

## 2019 SCHOOL CRIME SUPPLEMENT

**INTRO\_1** - Now, I would like to ask some questions about your experiences at school. We estimate the survey will take 3 to 15 minutes depending on your circumstances. The law authorizes the collection of this data and requires us not to share your responses with your school or family.

### SCREEN QUESTIONS FOR SUPPLEMENT

**E\_ATTENDSCHOOL**

1a. Did you attend school at any time this school year?

- 1  Yes  
 2  No - **SKIP to END**

**E\_HOMESCHOOL**

1b. During that time, were you ever homeschooled? That is, did you receive ANY of that schooling at home, rather than in a public or private school?

- 1  Yes  
 2  No - **SKIP to E\_DIFFSCHOOL\_ATTENDED**

**E\_ALLHOMESCHOOL**

1c. Was all of your schooling this school year homeschooling?

- 1  Yes - **SKIP to END**  
 2  No

**E\_DIFFSCHOOL\_ATTENDED**

1d. How many different schools have you attended this school year?

- 1  One school  
 2  Two schools  
 3  Three or more schools

**Include your homeschooling as one school.**  
*(only asked if student answered "yes" to being homeschooled)*

CHECK ITEM A: if student was not homeschooled (**E\_HOMESCHOOL** = "No") Skip to **E\_WHATGRADE**. If student was partially homeschooled (**E\_ALLHOMESCHOOL** = "No") continue with **E\_HOMESCHOOLGRADE**.

**E\_HOMESCHOOLGRADE**

2a. During the time you were homeschooled this school year, what grade would you have been in if you were in a public or private school?

- 0  Fifth or under - **SKIP to END**  
 1  Sixth  
 2  Seventh  
 3  Eighth  
 4  Ninth  
 5  Tenth  
 6  Eleventh  
 7  Twelfth  
 8  Other - *Specify*  
 9  College/GED/Post-graduate/  
 Other noneligible - **SKIP to END**
- Specify* \_\_\_\_\_
- } **SKIP to INTRO\_2**

**E\_HOMESCHOOLGRADE\_OTHER**

**E\_WHATGRADE**

2b. What grade are you in?

- 0  Fifth or under - **SKIP to END**  
 1  Sixth  
 2  Seventh  
 3  Eighth  
 4  Ninth  
 5  Tenth  
 6  Eleventh  
 7  Twelfth  
 8  Other - *Specify*  
 9  College/GED/Post-graduate/  
 Other noneligible - **SKIP to END**
- Specify* \_\_\_\_\_
- } **SKIP to E\_WHATMONTH**

**E\_WHATGRADE\_OTHER**

FIELD REPRESENTATIVE - Read introduction only if any of the boxes 1-8 are marked in item **E\_HOMESCHOOLGRADE**.

**INTRO\_2** -The following questions pertain only to your attendance at a public or private school and not to being homeschooled.

**E\_WHATMONTH**

3. In what month did your current school year begin?

- 1  August
  - 2  September
  - 3  Other – **ASK E\_WHATMONTHOTHER**
- } **SKIP** to **F\_SCHOOLSTATE**

**E\_WHATMONTHOTHER**

- 1  January
- 2  February
- 3  March
- 4  April
- 5  May
- 6  June
- 7  July
- 8  October
- 9  November
- 10  December

**ENVIRONMENTAL QUESTIONS**

4b.

**F\_SCHOOLSTATE**

In what state is your school located?

State

**F\_SCHOOLCOUNTY**

In what county is your school located?

County

**F\_SCHOOLCITY**

In what city is your school located?

City

**F\_NAMEOFSCHOOL**

What is the complete name of your school?

School Name

**F\_PUBLICORPRIVATE**

5a. Is your school public or private?

- 1  Public – **ASK F\_REGULARSCHOOL**
- 2  Private - **SKIP** to **F\_CHURCHRELATED**

**F\_REGULARSCHOOL**

5b. Is this the regular school that most of the students in your neighborhood attend?

- 1  Yes
  - 2  No
- } **SKIP** to **F\_GRADES\_LOW**

**F\_CHURCHRELATED**

5c. Is your school affiliated with a religion?

- 1  Yes
- 2  No
- 3  Don't know

**F\_GRADES\_LOW**

6a. What is the lowest grade taught in your school?

