

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 U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. Census Bureau ACTING AS COLLECTING AGENCY FOR THE BUREAU OF JUSTICE STATISTICS U.S. DEPARTMENT OF JUSTICE SCHOOL CRIME SUPPLEMENT TO THE NATIONAL CRIME VICTIMIZATION SURVEY 2007	
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 such persons are required to respond to a collection of information unless such collection displays a valid OMB control number.				
Control number PSU Segment/Suffix Sample Designation/Suffix Serial/Suffix HH No. Spinoff Indicator				
A. FR Code 001 <input type="text"/> <input type="text"/> <input type="text"/>		B. Respondent Line No. Age Name 002 <input type="text"/> <input type="text"/> 003 <input type="text"/> <input type="text"/>		
FIELD REPRESENTATIVE - <i>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.</i> C. Type of SCS Interview 004 1 <input type="checkbox"/> Personal - Self } 2 <input type="checkbox"/> Telephone - Self } SKIP to INTRO 1 3 <input type="checkbox"/> Personal - Proxy } 4 <input type="checkbox"/> Telephone - Proxy } 5 <input type="checkbox"/> Noninterview - <i>FILL ITEM D</i>		D. Reason for SCS noninterview 005 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Not available		
FIELD REPRESENTATIVE - <i>Read introduction.</i> 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 this school year? 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? _____ 1c. Was all of your schooling this school year home schooling?		006 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to CHECK ITEM D on page 8 _____ 092 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 2b _____ 007 1 <input type="checkbox"/> Yes - SKIP to CHECK ITEM D on page 8 2 <input type="checkbox"/> No		
2a. During the time you were home-schooled this school year, 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 D on page 8 1 <input type="checkbox"/> Sixth } 2 <input type="checkbox"/> Seventh } 3 <input type="checkbox"/> Eighth } 4 <input type="checkbox"/> Ninth } SKIP to 5 <input type="checkbox"/> Tenth } INTRO 2 6 <input type="checkbox"/> Eleventh } 7 <input type="checkbox"/> Twelfth } 8 <input type="checkbox"/> Other - <i>Specify</i> _____ } 9 <input type="checkbox"/> College/GED/Post-graduate/ Other noneligible - SKIP to CHECK ITEM D on page 8		
2b. What grade are you in?		008 0 <input type="checkbox"/> Fifth or under - SKIP to CHECK ITEM D on page 8 1 <input type="checkbox"/> Sixth } 2 <input type="checkbox"/> Seventh } 3 <input type="checkbox"/> Eighth } 4 <input type="checkbox"/> Ninth } SKIP 5 <input type="checkbox"/> Tenth } to 3 6 <input type="checkbox"/> Eleventh } 7 <input type="checkbox"/> Twelfth } 8 <input type="checkbox"/> Other - <i>Specify</i> _____ } 9 <input type="checkbox"/> College/GED/Post-graduate/ Other noneligible - SKIP to CHECK ITEM D on page 8		

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 _____
F. ENVIRONMENTAL QUESTIONS	
6a. What is the complete name of your school?	_____ _____ 012 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Office Use Only _____
6b. In what city, county, and state is your school located? FIELD REPRESENTATIVE - Probe if necessary.	013 _____ City _____ County 014 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Office Use Only _____ State 015 <input type="checkbox"/> <input type="checkbox"/> 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 the regular school that most of the students in your neighborhood attend? _____	017 1 <input type="checkbox"/> Yes } SKIP to 2 <input type="checkbox"/> No } 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: 020 <input type="checkbox"/> <input type="checkbox"/> (lowest) TO 021 <input type="checkbox"/> <input type="checkbox"/> (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
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

