

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.

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 about this survey or have recommendations for reducing its length, send them to the Chief, Victimization Statistics Branch, Bureau of Justice Statistics, Washington, DC 20531. 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.

FORM **SCS-1**
(10-19-2004)

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
2005

Control number	PSU	Segment/Suffix	Sample designation/Suffix	Serial/Suffix	HH No.	Spinoff indicator
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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.	004	<div><div><input type="checkbox"/> Personal – Self</div><div><input type="checkbox"/> Telephone – Self</div><div><input type="checkbox"/> Personal – Proxy</div><div><input type="checkbox"/> Telephone – Proxy</div><div><input type="checkbox"/> Noninterview – FILL ITEM D</div></div>	} SKIP to INTRO 1
C. Type of SCS Interview			

D. Reason for SCS noninterview	005	<div><div><input type="checkbox"/> Refused</div><div><input type="checkbox"/> Not available</div></div>
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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

1a. Did you attend school at any time during the last 6 months, that is, any time since _____ 1st, 2004?	006	<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to CHECK ITEM B on page 8</div></div>
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	<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to 2b</div></div>
1c. Was ALL or SOME of that home schooling?	007	<div><div><input type="checkbox"/> All – SKIP to CHECK ITEM B on page 8</div><div><input type="checkbox"/> Some</div></div>
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	<div><div><div><div><div><input type="checkbox"/> Fifth or under – SKIP to CHECK ITEM B on page 8</div><div><div><div><div><input type="checkbox"/> Sixth</div><div><input type="checkbox"/> Seventh</div><div><input type="checkbox"/> Eighth</div><div><input type="checkbox"/> Ninth</div><div><input type="checkbox"/> Tenth</div><div><input type="checkbox"/> Eleventh</div><div><input type="checkbox"/> Twelfth</div><div><input type="checkbox"/> Other – Specify _____</div></div></div></div><div>SKIP to INTRO 2</div></div><div><div><input type="checkbox"/> College/GED/Post-graduate/Other noneligible – SKIP to CHECK ITEM B on page 8</div></div></div></div></div>
2b. During the last 6 months, that is, any time since _____ 1st, 2004, what grade were you in school?	008	<div><div><div><div><div><input type="checkbox"/> Fifth or under – SKIP to CHECK ITEM B on page 8</div><div><div><div><div><input type="checkbox"/> Sixth</div><div><input type="checkbox"/> Seventh</div><div><input type="checkbox"/> Eighth</div><div><input type="checkbox"/> Ninth</div><div><input type="checkbox"/> Tenth</div><div><input type="checkbox"/> Eleventh</div><div><input type="checkbox"/> Twelfth</div><div><input type="checkbox"/> Other – Specify _____</div></div></div></div><div>SKIP to 3</div></div><div><div><input type="checkbox"/> College/GED/Post-graduate/Other noneligible – SKIP to CHECK ITEM B on page 8</div></div></div></div></div>

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 <u> </u>
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>012</div> <div>Office Use Only</div>
6b. In what city, county, and state is your school located? FIELD REPRESENTATIVE – Probe, if necessary.	<div>013</div> City <div>014</div> County <div>015</div> State <div>Office Use Only</div>
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 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
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 H.S. Senior 13 Post-graduate 20 All ungraded 30 All Special Education	Grades: <div>020</div> (lowest) TO <div>021</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 <u> </u>

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 – <i>If multiple modes are used, code the mode in which the student spends the most time.</i> <i>If the student volunteers that he or she does not go directly home after school, record the mode that the student uses to get to his or her first destination after school.</i>	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 – <i>Specify</i> _____		
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 of the following extra-curricular activities sponsored by your school such as:		Yes	No	
a. Athletic teams at school?	120	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
b. Spirit groups, for example, Cheerleading or Pep Club?	121	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
c. Performing arts, for example, Band, Orchestra, or Drama?	122	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
d. Academic clubs, for example, Debate Team, Honor Society, Spanish Club, or Math Club?	123	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
e. School government?	124	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
f. Service clubs, for example, Key Club or other service oriented groups?	125	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
g. Other school clubs or school activities?	126	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
14. Does your school take any measures to make sure students are safe? For example, does the school have:		Yes	No	Don't know
a. Security guards or assigned police officers?	028	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"/>