- 0  Pre-Kindergarten or Kindergarten
- 1  1<sup>st</sup> grade
- 2  2<sup>nd</sup> grade
- 3  3<sup>rd</sup> grade
- 4  4<sup>th</sup> grade
- 5  5<sup>th</sup> grade
- 6  6<sup>th</sup> grade
- 7  7<sup>th</sup> grade
- 8  8<sup>th</sup> grade
- 9  9<sup>th</sup> grade
- 10  10<sup>th</sup> grade
- 11  11<sup>th</sup> grade
- 12  H.S. Senior
- 13  Post-graduate
- 20  All ungraded
- 30  All special education

**F\_GRADES\_HIGH**

6b. What is the highest grade taught in your school?

- 0  Pre-Kindergarten or Kindergarten
- 1  1<sup>st</sup> grade
- 2  2<sup>nd</sup> grade
- 3  3<sup>rd</sup> grade
- 4  4<sup>th</sup> grade
- 5  5<sup>th</sup> grade
- 6  6<sup>th</sup> grade
- 7  7<sup>th</sup> grade
- 8  8<sup>th</sup> grade
- 9  9<sup>th</sup> grade
- 10  10<sup>th</sup> grade
- 11  11<sup>th</sup> grade
- 12  H.S. Senior
- 13  Post-graduate
- 20  All ungraded
- 30  All special education

**F\_GETTOSCHOOL**

7. How do you get to school most of the time this school year?

FIELD REPRESENTATIVE - *If multiple modes are used, code the mode in which the student spends the most time.*

**F\_GETTOSCHOOL\_SPECIFY**

- 1  Walk
- 2  School bus
- 3  Public bus, subway, train
- 4  Car
- 5  Bicycle, motorbike, or motorcycle
- 6  Some other way – *Specify*

*Specify* \_\_\_\_\_

**F\_HOMEFROMSCHOOL**

8. How do you get home from school most of the time this school year?

FIELD REPRESENTATIVE - If multiple modes are used, code the mode in which the student spends the most time.

- 1  Walk
- 2  School bus
- 3  Public bus, subway, train
- 4  Car
- 5  Bicycle, motorbike, or motorcycle
- 6  Some other way –Specify

**F\_HOMEFROMSCHOOL\_SPECIFY**

Specify \_\_\_\_\_

**BEGIN SPLIT** – The questions about school sponsored activities have two alternate forms, designed for split-sample administration. Version 1 (F\_ACTIVITIES\_SPORTS—F\_ACTIVITIES\_OTHER\_SPECIFY) reflects the wording used in the 2017 SCS, and Version 2 (F\_ACTIVITY\_SPIRIT—F\_ACTIVITY\_OTHER\_SPECIFY) reflects updated wording for the 2019 SCS.

**VERSION 1**

9v1. During this school year, have you participated in any of the following activities sponsored by your school:

Yes                      No

**F\_ACTIVITIES\_SPORTS**

a. Athletic teams at school?

1                       2

**F\_ACTIVITIES\_SPIRIT**

b. Spirit groups, for example, Cheerleading, Dance Team, or Pep Club?

1                       2

**F\_ACTIVITIES\_ARTS**

c. Performing arts, for example, Band, Choir, Orchestra, or Drama?

1                       2

**F\_ACTIVITIES\_ACADEMIC**

d. Academic clubs, for example, Debate Team, Honor Society, Spanish Club, or Math Club?

1                       2

**F\_ACTIVITIES\_GOV**

e. Student government?

1                       2

**F\_ACTIVITIES\_SERVICE**

f. [IF GRADES 6, 7, or 8 ASK] Volunteer or community service clubs sponsored by your school, for example, Peer Mediators, Ecology Club, or Recycling Club?

1                       2

[IF GRADES 9, 10, 11, or 12 ASK] Volunteer or community service clubs sponsored by your school, for example, Peer Mediators, Ecology Club, Key Club, or Interact? Do not include community service hours required for graduation.

**F\_ACTIVITIES\_OTHER**

g. Other school clubs or school activities?

1                       2



**F\_ACTIVITIES\_OTHER\_SPECIFY**

What are the other school clubs or school activities you participate in?