<div>11. How do you get home from school most of the time?</div> <div>FIELD REPRESENTATIVE - <i>If multiple modes are used, code the mode in which the student spends the most time.</i></div> <div><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></div>	<div>024</div> <div><div><div><input type="checkbox"/> Walk</div><div><input type="checkbox"/> School bus</div><div><input type="checkbox"/> Public bus, subway, train</div><div><input type="checkbox"/> Car</div><div><input type="checkbox"/> Bicycle, motorbike, or motorcycle</div><div><input type="checkbox"/> Some other way - <i>Specify</i></div></div><div></div></div>
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<div>15a. In your classes, how often are you distracted from doing your schoolwork because other students are misbehaving, for example, talking or fighting? (READ CATEGORIES.) _____</div> <div>15b. How often do teachers punish students during your classes? (READ CATEGORIES.)</div>	<div>156<div>1 <input type="checkbox"/> Never</div><div>2 <input type="checkbox"/> Almost never</div><div>3 <input type="checkbox"/> Sometimes</div><div>4 <input type="checkbox"/> Most of the time</div> _____</div> <div>157<div>1 <input type="checkbox"/> Never</div><div>2 <input type="checkbox"/> Almost never</div><div>3 <input type="checkbox"/> Sometimes</div><div>4 <input type="checkbox"/> Most of the time</div></div>																														
<div>16a. I am going to read a list of statements that could describe a school. Thinking about your school, would you strongly agree, agree, disagree, or strongly disagree with the following</div> <div><div>a. Everyone knows what the school rules are. . .</div><div>b. The school rules are fair</div><div>c. The punishment for breaking school rules is the same no matter who you are</div><div>d. The school rules are strictly enforced</div><div>e. If a school rule is broken, students know what kind of punishment will follow</div></div>	<table><thead><tr><th></th><th>Strongly Agree</th><th>Agree</th><th>Disagree</th><th>Strongly Disagree</th></tr></thead><tbody><tr><td>034</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td><td>3 <input type="checkbox"/></td><td>4 <input type="checkbox"/></td></tr><tr><td>035</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td><td>3 <input type="checkbox"/></td><td>4 <input type="checkbox"/></td></tr><tr><td>036</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td><td>3 <input type="checkbox"/></td><td>4 <input type="checkbox"/></td></tr><tr><td>037</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td><td>3 <input type="checkbox"/></td><td>4 <input type="checkbox"/></td></tr><tr><td>038</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td><td>3 <input type="checkbox"/></td><td>4 <input type="checkbox"/></td></tr></tbody></table>		Strongly Agree	Agree	Disagree	Strongly Disagree	034	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	035	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	036	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	037	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	038	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
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038	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																											
<div>16b. Thinking about the TEACHERS at your school, would you strongly agree, agree, disagree, or strongly disagree with the following</div> <div><div>a. Teachers treat students with respect.</div><div>b. Teachers care about students</div><div>c. Teachers do or say things that make students feel bad about themselves</div></div>	<table><thead><tr><th></th><th>Strongly Agree</th><th>Agree</th><th>Disagree</th><th>Strongly Disagree</th></tr></thead><tbody><tr><td>127</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td><td>3 <input type="checkbox"/></td><td>4 <input type="checkbox"/></td></tr><tr><td>128</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td><td>3 <input type="checkbox"/></td><td>4 <input type="checkbox"/></td></tr><tr><td>129</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td><td>3 <input type="checkbox"/></td><td>4 <input type="checkbox"/></td></tr></tbody></table>		Strongly Agree	Agree	Disagree	Strongly Disagree	127	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	128	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	129	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>										
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<div>16c. Thinking about all of the ADULTS at your school, would you strongly agree, agree, disagree, or strongly disagree with the following</div> <div><div>a. At school, there is an ADULT I can talk to, who cares about my feelings and what happens to me.</div><div>b. At school, there is an ADULT who helps me with practical problems, who gives good suggestions and advice about my problems.</div></div>	<table><thead><tr><th></th><th>Strongly Agree</th><th>Agree</th><th>Disagree</th><th>Strongly Disagree</th></tr></thead><tbody><tr><td>130</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td><td>3 <input type="checkbox"/></td><td>4 <input type="checkbox"/></td></tr><tr><td>131</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td><td>3 <input type="checkbox"/></td><td>4 <input type="checkbox"/></td></tr></tbody></table>		Strongly Agree	Agree	Disagree	Strongly Disagree	130	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	131	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>															
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<div>16d. Thinking about FRIENDS at your school, would you strongly agree, agree, disagree, or strongly disagree with the following</div> <div><div>a. At school, I have a FRIEND I can talk to, who cares about my feelings and what happens to me.</div><div>b. At school, I have a FRIEND who helps me with practical problems, who gives good suggestions and advice about my problems.</div></div>	<table><thead><tr><th></th><th>Strongly Agree</th><th>Agree</th><th>Disagree</th><th>Strongly Disagree</th></tr></thead><tbody><tr><td>132</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td><td>3 <input type="checkbox"/></td><td>4 <input type="checkbox"/></td></tr><tr><td>133</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td><td>3 <input type="checkbox"/></td><td>4 <input type="checkbox"/></td></tr></tbody></table>		Strongly Agree	Agree	Disagree	Strongly Disagree	132	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	133	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>															
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INTRO 3 - Now I have some questions about things that happen at school. For this survey, "at school" includes the school building, on school property, on a school bus, or going to and from school. Your answers will not be given to anyone.

