

**NOTICE** - We are conducting this survey under the authority of Title 13, United States Code, Section 8. Section 9 of this law requires us to keep all information about you and your household strictly **confidential**. We may use this information only for statistical purposes. Also, Title 42, Section 3732, United States Code, authorizes the Bureau of Justice Statistics, Department of Justice, to collect information using this survey. Title 42, Sections 3789g and 3735, United States Code also requires us to keep all information about you and your household strictly confidential.

<p><b>ASK OF ALL PERSONS 12-18.</b></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 Finance and Administration, Room 2027, U.S. Census Bureau, Washington DC 20233, or to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number.</p>	<p style="text-align: center;">FORM <b>SCS-1</b> (10-31-2000)</p> <p style="text-align: center;">U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU ACTING AS COLLECTING AGENT FOR THE BUREAU OF JUSTICE STATISTICS U.S. DEPARTMENT OF JUSTICE</p> <p style="text-align: center;"><b>SCHOOL CRIME SUPPLEMENT TO THE NATIONAL CRIME VICTIMIZATION SURVEY 2001</b></p>
<p>Sample <b>Control number</b></p> <p><b>J</b> PSU Segment CK Serial</p>	

<b>A. FR code</b>	<b>B. Respondent</b>	
Line No. Age Name		
001	002 003	

<p><b>FIELD REPRESENTATIVE</b> - 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-1 form for persons 12-18 if the household is a Type A.</p> <p><b>C. Type of SCS Interview</b></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 style="text-align: center;"><b>SKIP to INTRO 1</b></p>	<p><b>D. Reason for SCS noninterview</b></p> <p>005 1 <input type="checkbox"/> Type Z noninterview on NCVS</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>
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**FIELD REPRESENTATIVE** -Read introduction.  
**INTRO 1** - Now I have some additional questions about your school. These answers will be kept confidential, by law.

**E. SCREEN QUESTIONS FOR SUPPLEMENT**

<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>
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<p><b>1b. During that time, were you ever home-schooled? That is, did you receive ANY of that schooling at home, rather than in a public or private school?</b></p>	<p>092 1 <input type="checkbox"/> Yes          2 <input type="checkbox"/> No -SKIP to 2b</p>
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<p><b>1c. Was ALL or SOME of that home schooling?</b></p>	<p>007 1 <input type="checkbox"/> All -END INTERVIEW          2 <input type="checkbox"/> Some</p>
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<p><b>2a. During the last 6 months, that is, any time since _____ 1st, if you were in a public or private school, what grade would you be in?</b></p>	<p>093 0 <input type="checkbox"/> Fifth or under - END INTERVIEW</p> <p>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 _____</p> <p style="text-align: center;"><b>SKIP to INTRO 2</b></p> <p>9 <input type="checkbox"/> College/GED/Post-graduate/ Other noneligible - END INTERVIEW</p>
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<p><b>2b. During the last 6 months, that is, any time since _____ 1st, what grade were you in school?</b></p>	<p>008 0 <input type="checkbox"/> Fifth or under - END INTERVIEW</p> <p>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 _____</p> <p style="text-align: center;"><b>SKIP to 3</b></p> <p>9 <input type="checkbox"/> College/GED/Post-graduate/ Other noneligible - END INTERVIEW</p>
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**E. SCREEN QUESTIONS FOR SUPPLEMENT - Continued**

FIELD REPRESENTATIVE –Read introduction only if any of the boxes 1– 8 are marked in item 2a.  
 INTRO 2 – The following questions pertain only to your attendance at a public or private school and not to being home-schooled.

