

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.

ASK OF ALL PEOPLE AGES 12-18.

FORM **SCS-1**
(10-2-2002)

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

SCHOOL CRIME SUPPLEMENT
TO THE NATIONAL CRIME
VICTIMIZATION SURVEY
2003

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 this burden estimate or any other aspect of this survey, send them to Paperwork Project 0607-1121 U.S. Census Bureau, 4700 Silver Hill Road, Stop 1500, Washington DC 20233-1500. You may e-mail comments to Paperwork@census.gov; use "Paperwork Project 0607-1121" as the subject. According to the Paperwork Reduction Act of 1995, no such persons are required to respond to a collection of information unless such collection displays a valid OMB control number.

Sample	Control number			
J	PSU	Segment	CK	Serial

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

FIELD REPRESENTATIVE – Complete an SCS-1 form for all NCVS interviewed people ages 12-18. Do NOT complete an SCS-1 form for Type Z noninterview people or for people in Type A noninterview households.

C. Type of SCS Interview

004	1 <input type="checkbox"/> Personal – Self	} SKIP to INTRO 1
	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	

D. Reason for SCS noninterview

005	2 <input type="checkbox"/> Refused
	3 <input type="checkbox"/> Not available

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

1a. Did you attend school at any time during the last 6 months, that is, any time since _____ 1st, 2002?	006	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to CHECK ITEM B on page 7
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?	092	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2b
1c. Was ALL or SOME of that home schooling?	007	1 <input type="checkbox"/> All – SKIP to CHECK ITEM B on page 7 2 <input type="checkbox"/> Some
2a. During the time you were home-schooled in the last 6 months, what grade would you have been in if you were in a public or private school?	093	0 <input type="checkbox"/> Fifth or under – SKIP to CHECK ITEM B on page 7 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/Post-graduate/Other noneligible – SKIP to CHECK ITEM B on page 7 } SKIP to INTRO 2
2b. During the last 6 months, that is, any time since _____ 1st, 2002, what grade were you in school?	008	0 <input type="checkbox"/> Fifth or under – SKIP to CHECK ITEM B on page 7 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/Post-graduate/Other noneligible – SKIP to CHECK ITEM B on page 7 } SKIP to 3

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.		
3. In what month did your current school year begin?	009	1 <input type="checkbox"/> August 2 <input type="checkbox"/> September 3 <input type="checkbox"/> Other – Specify <input type="text"/>
4. Did you attend school for all of the last 6 months?	010	1 <input type="checkbox"/> Yes – SKIP to 6a 2 <input type="checkbox"/> No
5. How many months were you in school during the last 6 months?	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
F. ENVIRONMENTAL QUESTIONS		
6a. What is the complete name of your school?	<div></div> <div></div> <div>012<div></div></div> Office Use Only	
6b. In what city, county, and state is your school located? FIELD REPRESENTATIVE – Probe, if necessary.	013	<div></div> City <div></div> County
	014	<div></div> Office Use Only
	015	<div></div> Office Use Only
7a. Is your school public or private?	016	1 <input type="checkbox"/> Public – ASK 7b 2 <input type="checkbox"/> Private – SKIP to 7c
7b. Is this your regularly assigned school or a school that you or your family chose?	017	1 <input type="checkbox"/> Assigned 2 <input type="checkbox"/> Chosen 3 <input type="checkbox"/> Assigned school is school of choice } SKIP to 8
7c. Is your school church-related?	018	1 <input type="checkbox"/> Yes – ASK 7d 2 <input type="checkbox"/> No – SKIP to 8 3 <input type="checkbox"/> Don't know – ASK 7d
7d. Is your school Catholic?	019	1 <input type="checkbox"/> Yes, Catholic 2 <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 12 13 20 30 H.S. Senior Post-graduate All ungraded All Special Education	020	Grades: <div></div> (lowest) TO <div></div> (highest)
9. How do you get to school most of the time? FIELD REPRESENTATIVE – If multiple modes are used, code the mode in which the student spends the most time.	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 <input type="text"/>