F. ENVIRONMENTAL QUESTIONS – Continued					
15a. 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 1 <input type="checkbox"/>	Agree 2 <input type="checkbox"/>	Disagree 3 <input type="checkbox"/>	Strongly Disagree 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"/>
15b. Thinking about the TEACHERS at your school during the last 6 months, would you strongly agree, agree, disagree, or strongly disagree with the following...					
a. Teachers treat students with respect	127	Strongly Agree 1 <input type="checkbox"/>	Agree 2 <input type="checkbox"/>	Disagree 3 <input type="checkbox"/>	Strongly Disagree 4 <input type="checkbox"/>
b. Teachers care about students	128	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Teachers do or say things that make students feel bad about themselves	129	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
16a. Thinking about the ADULTS at your school during the last 6 months, would you strongly agree, agree, disagree, or strongly disagree with the following...					
a. At school, there is an ADULT I can talk to, who cares about my feelings and what happens to me	130	Strongly Agree 1 <input type="checkbox"/>	Agree 2 <input type="checkbox"/>	Disagree 3 <input type="checkbox"/>	Strongly Disagree 4 <input type="checkbox"/>
b. At school, there is an ADULT who helps me with practical problems, who gives good suggestions and advice about my problems	131	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
16b. Thinking about FRIENDS at your school during the last 6 months, would you strongly agree, agree, disagree, or strongly disagree with the following...					
a. At school, I have a FRIEND I can talk to, who cares about my feelings and what happens to me	132	Strongly Agree 1 <input type="checkbox"/>	Agree 2 <input type="checkbox"/>	Disagree 3 <input type="checkbox"/>	Strongly Disagree 4 <input type="checkbox"/>
b. At school, I have a FRIEND who helps me with practical problems, who gives good suggestions and advice about my problems	133	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
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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.				
<p>17a. The following question refers to the availability of drugs and alcohol at your school.</p> <p>Tell me if you don't know what any of these items are.</p> <p>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.</p> <p>FIELD REPRESENTATIVE – For each item ask,</p> <p>Is it possible to get _____ at your school?</p> <p>a. Alcoholic beverages</p> <p>b. Marijuana</p> <p>c. Crack</p> <p>d. Other forms of cocaine</p> <p>e. Uppers such as ecstasy, crystal meth, or other illegal stimulants</p> <p>f. Downers such as GHB or sleeping pills ..</p> <p>g. LSD or acid</p> <p>h. PCP or angel dust</p> <p>i. Heroin or smack</p> <p>j. Other illegal drugs –</p> <p>If "Yes" is marked, ASK – What drugs? (Exclude tobacco products.)</p> <p>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.</p>				
		Yes	No	Don't know drug
	040	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	041	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	042	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	043	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	097	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	098	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	045	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	046	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	047	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	048	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
		↓		
		Specify		
<p>17b. During the last 6 months, did you know for sure that any students were on drugs or alcohol while they were at school?</p>	101	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	
<p>17c. 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?</p>	102	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	
G. FIGHTING, BULLYING AND HATE BEHAVIORS				
<p>18a. During the last 6 months, have you been in one or more physical fights at school?</p>	103	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No – SKIP to 19a	
<p>18b. During the last 6 months, how many times have you been in a physical fight at school?</p>	104	<div></div> (Number of times)		
<p>19a. Now I have some questions about what students do at school that make you feel bad or are hurtful to you. We often refer to this as being bullied. You may include events you told me about already. During the last 6 months, has any other student bullied you? That is, has another student...</p> <p>(READ CATEGORIES 1–7.)</p> <p>Mark (X) all that apply.</p>	134 *	1 <input type="checkbox"/> Made fun of you, called you names, or insulted you?		
	135 *	2 <input type="checkbox"/> Spread rumors about you?		
	136 *	3 <input type="checkbox"/> Threatened you with harm?		
	137 *	4 <input type="checkbox"/> Pushed you, shoved you, tripped you, or spit on you?		
	138 *	5 <input type="checkbox"/> Tried to make you do things you did not want to do, for example, give them money or other things?		
	139 *	6 <input type="checkbox"/> Excluded you from activities on purpose?		
	140 *	7 <input type="checkbox"/> Destroyed your property on purpose?		
	141 *	8 <input type="checkbox"/> None of the above – SKIP to 20a		

