <p>1 <input type="checkbox"/>      2 <input type="checkbox"/></p> <p>1 <input type="checkbox"/>      2 <input type="checkbox"/></p> <p>1 <input type="checkbox"/>      2 <input type="checkbox"/></p> <p>1 <input type="checkbox"/>      2 <input type="checkbox"/></p> <p>1 <input type="checkbox"/>      2 <input type="checkbox"/></p> <p>1 <input type="checkbox"/>      2 <input type="checkbox"/></p> <p>1 <input type="checkbox"/>      2 <input type="checkbox"/></p>
<p><b>23b. Did you AVOID extra-curricular activities at your school because you thought someone might attack or harm you?</b></p>	<p><b>076</b>      1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>23c. Did you AVOID any classes because you thought someone might attack or harm you?</b></p>	<p><b>077</b>      1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>23d. Did you stay home from school because you thought someone might attack or harm you at school, or going to or from school?</b></p>	<p><b>078</b>      1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>24. How often are you afraid that someone will attack or harm you at school?</b> (<i>READ CATEGORIES</i>)</p>	<p><b>079</b>      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>
<p><b>25. How often are you afraid that someone will attack or harm you on the way to and from school?</b> (<i>READ CATEGORIES</i>)</p>	<p><b>080</b>      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>
<p><b>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?</b> (<i>READ CATEGORIES</i>)</p>	<p><b>081</b>      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>

**I. WEAPONS**

<p><b>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?</b></p>	<p><b>082</b>      1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>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.</b></p>	<p><b>083</b>      1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>27c. During the last 6 months, that is, since _____ 1st, did you ever bring some other weapon to school or onto school grounds?</b></p>	<p><b>084</b>      1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>28a. Do you know any (other) students who have brought a gun to your school in the last 6 months?</b></p>	<p><b>085</b>      1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>28b. Have you actually seen another student with a gun at school in the last 6 months?</b></p>	<p><b>086</b>      1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>

**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.**

<b>29. Do any of the students at your school belong to a gang?</b>	<b>087</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
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<b>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?</b>	<b>088</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
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<b>CHECK ITEM B</b>	Is either Item 29 OR Item 30 marked "Yes?"	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item C</i>
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<b>31. How often have gangs been involved in fights, attacks or other violence at your school in the last 6 months?</b> <i>(READ CATEGORIES 1-5)</i>	<b>089</b>	1 <input type="checkbox"/> <b>Never</b> 2 <input type="checkbox"/> <b>Once or twice in the last 6 months</b> 3 <input type="checkbox"/> <b>Once or twice a month</b> 4 <input type="checkbox"/> <b>Once or twice a week, or</b> 5 <input type="checkbox"/> <b>Almost every day</b> 6 <input type="checkbox"/> Don't know
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<b>32. Have gangs been involved in the sale of drugs at your school in the last 6 months?</b>	<b>090</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
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<b>CHECK ITEM C</b>	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?  If not sure or if a telephone interview, ask –  <b>Was an adult member of the household or family present during at least part of these questions?</b>	<b>091</b>
		1 <input type="checkbox"/> <b>Personal interview</b> – No adult present 2 <input type="checkbox"/> <b>Personal interview</b> – Adult present 3 <input type="checkbox"/> <b>Telephone interview</b> – No adult present 4 <input type="checkbox"/> <b>Telephone interview</b> – Adult present 5 <input type="checkbox"/> <b>Telephone interview</b> – Don't know

<b>CHECK ITEM D</b>	Is this the last household member to be interviewed?	<input type="checkbox"/> Yes – <i>END SUPPLEMENT</i> <input type="checkbox"/> No – <i>Interview next household member</i>
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NOTES