Specify \_\_\_\_\_ **SKIP** to **F\_SAFETY\_POLICE**

**VERSION 2**

9v2. During this school year, have you participated in any of the following activities sponsored by your school:

Yes                      No

**F\_ACTIVITY\_SPIRIT**

a. Spirit groups, for example, Cheerleading, Dance Team, or Pep Club?

1                       2

**F\_ACTIVITY\_SPORTS**

b. Athletic teams at school?

1                       2

**F\_ACTIVITY\_ARTS**

c. Performing arts, for example, Band, Choir, Orchestra, or Drama?

1                       2

**F\_ACTIVITY\_ACADEMIC**

d. Academic clubs, for example, Debate Team, Honor Society, Spanish Club, Math Club, or Computer Club?

1                       2

**F\_ACTIVITY\_GOV**

e. Class council or student government, also known as SGA?

1                       2

**F\_ACTIVITY\_SERVICE**

f. [IF GRADES 6, 7, or 8 ASK] Volunteer or community service clubs sponsored by your school, for example, Peer Mediators, Environmental Club, or Recycling Club?

1                       2

[IF GRADES 9, 10, 11, or 12 ASK] Volunteer or community service clubs sponsored by your school, for example, Peer Mediators, Environmental Club, Key Club, or Interact? Do not include community service hours required for graduation.

**F\_ACTIVITY\_OTHER**

g. Other school clubs or school activities?

1                       2   
  ↓

**F\_ACTIVITY\_OTHER\_SPECIFY**

What are the other school clubs or school activities you participate in?

Specify \_\_\_\_\_ **SKIP** to **F\_SAFETY\_POLICE**

**END SPLIT** – Both Version 1 and Version 2 respondents go to F\_SAFETY\_POLICE

<p><b>10. The next questions are about security measures that some schools take.</b></p> <p><b>Does your school have:</b></p> <p><b>F_SAFETY_POLICE</b> a. Security guards or assigned police officers?</p> <p><b>F_SAFETY_HALLSTAFF</b> b. Other adults supervising the hallway, such as teachers, administrators, or parent volunteers?</p> <p><b>F_SAFETY_METAL_DETECTORS</b> c. Metal detectors, including wands? <i>(The definition for the term 'metal detector' is a device used to check for weapons students might be trying to bring onto school property. The metal detector may be in a form of a doorframe, which you are asked to walk through. It may also be in the form of a hand-held metal detector that looks like a wand or paddle, which is moved around your body.)</i></p> <p><b>F_SAFETY_DOORS_LOCKED</b> d. Locked entrance or exit doors during the day?</p> <p><b>F_SAFETY_SIGN_IN</b> e. A requirement that visitors sign in AND wear visitor badges or stickers?</p> <p><b>F_SAFETY_LOCKER_CHECKS</b> f. Locker checks?</p> <p><b>F_SAFETY_STUDENT_ID</b> g. A requirement that students wear badges or picture identification?</p> <p><b>F_SAFETY_CAMERAS</b> h. One or more security cameras to monitor the school?</p> <p><b>F_SAFETY_CODE_OF_CONDUCT</b> i. A code of student conduct, that is, a set of written rules or guidelines that the school provides you?</p>	<table border="0"> <thead> <tr> <th>Yes</th> <th>No</th> <th>Don't know</th> <th>School does not have lockers</th> </tr> </thead> <tbody> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td></td> </tr> <tr> <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>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td></td> </tr> </tbody> </table>	Yes	No	Don't know	School does not have lockers	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"/>	4 <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"/>	
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<p><b>F_REPORT</b> 11. If you hear about a threat to school or student safety, do you have a way to report it without having to give your name?</p>	<table border="0"> <thead> <tr> <th>Yes</th> <th>No</th> <th>Don't know</th> </tr> </thead> <tbody> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> </tbody> </table>	Yes	No	Don't know	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>																														
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<p><b>F_DISTRACTED</b> 12. In your classes, how often are you distracted from doing your schoolwork because other students are misbehaving, for example, talking or fighting?  <i>Read answer categories.</i></p>	<p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Most of the time</p>																																				