<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 <u>      </u></p>
<p><b>4. Did you attend school for all of the last 6 months?</b></p>	<p>010    1 <input type="checkbox"/> Yes –<b>SKIP</b> 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>

**F. ENVIRONMENTAL QUESTIONS**

<p><b>6a. What is the complete name of your school?</b></p> <p>_____</p> <p>_____</p>	<p>012    _____                  Office Use Only</p>
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<p><b>6b. In what city, county, and state is your school located?</b>                  FIELD REPRESENTATIVE –Probe, if necessary.</p>	<p>013    _____ City                  _____ County</p> <p>014    _____                  Office Use Only</p> <p>_____ State</p> <p>015    _____                  Office Use Only</p>
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<p><b>7a. Is your school public or private?</b></p>	<p>016    1 <input type="checkbox"/> Public –ASK 7b                  2 <input type="checkbox"/> Private –<b>SKIP</b> to 7c</p>
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<p><b>7b. Is this your regularly assigned school or a school that you or your family chose?</b></p>	<p>017    1 <input type="checkbox"/> Assigned                  2 <input type="checkbox"/> Chosen                  3 <input type="checkbox"/> Assigned school is school of choice } <b>SKIP</b> to 8</p>
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<p><b>7c. Is your school church-related?</b></p>	<p>018    1 <input type="checkbox"/> Yes –ASK 7d                  2 <input type="checkbox"/> No –<b>SKIP</b> to 8                  3 <input type="checkbox"/> Don't know –ASK 7d</p>
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<p><b>7d. Is your school Catholic?</b></p>	<p>019    1 <input type="checkbox"/> Yes, Catholic                  2 <input type="checkbox"/> No, other religion</p>
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<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>Grades:                  020    _____ (lowest)</p> <p>TO                  021    _____ (highest)</p>
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<p><b>9. How do you get to school most of the time?</b></p> <p>FIELD REPRESENTATIVE – If multiple modes are used, code the mode in which the student spends the most time.</p>	<p>022    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 –Specify <u>      </u></p>
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**F. ENVIRONMENTAL QUESTIONS – Continued**

<p><b>10. How long does it take you to get from your home to school most of the time?</b></p>	<p>023</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>024</p>	<p>1 <input type="checkbox"/> Walk                  2 <input type="checkbox"/> School bus                  3 <input type="checkbox"/> Public bus, subway, train                  4 <input type="checkbox"/> Car                  5 <input type="checkbox"/> Bicycle, motorbike, or motorcycle                  6 <input type="checkbox"/> Some other way – <i>Specify</i> _____</p>										
<p><b>12a. Are most students at your school allowed to leave the school grounds to eat lunch?</b></p>	<p>025</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  3 <input type="checkbox"/> Don't know</p>										
<p><b>12b. How often do you leave school grounds at lunch time?</b></p> <p>(READ CATEGORIES.)</p>	<p>026</p>	<p>1 <input type="checkbox"/> <b>Never</b>                  2 <input type="checkbox"/> <b>Once or twice a year</b>                  3 <input type="checkbox"/> <b>Once or twice a month</b>                  4 <input type="checkbox"/> <b>Once or twice a week</b>                  5 <input type="checkbox"/> <b>Almost every day</b></p>										
<p><b>13. During the last 6 months, have you participated in any extra-curricular activities sponsored by your school?</b></p>	<p>027</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No</p>										
<p><b>14. Does your school take any measures to ensure the safety of students?</b></p> <p><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> <p>g. A requirement that students wear badges or picture identification? .....</p> <p>h. One or more security cameras to monitor the school? .....</p> <p>i. A code of student conduct, that is, a set of written rules or guidelines that the school provides you? .....</p>	<p>028</p> <p>029</p> <p>030</p> <p>031</p> <p>032</p> <p>033</p> <p>094</p> <p>095</p> <p>096</p>	<table border="0"> <tr> <td></td> <td align="center">Yes</td> <td align="center">No</td> <td align="center">DK</td> </tr> <tr> <td></td> <td align="center">1 <input type="checkbox"/></td> <td align="center">2 <input type="checkbox"/></td> <td align="center">3 <input type="checkbox"/></td> </tr> </table>		Yes	No	DK		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>		
	Yes	No	DK									
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>									
<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>	<p>034</p> <p>035</p> <p>036</p> <p>037</p> <p>038</p>	<table border="0"> <tr> <td></td> <td align="center">Strongly Agree</td> <td align="center">Agree</td> <td align="center">Disagree</td> <td align="center">Strongly Disagree</td> </tr> <tr> <td></td> <td align="center">1 <input type="checkbox"/></td> <td align="center">2 <input type="checkbox"/></td> <td align="center">3 <input type="checkbox"/></td> <td align="center">4 <input type="checkbox"/></td> </tr> </table>		Strongly Agree	Agree	Disagree	Strongly Disagree		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
	Strongly Agree	Agree	Disagree	Strongly Disagree								
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>								
<p><b>16. During the last 6 months, that is, since _____ 1st, have you attended any drug education classes in your school?</b></p>	<p>039</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  3 <input type="checkbox"/> Don't know</p>										