F. ENVIRONMENTAL QUESTIONS – Continued

10. How long does it take you to get from your home to school most of the time?	023	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
11. How do you get home from school most of the time? FIELD REPRESENTATIVE – If multiple modes are used, code the mode in which the student spends the most time. 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.	024	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 _____
12a. How often do you leave school grounds at lunch time? (READ CATEGORIES.)	026	1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Once or twice a year 3 <input type="checkbox"/> Once or twice a month 4 <input type="checkbox"/> Once or twice a week 5 <input type="checkbox"/> Almost every day
12b. Are MOST students at your school allowed to leave the school grounds to eat lunch?	025	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
13. During the last 6 months, have you participated in any extra-curricular activities sponsored by your school?	027	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
14. Does your school take any measures to make sure students are safe? For example, does the school have:		
a. Security guards and/or assigned police officers?	028	Yes No Don't know 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
b. Other school staff or other adults supervising the hallway?	029	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
c. Metal detectors?	030	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
d. Locked entrance or exit doors during the day?	031	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
e. A requirement that visitors sign in?	032	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
f. Locker checks?	033	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
g. A requirement that students wear badges or picture identification?	094	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
h. One or more security cameras to monitor the school?	095	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
i. A code of student conduct, that is, a set of written rules or guidelines that the school provides you?	096	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
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...		
a. Everyone knows what the school rules are	034	Strongly Agree Agree Disagree Strongly Disagree 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
b. The school rules are fair	035	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
c. The punishment for breaking school rules is the same no matter who you are	036	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
d. The school rules are strictly enforced	037	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
e. If a school rule is broken, students know what kind of punishment will follow	038	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
16. During the last 6 months, that is, since _____ 1st, 2002, have you attended any drug education classes in your school?	039	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know

F. ENVIRONMENTAL QUESTIONS – Continued

FIELD REPRESENTATIVE – Read introduction.

INTRO 3 – Now I have some 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 "Don't Know" responses, probe if necessary to determine if respondent means they do not know if the drug is available or if they do not know the drug.

FIELD REPRESENTATIVE – For each item ask,

Is it possible to get _____ at your school?

a. Alcoholic beverages

b. Marijuana

c. Crack

d. Other forms of cocaine

e. Uppers such as ecstasy, crystal meth, or other illegal stimulants

f. Downers such as GHB or sleeping pills

g. LSD or acid

h. PCP or angel dust

i. Heroin or smack

j. Other illegal drugs –

If "Yes" is marked, ASK – What drugs? (Exclude tobacco products.)

FIELD REPRESENTATIVE – Refer to Drug Slang Card (SCS-2). 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.

040

1

2

3

4

041

1

2

3

4

042

1

2

3

4

043

1

2

3

4

097

1

2

3

4

098

1

2

3

4

045

1

2

3

4

046

1

2

3

4

047

1

2

3

4

048

1

2

3

4

Specify

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?

a. Alcoholic beverages

b. Marijuana

c. Crack

d. Other forms of cocaine

e. Uppers such as ecstasy, crystal meth, or other illegal stimulants

f. Downers such as GHB or sleeping pills

g. LSD or acid

h. PCP or angel dust

i. Heroin or smack

j. Other illegal drugs

049

1

2

3

4

5

050

1

2

3

4

5

051

1

2

3

4

5

052

1

2

3

4

5

099

1

2

3

4

5

100

1

2

3

4

5

054

1

2

3

4

5

055

1

2

3

4

5

056

1

2

3

4

5

057

1

2

3

4

5

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

1

2

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

1

2

G. FIGHTING, BULLYING AND HATE BEHAVIORS

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

103

1

2

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			
19a. During the last 6 months, have you been bullied at school? That is, have any other students 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 20a	
19b. During the last 6 months, how OFTEN has this happened? (READ CATEGORIES.)	120	1 <input type="checkbox"/> Once or twice in the last 6 months 2 <input type="checkbox"/> Once or twice a month 3 <input type="checkbox"/> Once or twice a week, or 4 <input type="checkbox"/> Almost every day	
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?	105	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 21a	
20b. During the last 6 months, how OFTEN has this happened? (READ CATEGORIES.)	106	1 <input type="checkbox"/> Once or twice in the last 6 months 2 <input type="checkbox"/> Once or twice a month 3 <input type="checkbox"/> Once or twice a week, or 4 <input type="checkbox"/> Almost every day	
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.	065	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 22	
21b. Were any of the hate-related words related to ...		Yes	No Don't know
a. Your race?	107	1 <input type="checkbox"/>	2 <input type="checkbox"/> 3 <input type="checkbox"/>
b. Your religion?	108	1 <input type="checkbox"/>	2 <input type="checkbox"/> 3 <input type="checkbox"/>
c. Your ethnic background or national origin (for example people of Hispanic origin)? ..	109	1 <input type="checkbox"/>	2 <input type="checkbox"/> 3 <input type="checkbox"/>
d. Any disability (by this I mean physical, mental, or developmental disabilities) you may have?	110	1 <input type="checkbox"/>	2 <input type="checkbox"/> 3 <input type="checkbox"/>
e. Your gender?	111	1 <input type="checkbox"/>	2 <input type="checkbox"/> 3 <input type="checkbox"/>
f. Your sexual orientation?	112	1 <input type="checkbox"/>	2 <input type="checkbox"/> 3 <input type="checkbox"/>
If "Yes," SAY – (by this we mean homosexual, bisexual, or heterosexual)			
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?	066	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
H. AVOIDANCE			
23a. During the last 6 months, that is, since _____ 1st, 2002, did you STAY AWAY from any of the following places because you thought someone might attack or harm you there? (READ CATEGORIES.)		Yes	No
a. The shortest route to school?	068	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. The entrance into the school?	069	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Any hallways or stairs in school?	070	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Parts of the school cafeteria?	071	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. Any school restrooms?	072	1 <input type="checkbox"/>	2 <input type="checkbox"/>
f. Other places inside the school building? ..	073	1 <input type="checkbox"/>	2 <input type="checkbox"/>
g. School parking lot?	074	1 <input type="checkbox"/>	2 <input type="checkbox"/>
h. Other places on school grounds?	075	1 <input type="checkbox"/>	2 <input type="checkbox"/>
23b. Did you AVOID any extra-curricular activities at your school because you thought someone might attack or harm you?	076	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	