<p>13. Thinking about your school, would you strongly agree, agree, disagree, or strongly disagree with the following...</p> <p><b>F_RULES_FAIR</b> a. The school rules are fair.</p> <p><b>F_PUNISHMENT_SAME</b> b. The punishment for breaking school rules is the same no matter who you are.</p> <p><b>F_RULES_ENFORCED</b> c. The school rules are strictly enforced. <i>(Strictly enforced rules means that the school consistently carries out disciplinary actions against any students who break school rules.)</i></p> <p><b>F_PUNISHMENT_KNOWN</b> d. If a school rule is broken, students know what kind of punishment will follow.</p> <p><b>F_TEACHERS_RESPECT</b> e. Teachers treat students with respect.</p>	<table border="0"> <thead> <tr> <th>Strongly Agree</th> <th>Agree</th> <th>Disagree</th> <th>Strongly Disagree</th> </tr> </thead> <tbody> <tr> <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>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>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>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>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	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
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<p>14. Still thinking about your school, would you strongly agree, agree, disagree, or strongly disagree with the following...</p> <p>There is a TEACHER or other ADULT at school who...</p> <p><b>F_ADULT_REALLYCARES</b> a. Really cares about you.</p> <p><b>F_ADULT_LISTENS</b> b. Listens to you when you have something to say.</p> <p><b>F_ADULT_GOOD_JOB</b> c. Tells you when you do a good job.</p>	<table border="0"> <thead> <tr> <th>Strongly Agree</th> <th>Agree</th> <th>Disagree</th> <th>Strongly Disagree</th> </tr> </thead> <tbody> <tr> <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>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>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	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>								
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<p>15. Still thinking about your school, would you strongly agree, agree, disagree, or strongly disagree with the following...</p> <p>There is a STUDENT at school who...</p> <p><b>F_STUDENT_REALLYCARES</b> a. Really cares about you.</p> <p><b>F_STUDENT_LISTENS</b> b. Listens to you when you have something to say.</p> <p><b>F_STUDENT_SUCCESS</b> c. Believes that you will be a success.</p>	<table border="0"> <thead> <tr> <th>Strongly Agree</th> <th>Agree</th> <th>Disagree</th> <th>Strongly Disagree</th> </tr> </thead> <tbody> <tr> <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>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>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	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>								
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<p>16. Thinking about the neighborhood where YOU LIVE, would you strongly agree, agree, disagree, or strongly disagree with the following...</p> <p><b>F_CRIME_NEIGHBORHOOD</b> There is a lot of crime in the neighborhood where YOU LIVE.</p>	<table border="0"> <thead> <tr> <th>Strongly Agree</th> <th>Agree</th> <th>Disagree</th> <th>Strongly Disagree</th> </tr> </thead> <tbody> <tr> <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	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																
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<p>17. Thinking about the neighborhood where YOUR SCHOOL is located, would you strongly agree, agree, disagree, or strongly disagree with the following...</p> <p><b>F_CRIME_NEIGHBORHOOD_SCHOOL</b> There is a lot of crime in the neighborhood where YOU go to SCHOOL.</p>	<table border="0"> <thead> <tr> <th>Strongly Agree</th> <th>Agree</th> <th>Disagree</th> <th>Strongly Disagree</th> </tr> </thead> <tbody> <tr> <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	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																
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<p>18. Thinking about your school, would you strongly agree, agree, disagree, or strongly disagree with the following...</p> <p><b>F_SAFE_IN_SCHOOL</b> You feel safe in your school.</p>	<table border="0"> <tr> <td>Strongly Agree</td> <td>Agree</td> <td>Disagree</td> <td>Strongly Disagree</td> </tr> <tr> <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> </table>	Strongly Agree	Agree	Disagree	Strongly Disagree	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
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**SCS\_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. [IF E\_DIFFSCHOOL\_ATTENDED= 2 or 3: For the remainder of this survey, think about both/all schools you attended this school year]. Your answers will not be shared with anyone at your school or home.

**BEGIN SPLIT** – The questions about drug availability have two alternate forms, designed for split-sample administration. Version 1 (F\_ALCOHOL—F\_OTHER\_ILLEGAL) reflects the wording used in the 2017 SCS, and Version 2 (F\_NEW\_ALCOHOL—F\_NEW\_OTHER\_ILLEGAL) reflects updated wording for the 2019 SCS.