**F. ENVIRONMENTAL QUESTIONS – Continued**

FIELD REPRESENTATIVE – *Read introduction.*

**INTRO 3 – Now I have some more questions about things that happened at school. For this survey, "at school" includes the school building, on school property, on a school bus, or going to and from school. I want to remind you that all of your answers are confidential.**

**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?**

	Yes	No	DK	DK drug
<b>a. Alcoholic beverages</b> .....	040 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>b. Marijuana</b> .....	041 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>c. Crack</b> .....	042 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>d. Other forms of cocaine</b> .....	043 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>e. Uppers such as ecstasy, crystal meth, or other illegal stimulants</b> .....	097 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>f. Downers such as GHB or sleeping pills</b> .....	098 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>g. LSD or acid</b> .....	045 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>h. PCP or angel dust</b> .....	046 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>i. Heroin or smack</b> .....	047 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>j. Other illegal drugs –</b> <i>If "Yes" is marked, ASK –What drugs? (Exclude tobacco products.)</i>	048 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Specify \_\_\_\_\_

FIELD REPRESENTATIVE – *Refer to Drug Slang Cards (SCS-2a and SCS-2b). Reclassify the "other illegal drug(s)" to one of the categories a-i if possible. If able to reclassify the drug(s) mentioned, mark the "No" box in category j, otherwise, mark the "Yes" box in category j and enter the "other illegal drug(s)" mentioned in the Specify space.*

**17b. FIELD REPRESENTATIVE –For each YES response in 17a ask the drug, otherwise mark NA for each category not marked YES in 17a.**

**Would you say \_\_\_\_\_ (is/are) easy, fairly easy, fairly hard, or hard to get at your school?**

	Easy	Fairly Easy	Fairly Hard	Hard	NA
<b>a. Alcoholic beverages</b> .....	049 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>b. Marijuana</b> .....	050 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>c. Crack</b> .....	051 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>d. Other forms of cocaine</b> .....	052 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>e. Uppers such as ecstasy, crystal meth, or other illegal stimulants</b> .....	099 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>f. Downers such as GHB or sleeping pills</b> .....	100 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>g. LSD or acid</b> .....	054 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>h. PCP or angel dust</b> .....	055 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>i. Heroin or smack</b> .....	056 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>j. Other illegal drugs</b> .....	057 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**17c. During the last 6 months, did you know for sure that any students were on drugs or alcohol while they were at school?**

101  Yes  
 No

**17d. During the last 6 months, did anyone offer, or try to sell or give you an illegal drug other than alcohol or tobacco at your school?**

102  Yes  
 No

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

**18a. During the last 6 months, have you been in one or more physical fights at school?**

103  Yes  
 No –**SKIP** to 19

**18b. During the last 6 months, how many times have you been in a physical fight at school?**

104  (Number of times)