H. AVOIDANCE – Continued		
23c. Did you AVOID any classes because you thought someone might attack or harm you?	077	1 <input type="checkbox"/> Yes 2 <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	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
I. FEAR		
24. How often are you afraid that someone will attack or harm you at school? (READ CATEGORIES.)	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
25. How often are you afraid that someone will attack or harm you on the way to and from school? (READ CATEGORIES.)	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
26. Besides the times you are at school, how often are you afraid that someone will attack or harm you? (READ CATEGORIES.)	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
J. WEAPONS		
27. 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, 2002, did YOU ever bring the following to school or onto school grounds? (READ CATEGORIES.) a. A gun? b. A knife brought as a weapon? c. Some other weapon?	082 083 084	Yes No 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>
28a. Do you know any (other) students who have brought a gun to your school in the last 6 months?	085	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
28b. Have you actually seen another student with a gun at school in the last 6 months?	086	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
29. During the last 6 months, could you have gotten a loaded gun without adult supervision, either at school or away from school?	113	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
K. GANGS		
FIELD REPRESENTATIVE – Read introduction. INTRO 4 – Now 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.		
30. Are there any gangs at your school?	058	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
31. During the last 6 months, that is, since _____ 1st, 2002, how often have gangs been involved in fights, attacks, or other violence at your school? (READ CATEGORIES 1–5.)	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 every day 6 <input type="checkbox"/> Don't know
32. Have gangs been involved in the sale of drugs at your school in the last 6 months?	090	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know

L. STUDENT CHARACTERISTICS

33a. During the last 4 weeks, did you skip any classes?	<div>114</div>	<div> <input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 34 <input type="checkbox"/> Don't know – SKIP to 34 </div>
33b. During the last 4 weeks, on how many days did you skip at least one class?	<div>115</div>	<div> <div></div> <div></div> <div>(Number of days)</div> </div>
34. During this school year, across all subjects have you gotten mostly – <i>(READ CATEGORIES 1–5.)</i>	<div>116</div>	<div> <div> <input type="checkbox"/> A's <input type="checkbox"/> B's <input type="checkbox"/> C's <input type="checkbox"/> D's <input type="checkbox"/> F's </div> <input type="checkbox"/> School does not give grades/no alphabetic grade equivalent </div>
35. Thinking about the future, do you think you will.... a. Attend school after high school? b. Graduate from a 4-year college?	<div>117</div> <div>118</div>	<div> <div> <div>Yes</div> <div>No</div> <div>Don't know</div> </div> <div> <div> <input type="checkbox"/> </div> <div> <input type="checkbox"/> – SKIP to CHECK ITEM A </div> <div> <input type="checkbox"/> </div> </div> <div> <div> <input type="checkbox"/> </div> <div> <input type="checkbox"/> </div> <div> <input type="checkbox"/> </div> </div> </div>
<div> <div>CHECK ITEM A</div> <div> 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? </div> </div>	<div>091</div>	<div> <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 </div>
<div> <div>CHECK ITEM B</div> <div>Is this the last household member to be interviewed?</div> </div>	<div>119</div>	<div> <input type="checkbox"/> Yes – END SUPPLEMENT <input type="checkbox"/> No – <i>Interview next household member</i> </div>

NOTES