<p><b>VERSION 1</b></p> <p>19v1. The following question refers to the availability of drugs and alcohol at your school.</p> <p>Is it possible for students at your school to get...</p> <p><b>F_ALCOHOL</b> a. Alcoholic beverages?</p> <p><b>F_MARIJUANA</b> b. Marijuana, also known as pot, weed or mary jane?</p> <p><b>F_PRESCRIPTION_DRUGS</b> c. Prescription drugs illegally obtained without a prescription, such as Oxycontin, Ritalin, or Adderall?</p> <p><b>F_OTHER_ILLEGAL</b> d. Other illegal drugs, such as cocaine, uppers, or heroin?</p>	<table border="0"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> </table> <p><b>SKIP</b> to <b>F_KNOW_DRUGS_OR_ALCOHOL</b></p>	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"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
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1 <input type="checkbox"/>	2 <input type="checkbox"/>										
1 <input type="checkbox"/>	2 <input type="checkbox"/>										
1 <input type="checkbox"/>	2 <input type="checkbox"/>										

<p><b>VERSION 2</b></p> <p>19v2. Is it possible for students to get any of the following while at school...</p> <p><b>F_NEW_ALCOHOL</b> a. Alcoholic beverages?</p> <p><b>F_NEW_MARIJUANA</b> b. Marijuana, also known as pot or weed?</p> <p><b>F_NEW_OPIOIDS</b> c. Heroin or prescription painkillers illegally obtained without a prescription, such as Codeine, Percocet, or fentanyl? These are also known as opioids.</p> <p><b>F_NEW_PRESCRIPTION_DRUGS</b> d. Other prescription drugs illegally obtained without a prescription, such as Xanax, Ritalin, or Adderall?</p> <p><b>F_NEW_OTHER_ILLEGAL</b> e. Other illegal drugs, such as cocaine, uppers, or crystal meth?</p>	<table border="0"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> </table> <p><b>ASK</b> <b>F_KNOW_DRUGS_OR_ALCOHOL</b></p>	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"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
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END SPLIT – Both Version 1 and Version 2 respondents go to F\_KNOW\_DRUGS\_OR\_ALCOHOL.

**F\_KNOW\_DRUGS\_OR\_ALCOHOL**

20. During this school year, did you see another student who was under the influence of illegal drugs or alcohol while they were at school?

- 1  Yes  
2  No

**FIGHTING, BULLYING AND HATE BEHAVIORS**

**G\_FIGHT\_AT\_SCHOOL**

21a. During this school year, have you been in one or more physical fights at school?

- 1  Yes  
2  No - **SKIP** to  
**G\_BULLY\_MADE\_FUN** or  
**G\_MADE\_FUN**

**G\_FIGHT\_HOW\_OFTEN**

21b. During this school year, how many times have you been in a physical fight at school?

(Number of times)

**BEGIN SPLIT** – The questions about bullying have two alternate forms, designed for split-sample administration. Version 1 (G\_BULLY\_MADE\_FUN—G\_BULLYING\_APPEARANCE) reflects the wording used in the 2017 SCS, and Version 2 (G\_MADE\_FUN—G\_BULLYING) reflects updated wording for the 2019 SCS.

**VERSION 1**

22v1. 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?

That is, has another student...

**G\_BULLY\_MADE\_FUN**

a. Made fun of you, called you names, or insulted you, in a hurtful way?

- | Yes                        | No                         |
|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

**G\_BULLY\_RUMOR**

b. Spread rumors about you or tried to make others dislike you?

- |                            |                            |
|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
|----------------------------|----------------------------|

**G\_BULLY\_THREAT**

c. Threatened you with harm?

- |                            |                            |
|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
|----------------------------|----------------------------|

**G\_BULLY\_CONTACT**

d. Pushed you, shoved you, tripped you, or spit on you?

- |                            |                            |
|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
|----------------------------|----------------------------|

**G\_BULLY\_COERCED**

e. Tried to make you do things you did not want to do, for example, give them money or other things?

- |                            |                            |
|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
|----------------------------|----------------------------|

**G\_BULLY\_EXCLUDED**

f. Excluded you from activities on purpose?

- |                            |   |
|----------------------------|---|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> If all categories a-g are marked "No" <b>SKIP</b> to <b>G_HATE</b> |
|----------------------------|---|

**G\_BULLY\_DESTROYED\_PROP**

g. Destroyed your property on purpose?