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

<p><b>19. 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.)</b></p>	<p>067</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>																												
<p><b>20a. During the last 6 months, have you often felt rejected by other students at school? For example, have you felt rejected because other students have made fun of you, called you names, or excluded you from activities?</b></p>	<p>105</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No—<b>SKIP</b> to 21a</p>																												
<p><b>20b. During the last 6 months, how often have you been made fun of, called names, or excluded from activities?</b>  (<i>READ CATEGORIES.</i>)</p>	<p>106</p>	<p>1 <input type="checkbox"/> <b>Once or twice in the last 6 months</b> 2 <input type="checkbox"/> <b>Once or twice a month</b> 3 <input type="checkbox"/> <b>Once or twice a week, or</b> 4 <input type="checkbox"/> <b>Almost every day</b></p>																												
<p><b>21a. During the last 6 months, has anyone called you a derogatory or bad name at school having to do with your race, religion, ethnic background or national origin, disability, gender, or sexual orientation? We call these hate-related words.</b></p>	<p>065</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No—<b>SKIP</b> to 22</p>																												
<p><b>21b. Were any of the hate-related words related to ...</b></p> <table border="0"> <tr> <td></td> <td align="center">Yes</td> <td align="center">No</td> <td align="center">DK</td> </tr> <tr> <td><b>a. Your race?</b> .....</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td><b>b. Your religion?</b> .....</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td><b>c. Your ethnic background or national origin (for example people of Hispanic origin)?</b> .....</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td><b>d. Any disability (by this I mean physical, mental, or developmental disabilities) you may have?</b> .....</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td><b>e. Your gender?</b> .....</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td><b>f. Your sexual orientation?</b> .....</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> </table> <p>If "Yes," SAY —(by this I mean homosexual, bisexual, or heterosexual)</p>		Yes	No	DK	<b>a. Your race?</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	<b>b. Your religion?</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	<b>c. Your ethnic background or national origin (for example people of Hispanic origin)?</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	<b>d. Any disability (by this I mean physical, mental, or developmental disabilities) you may have?</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	<b>e. Your gender?</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	<b>f. Your sexual orientation?</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	<p>107 108 109 110 111 112</p>	
	Yes	No	DK																											
<b>a. Your race?</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>																											
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<p><b>22. 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?</b></p>	<p>066</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>																												

**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 threaten to attack you there?</b>  (<i>READ CATEGORIES.</i>)</p> <table border="0"> <tr> <td></td> <td align="center">Yes</td> <td align="center">No</td> </tr> <tr> <td><b>a. The shortest route to school?</b> .....</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td><b>b. The entrance into the school?</b> .....</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td><b>c. Any hallways or stairs in school?</b> .....</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td><b>d. Parts of the school cafeteria?</b> .....</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td><b>e. Any school restrooms?</b> .....</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td><b>f. Other places inside the school building?</b> .....</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td><b>g. School parking lot?</b> .....</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td><b>h. Other places on school grounds?</b> .....</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> </table>		Yes	No	<b>a. The shortest route to school?</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<b>b. The entrance into the school?</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<b>c. Any hallways or stairs in school?</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<b>d. Parts of the school cafeteria?</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<b>e. Any school restrooms?</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<b>f. Other places inside the school building?</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<b>g. School parking lot?</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<b>h. Other places on school grounds?</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<p>068 069 070 071 072 073 074 075</p>	
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<p><b>23b. Did you AVOID any extra-curricular activities at your school because you thought someone might attack or threaten to attack you?</b></p>	<p>076</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>																											