G. FIGHTING, BULLYING AND HATE BEHAVIORS – Continued			
19b. During the last 6 months, how often did (this thing/these things) happen to you? (READ CATEGORIES 1–4.)	142	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 5 <input type="checkbox"/> Don't know	
19c. Did (this event/these events) occur ... (READ CATEGORIES.) Mark (X) all that apply.	143 * 144 * 145 * 146 *	1 <input type="checkbox"/> In the school building (for example in a classroom, hallway, or gymnasium)? 2 <input type="checkbox"/> Outside on school grounds? 3 <input type="checkbox"/> On a school bus? 4 <input type="checkbox"/> Somewhere else? – Specify ↗ _____	
19d. Was a teacher or some other adult at school notified about (this event/any of these events)?	147	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
19e. (Only ask if box 4 is marked in Item 19a) What were the injuries you suffered as a result of being pushed, shoved, tripped, or spit on? Mark (X) all that apply.	148 * 149 * 150 * 151 * 152 * 153 * 154 * 155 *	1 <input type="checkbox"/> None 2 <input type="checkbox"/> Bruises or swelling 3 <input type="checkbox"/> Cuts, scratches, or scrapes 4 <input type="checkbox"/> Black eye/bloody nose 5 <input type="checkbox"/> Teeth chipped or knocked out 6 <input type="checkbox"/> Broken bones/internal injuries 7 <input type="checkbox"/> Knocked unconscious 8 <input type="checkbox"/> Other – Specify ↗ _____	
20a. 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 21	
20b. Were any of the hate-related words related to ... a. Your race? b. Your religion? c. Your ethnic background or national origin (for example people of Hispanic origin)? d. Any disability (by this I mean physical, mental, or developmental disabilities) you may have? e. Your gender? f. Your sexual orientation? If "Yes," SAY – (by this we mean homosexual, bisexual, or heterosexual)	107 108 109 110 111 112	Yes	No Don't know 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	

H. AVOIDANCE		
22a. During the last 6 months, that is, since _____ 1st, 2004, 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"/>
22b. 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	
22c. 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	
22d. 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		
23. 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
24. 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
25. 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		
26. 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, 2004, did YOU ever bring the following to school or onto school grounds? (READ CATEGORIES.)		
	Yes	No
a. A gun?	082 1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. A knife brought as a weapon?	083 1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Some other weapon?	084 1 <input type="checkbox"/>	2 <input type="checkbox"/>
27a. 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	
27b. 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	
28. 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 – <i>Read introduction.</i> 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.		
29. 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
30. During the last 6 months, that is, since _____ 1st, 2004, how often have gangs been involved in fights, attacks, or other violence at your school? (<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 every day 6 <input type="checkbox"/> Don't know
31. 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		
32a. In your classes, how often are you distracted from doing your schoolwork because other students are misbehaving, for example, talking or fighting? (<i>READ CATEGORIES.</i>)	156	1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Most of the time
32b. How often do teachers punish students during your classes? (<i>READ CATEGORIES.</i>)	157	1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Most of the time
32c. During the last 4 weeks, did you skip any classes?	114	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to 33
32d. During the last 4 weeks, on how many days did you skip at least one class?	115	<div><div></div><div></div></div> (Number of days)
33. During this school year, across all subjects have you gotten mostly – (<i>READ CATEGORIES 1–5.</i>)	116	1 <input type="checkbox"/> A's 2 <input type="checkbox"/> B's 3 <input type="checkbox"/> C's 4 <input type="checkbox"/> D's 5 <input type="checkbox"/> F's 6 <input type="checkbox"/> School does not give grades/no alphabetic grade equivalent
34. Thinking about the future, do you think you will... a. Attend school after high school? b. Graduate from a 4-year college?	117 118	<div>YesNoDon't know</div> <div>1 <input type="checkbox"/>2 <input type="checkbox"/> – SKIP to CHECK ITEM A3 <input type="checkbox"/></div> <div>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/></div>
CHECK ITEM A Were the supplement questions asked in private, or was an adult member of the household or family present during at least part of the questions? <i>If not sure or if a telephone interview, ask –</i> Was an adult member of the household or family present during at least part of these questions?	091	1 <input type="checkbox"/> Personal interview – No adult present 2 <input type="checkbox"/> Personal interview – Adult present 3 <input type="checkbox"/> Telephone interview – No adult present 4 <input type="checkbox"/> Telephone interview – Adult present 5 <input type="checkbox"/> Telephone interview – Don't know
CHECK ITEM B Is this the last household member to be interviewed?	119	<input type="checkbox"/> Yes – END SUPPLEMENT <input type="checkbox"/> No – <i>Interview next household member</i>

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