<p><b>G_BULLY_DAY_PLUS</b>  <b>23av1. During this school year, how many days were you bullied?</b></p> <p><i>Read answer categories.</i></p>	<p>1 <input type="checkbox"/> One day – <b>ASK G_BULLY_TIMES</b>  2 <input type="checkbox"/> Two days  3 <input type="checkbox"/> Three to ten days  4 <input type="checkbox"/> More than ten days</p> <p>} <b>SKIP to G_BULLY_HAPPEN_AGAIN</b></p>
<p><b>G_BULLY_TIMES</b>  <b>23bv1. In that one day, how many times would you say other students did those things that made you feel bad or were hurtful to you?</b></p> <p><i>Read answer categories 1-4.</i></p>	<p>1 <input type="checkbox"/> Once  2 <input type="checkbox"/> Two to ten times  3 <input type="checkbox"/> Eleven to fifty times  4 <input type="checkbox"/> More than fifty times  5 <input type="checkbox"/> Too many times to count  6 <input type="checkbox"/> Don't know</p>
<p><b>G_BULLY_HAPPEN_AGAIN</b>  <b>24v1. Did you think the bullying would happen again?</b></p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p>
<p><b>G_BULLY_MULTI_PERS</b>  <b>25v1. Thinking about the [time/times] you were bullied this school year, did more than one person do [this/these things] to you?</b></p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No - <b>SKIP to G_BULLY_STRONGER</b></p>
<p><b>G_BULLY_HOW_ACT</b>  <b>26v1. Did these people act alone, together as a team, or both?</b></p>	<p>1 <input type="checkbox"/> Alone  2 <input type="checkbox"/> Together  3 <input type="checkbox"/> Both  4 <input type="checkbox"/> Don't know</p>

<p>27v1. Now I have some additional questions about the time [another student/ other students] {behavior<sub>1</sub>}, {behavior<sub>2</sub>}, and {behavior<sub>x...</sub>}. Thinking about the [person/ people] who did [this/these things] to you this school year,</p> <p><b>G_BULLY_STRONGER</b></p> <p>a. [Was this person/ Were any of these people/ Was anyone in the group] physically bigger or stronger than you?</p> <p><b>G_BULLY_POPULAR</b></p> <p>b. [Was this person/ Were any of these people/ Was anyone in the group] more popular than you?</p> <p><b>G_BULLY_MONEY</b></p> <p>c. [Did this person/ Did any of these people/ Did anyone in the group] have more money than you?</p> <p><b>G_BULLY_INFLUENCE</b></p> <p>d. [Did this person/ Did any of these people/ Did anyone in the group] have the ability to influence what other students think of you?</p> <p><b>G_BULLY_OTHER_POWER</b></p> <p>e. [Did this person/ Did any of these people/ Did anyone in the group] have more power than you in another way?</p>	<p>Yes      No</p> <p>1 <input type="checkbox"/>      2 <input type="checkbox"/></p> <p>1 <input type="checkbox"/>      2 <input type="checkbox"/></p> <p>1 <input type="checkbox"/>      2 <input type="checkbox"/></p> <p>1 <input type="checkbox"/>      2 <input type="checkbox"/></p> <p>1 <input type="checkbox"/>      2 <input type="checkbox"/></p>
<p><b>G_BULLY_WHERE1 through G_BULLY_WHERE8</b></p> <p>28v1. Still thinking about all of the times that you were bullied, where did the bullying occur? Did it occur ...</p> <p><i>Read answer categories, Mark (X) all that apply.</i></p> <p><b>G_BULLY_WHERE_SPECIFY</b></p> <p>Where is the other place where bullying occurred?</p>	<p>1 <input type="checkbox"/> In a classroom at school?</p> <p>2 <input type="checkbox"/> In a hallway or stairwell at school?</p> <p>3 <input type="checkbox"/> In a bathroom or locker room at school?</p> <p>4 <input type="checkbox"/> In a cafeteria or lunch room at school?</p> <p>5 <input type="checkbox"/> Somewhere else inside the school building? – <i>Specify</i></p> <p>6 <input type="checkbox"/> Outside on school grounds?</p> <p>7 <input type="checkbox"/> On the way to or from school such as on a school bus or at a bus stop?</p> <p>8 <input type="checkbox"/> Online or by text?</p> <p><i>Specify</i> _____</p>
<p><b>G_BULLY_ADULT_TOLD</b></p> <p>29v1. Did you tell a teacher or some other adult at school about being bullied?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>