<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. 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 - <i>For each item ask,</i></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. Prescription drugs illegally obtained without a prescription, such as Ritalin or Oxycontin</p> <p>k. Other illegal drugs - <i>If "Yes" is marked, ASK - What drugs? (Exclude tobacco products.)</i></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>	<table border="0"> <thead> <tr> <th></th><th>Yes</th><th>No</th><th>Don't know</th><th>Don't know drug</th></tr> </thead> <tbody> <tr> <td>040</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td><td>3 <input type="checkbox"/></td><td>4 <input type="checkbox"/></td></tr> <tr> <td>041</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td><td>3 <input type="checkbox"/></td><td>4 <input type="checkbox"/></td></tr> <tr> <td>042</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td><td>3 <input type="checkbox"/></td><td>4 <input type="checkbox"/></td></tr> <tr> <td>043</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td><td>3 <input type="checkbox"/></td><td>4 <input type="checkbox"/></td></tr> <tr> <td>097</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td><td>3 <input type="checkbox"/></td><td>4 <input type="checkbox"/></td></tr> <tr> <td>098</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td><td>3 <input type="checkbox"/></td><td>4 <input type="checkbox"/></td></tr> <tr> <td>045</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td><td>3 <input type="checkbox"/></td><td>4 <input type="checkbox"/></td></tr> <tr> <td>046</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td><td>3 <input type="checkbox"/></td><td>4 <input type="checkbox"/></td></tr> <tr> <td>047</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td><td>3 <input type="checkbox"/></td><td>4 <input type="checkbox"/></td></tr> <tr> <td>159</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td><td>3 <input type="checkbox"/></td><td>4 <input type="checkbox"/></td></tr> <tr> <td>048</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td><td>3 <input type="checkbox"/></td><td>4 <input type="checkbox"/></td></tr> </tbody> </table> <p>Specify _____</p>		Yes	No	Don't know	Don't know drug	040	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	041	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	042	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	043	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	097	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	098	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	045	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	046	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	047	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	159	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	048	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
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<p>17b. During this school year, did you know for sure that any students were on drugs or alcohol while they were at school?</p>	<p>101 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>																																																												
<p>17c. During this school year, did anyone offer, or try to sell or give you an illegal drug other than alcohol or tobacco at your school?</p>	<p>102 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>																																																												
<p align="center">G. FIGHTING, BULLYING AND HATE BEHAVIORS</p>																																																													
<p>18a. During this school year, have you been in one or more physical fights at school?</p>	<p>103 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 19a</p>																																																												
<p>18b. During this school year, how many times have you been in a physical fight at school?</p>	<p>104 <input type="text"/> <input type="text"/> <input type="text"/> (Number of times)</p>																																																												
<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 this school year, has any student bullied you?</p> <p>That is, has another student...</p> <p><i>(Read each category a-g.)</i></p> <p>a. Made fun of you, called you names, or insulted you?</p> <p>b. Spread rumors about you?</p> <p>c. Threatened you with harm?</p> <p>d. Pushed you, shoved you, tripped you, or spit on you?</p> <p>e. Tried to make you do things you did not want to do, for example, give them money or other things?</p> <p>f. Excluded you from activities on purpose?</p> <p>g. Destroyed your property on purpose?</p>	<table border="0"> <thead> <tr> <th></th><th>Yes</th><th>No</th></tr> </thead> <tbody> <tr> <td>134</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td></tr> <tr> <td>135</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td></tr> <tr> <td>136</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td></tr> <tr> <td>137</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td></tr> <tr> <td>138</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td></tr> <tr> <td>139</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td></tr> <tr> <td>140</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td></tr> </tbody> </table>		Yes	No	134	1 <input type="checkbox"/>	2 <input type="checkbox"/>	135	1 <input type="checkbox"/>	2 <input type="checkbox"/>	136	1 <input type="checkbox"/>	2 <input type="checkbox"/>	137	1 <input type="checkbox"/>	2 <input type="checkbox"/>	138	1 <input type="checkbox"/>	2 <input type="checkbox"/>	139	1 <input type="checkbox"/>	2 <input type="checkbox"/>	140	1 <input type="checkbox"/>	2 <input type="checkbox"/>																																				
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<p>Check Item 19a Are all categories a-g marked "No" in Q19a above?</p>	<p>1 <input type="checkbox"/> Yes - SKIP to 20a 2 <input type="checkbox"/> No - SKIP to 19b</p>																																																												