<b>H. AVOIDANCE - Continued</b>	
<b>23c. Did you AVOID any classes because you thought someone might attack or threaten to attack you?</b>	077 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>23d. Did you stay home from school because you thought someone might attack or threaten to attack you at school, or going to or from school?</b>	078 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>24. How often are you afraid that someone will attack or threaten to attack you at school?</b> <i>(READ CATEGORIES.)</i>	079 1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Most of the time
<b>25. How often are you afraid that someone will attack or threaten to attack you on the way to and from school?</b> <i>(READ CATEGORIES.)</i>	080 1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Most of the time
<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 threaten to attack you?</b> <i>(READ CATEGORIES.)</i>	081 1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Most of the time
<b>I. WEAPONS</b>	
<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>	082 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>27b. During the last 6 months, did you ever bring a knife to school or onto school grounds? Include only knives brought as weapons.</b>	083 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>27c. During the last 6 months, did you ever bring some other weapon to school or onto school grounds?</b>	084 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>28a. Do you know any (other) students who have brought a gun to your school in the last 6 months?</b>	085 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>28b. Have you actually seen another student with a gun at school in the last 6 months?</b>	086 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
<b>29. During the last 6 months, could you have gotten a loaded gun without adult supervision, either at school or away from school?</b>	113 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>J. GANGS</b>	
FIELD REPRESENTATIVE – <i>Read introduction.</i>	
<b>INTRO 4 – We'd like to know about gangs at your school. You may know these as street gangs, fighting gangs, crews, or something else. Gangs may use common names, signs, symbols, or colors. For this survey, we are interested in all gangs, whether or not they are involved in violent or illegal activity.</b>	
<b>30. Are there any gangs at your school?</b>	058 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
<b>31. During the last 6 months, that is, since _____ 1st, how often have gangs been involved in fights, attacks, or other violence at your school?</b> <i>(READ CATEGORIES 1-5.)</i>	089 1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Once or twice in the last 6 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 everyday 6 <input type="checkbox"/> Don't know
<b>32. Have gangs been involved in the sale of drugs at your school in the last 6 months?</b>	090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know

**K. STUDENT CHARACTERISTICS**

<b>33a. During the last 4 weeks, did you skip any classes?</b>	114	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <b>SKIP</b> to 34 3 <input type="checkbox"/> Don't know – <b>SKIP</b> to 34												
<b>33b. During the last 4 weeks, on how many days did you skip at least one class?</b>	115	<input style="width: 20px; height: 20px;" type="text"/> (Number of days)												
<b>34. During this school year, across all subjects have you gotten mostly -</b> (READ CATEGORIES 1-5.)	116	1 <input type="checkbox"/> <b>A's</b> 2 <input type="checkbox"/> <b>B's</b> 3 <input type="checkbox"/> <b>C's</b> 4 <input type="checkbox"/> <b>D's</b> 5 <input type="checkbox"/> <b>F's</b> 6 <input type="checkbox"/> School does not give grades/no alphabetic grade equivalent												
<b>35. Thinking about the future, do you think you will....</b>		<table style="width:100%; border: none;"> <tr> <td style="width:33%;"></td> <td style="width:33%; text-align: center;">Yes</td> <td style="width:33%; text-align: center;">No</td> <td style="width:33%; text-align: center;">DK</td> </tr> <tr> <td style="padding: 5px;"><b>a. Attend school after high school? . . . . .</b></td> <td style="text-align: center; padding: 5px;">1 <input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">2 <input type="checkbox"/> – <b>SKIP</b> to CHECK ITEM A</td> <td style="text-align: center; padding: 5px;">3 <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;"><b>b. Graduate from a 4-year college? . . . . .</b></td> <td style="text-align: center; padding: 5px;">1 <input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">2 <input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">3 <input type="checkbox"/></td> </tr> </table>		Yes	No	DK	<b>a. Attend school after high school? . . . . .</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/> – <b>SKIP</b> to CHECK ITEM A	3 <input type="checkbox"/>	<b>b. Graduate from a 4-year college? . . . . .</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
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<b>CHECK ITEM A</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?  <i>If not sure or if a telephone interview, ask –</i>  <b>Was an adult member of the household or family present during at least part of these questions?</b>	091	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 B</b>  Is this the last household member to be interviewed?		<input type="checkbox"/> Yes – END SUPPLEMENT <input type="checkbox"/> No – Interview next household member												