<p>30v1. This school year, how much has bullying had a <b>NEGATIVE</b> effect on:</p> <p><i>Read answer categories.</i></p> <p><b>G_SCHOOL_WORK</b> a. YOUR school work.</p> <p><b>G_RELATION_FRIEND_FAMILY</b> b. YOUR relationships with friends or family.</p> <p><b>G_ABOUT_YOURSELF</b> c. How you feel about YOURSELF.</p> <p><b>G_PHYSICAL_HEALTH</b> d. YOUR physical health for example, caused injuries, gave you headaches or stomach aches.</p>	<table border="1"> <thead> <tr> <th>Not at all</th> <th>Not very much</th> <th>Somewhat</th> <th>A lot</th> </tr> </thead> <tbody> <tr> <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>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>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>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>	Not at all	Not very much	Somewhat	A lot	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
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<p>31v1. When you were bullied in school this year, did you ever think it was related to...</p> <p><b>G_BULLY_RACE</b> a. YOUR race?</p> <p><b>G_BULLY_RELIGION</b> b. YOUR religion?</p> <p><b>G_BULLY_ETHNIC_ORIGIN</b> c. Your ethnic background or national origin - for example, people of Hispanic origin?</p> <p><b>G_BULLYING_DISABILITY</b> d. Any disability you may have – such as physical, mental, or developmental disabilities?</p> <p><b>G_BULLYING_GENDER</b> e. YOUR gender?</p> <p><b>G_BULLYING_ORIENTATION</b> f. YOUR sexual orientation - by this we mean gay, lesbian, bisexual, or straight?</p> <p><b>G_BULLYING_APPEARANCE</b> g. YOUR physical appearance?</p>	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td><b>SKIP</b> to <b>G_HATE</b></td> </tr> </tbody> </table>	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"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<b>SKIP</b> to <b>G_HATE</b>			
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**VERSION 2**

22v2. Now I have some questions about what students do at school that make you feel bad or are hurtful to you. These could occur in person or using technologies, such as a phone, the Internet, or social media. During this school year, has any student from your school...

**G\_MADE\_FUN**

a. Made fun of you, called you names, or insulted you, in a hurtful way?

Yes

No

1 2 **G\_RUMOR**

b. Spread rumors about you or tried to make others dislike you?

1 2 **G\_SHARED**

c. Purposely shared your private information, photos, or videos in a hurtful way?

1 2 **G\_THREAT**

d. Threatened you with harm?

1 2 

Has any student from your school...

**G\_CONTACT**

e. Pushed you, shoved you, tripped you, or spit on you?

1 2 **G\_COERCED**

f. Tried to make you do things you did not want to do, for example, give them money or other things?

1 2 **G\_EXCLUDED**

g. Excluded you from activities, social media, or other communications to hurt you?

1 2 **G\_DESTROYED\_PROP**

h. Destroyed your property on purpose?

1 

2  If all categories a-h are marked "No" **SKIP** to **G\_HATE**

**SCS\_INTRO 4**

[If R said yes to only one item from G\_MADE\_FUN — G\_DESTROYED\_PROP]: **When I asked you that last series of questions, you said yes to 1 of those items. Please think about that one thing you just told me about while answering the next few questions.**

[If R said yes to two or more items from G\_MADE\_FUN — G\_DESTROYED\_PROP]: **When I asked you that last series of questions, you said yes to \_\_\_ of those items. Please think about those things you just told me about while answering the next few questions.**

**G\_MULTI\_PERS**

23v2. Thinking about [that thing/those things] you said you experienced this school year, did more than one student do [this/these things] to you?

1  Yes2  No - **SKIP** to **G\_DAY\_PLUS****G\_HOW\_ACT**

24v2. Did these students act alone, together as a team, or both?