19b.	During this school year, how often did (this/these things) happen to you? (Read categories 1-4.)	142	1 <input type="checkbox"/> Once or twice this school year 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	1 <input type="checkbox"/> In the school building (for example in a classroom, hallway, or gymnasium)? 144 2 <input type="checkbox"/> Outside on school grounds? 145 3 <input type="checkbox"/> On a school bus? 146 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		
CHECK Item B	Is Box 4 in Question 19a marked?	160	1 <input type="checkbox"/> Yes - Ask 19e 2 <input type="checkbox"/> No - Skip to 20a		
19e.	What were the injuries you suffered as a result of being pushed, shoved, tripped, or spit on? Mark (X) all that apply.	148	1 <input type="checkbox"/> None 149 2 <input type="checkbox"/> Bruises or swelling 150 3 <input type="checkbox"/> Cuts, scratches, or scrapes 151 4 <input type="checkbox"/> Black eye/bloody nose 152 5 <input type="checkbox"/> Teeth chipped or knocked out 153 6 <input type="checkbox"/> Broken bones/internal injuries 154 7 <input type="checkbox"/> Knocked unconscious 155 8 <input type="checkbox"/> Other - Specify _____		
20a.	Now I have some questions about what students do that could occur <i>anywhere</i> and that make you feel bad or are hurtful to you. You may include events you told me about already. During this school year, has another student.... (Read each category a-c.) a. Posted hurtful information about you on the Internet? b. Made unwanted contact, for example, threatened or insulted you via instant messaging? c. Made unwanted contact, for example, threatened or insulted you via text (SMS) messaging?		YesNo 161 1 <input type="checkbox"/> 2 <input type="checkbox"/> 162 1 <input type="checkbox"/> 2 <input type="checkbox"/> 163 1 <input type="checkbox"/> 2 <input type="checkbox"/>		
Check Item 20a	Are all categories a-c marked "No" in Q20a above?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes - SKIP to 21a No - SKIP to 20b		
20b.	During this school year, how often did (this/these things) happen to you? (Read categories 1-4.)	165	1 <input type="checkbox"/> Once or twice this school year 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		
20c.	Was a teacher or some other adult <i>at school</i> notified about (this event/any of these events)?	166	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		
21a.	During this school year, has anyone called you an insulting 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 ... 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	YesNoDon'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"/>		

28a.	Do you know any (other) students who have brought a gun to your school during this school year?	085	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No									
28b.	Have you actually seen another student with a gun at school during this school year?	086	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know									
29.	During this school year, 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.												
30.	Are there any gangs at your school?	058	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 33a 3 <input type="checkbox"/> Don't know									
31.	During this school year, 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 this school year 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 during this school year?	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?	114	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 34 3 <input type="checkbox"/> Don't know - SKIP to 34									
33b.	During the last 4 weeks, on how many days did you skip at least one class?	115	<input type="text"/> <input type="text"/> (Number of days)									
34.	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									
35.	Thinking about the future, do you think you will ... a. Attend school after high school? b. Graduate from a 4-year college?	117 118	<table><tr><td>Yes</td><td>No</td><td>Don't know</td></tr><tr><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/>- SKIP to CHECK ITEM C</td><td>3 <input type="checkbox"/></td></tr><tr><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td><td>3 <input type="checkbox"/></td></tr></table>	Yes	No	Don't know	1 <input type="checkbox"/>	2 <input type="checkbox"/> - SKIP to CHECK ITEM C	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Yes	No	Don't know										
1 <input type="checkbox"/>	2 <input type="checkbox"/> - SKIP to CHECK ITEM C	3 <input type="checkbox"/>										
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>										
CHECK ITEM C	Were the supplement questions asked in private, or was an adult member of the household or family present during at least part of the questions? <i>If not sure or if a telephone interview, ask -</i> Was an adult member of the household or family present during at least part of these questions?	091	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 D	Is this the last household member to be interviewed?	119	<input type="checkbox"/> Yes - END SUPPLEMENT <input type="checkbox"/> No - Interview next household member									

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