1  Alone2  Together3  Both4  Don't know

<p><b>G_MULTI_TIMES</b> 25v2. You said that more than one student did [that thing/those things] to you. Has any student done [that thing/any of those things] to you more than once during this school year?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>
<p><b>G_DAY_PLUS</b> 26av2. During this school year, how many days did you experience (that thing/any of those things)?  <i>Read answer categories.</i></p>	<p>1 <input type="checkbox"/> One day – ASK <b>G_TIMES</b> 2 <input type="checkbox"/> Two to five days 3 <input type="checkbox"/> Six to ten days 4 <input type="checkbox"/> More than ten days</p> <p>} <b>SKIP</b> to <b>G_HAPPEN_AGAIN</b></p>
<p><b>G_TIMES</b> 26bv2. In that one day, how many times would you say [another student/other students] did [that thing/any of those things] to you? <i>Read answer categories 1-2.</i></p>	<p>1 <input type="checkbox"/> One time 2 <input type="checkbox"/> Two or more times 3 <input type="checkbox"/> Too many times to count 4 <input type="checkbox"/> Don't know</p>
<p><b>G_HAPPEN_AGAIN</b> 27v2. Did you think [that student/those students] would do hurtful things to you again?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM B:</p> <p>1. Did more than one student do those things? Yes (R answered "Yes" to G_MULTI_PERS) <input type="checkbox"/> Go to CHECK ITEM B QUESTION 2 BELOW No (R answered "No" to G_MULTI_PERS) <input type="checkbox"/> Skip to SCS INTRO 5b (fill for "another student"/ "that student")</p> <p>2. Did any of those students do any of those things more than once? Yes (R answered "Yes" to G_MULTI_TIMES) <input type="checkbox"/> Go to SCS INTRO 5a (fill for "other students" / "those students") No (R answered "No" to G_MULTI_TIMES) <input type="checkbox"/> Skip to SCS INTRO 5b (fill for "other students" / "those students")</p>	
<p><b>SCS_INTRO 5a</b> You reported that at least one student did [that thing/those things] to you more than once this school year. For the next questions, <b>ONLY</b> think about those students who did something more than once during this school year.</p> <p><b>SCS_INTRO 5b</b> Still thinking about [that thing/those things] [another student/other students] did to you during this school year...</p> <p style="text-align: center;"><b>ALL GO</b> to <b>G_STRONGER</b></p>	

<p>28v2.</p> <p><b>G_STRONGER</b></p> <p>a. [Was that student/ Were any of those students] physically bigger or stronger than you?</p> <p><b>G_POPULAR</b></p> <p>b. [Was that student/ Were any of those students] more popular than you?</p> <p><b>G_MONEY</b></p> <p>c. [Did that student/ Did any of those students] have more money than you?</p> <p><b>G_INFLUENCE</b></p> <p>d. [Did that student/ Did any of those students] have the ability to influence what other students think of you?</p> <p><b>G_OTHER_POWER</b></p> <p>e. [Did that student/ Did any of those students] have more power than you in another way?</p> <p><b>G_OTHER_POWER_SPECIFY</b></p> <p>In what other way [did that student/ did any of those students] have more power than you?</p>	<table> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td colspan="2">Specify _____</td> </tr> </tbody> </table>	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"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Specify _____	
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<p>29v2.</p> <p>What was your relationship to the student when they did [that thing/those things] to you? Were they...</p> <p><b>G_RELAT_SIBLING</b></p> <p>a. Your brother or sister?</p> <p><b>G_RELAT_DATING</b></p> <p>b. Your boyfriend or girlfriend at the time?</p> <p><b>G_RELAT_EX_DATING</b></p> <p>c. Your ex-boyfriend or ex-girlfriend at the time?</p> <p><b>G_RELAT_OTH_STUDENT</b></p> <p>d. Another student from school?</p>	<table> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> </tbody> </table>	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"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>						
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<p><b>G_WHERE1 through G_WHERE9</b></p> <p>30v2. Still thinking about [the time/all of the times] that [another student/other students] did [something/those things] to you, where did [it/they] occur? Did [it/they] occur ...</p> <p><i>Read answer categories. Mark (X) all that apply.</i></p> <p><b>G_WHERE_SPECIFY</b></p> <p>Where is the other place [it/they] occurred?</p>	<p>1 <input type="checkbox"/> In a classroom at school?</p> <p>2 <input type="checkbox"/> In a hallway or stairwell at school?</p> <p>3 <input type="checkbox"/> In a bathroom or locker room at school?</p> <p>4 <input type="checkbox"/> In a gymnasium or weight room at school?</p> <p>5 <input type="checkbox"/> In a cafeteria or lunch room at school?</p> <p>6 <input type="checkbox"/> Outside on school grounds?</p> <p>7 <input type="checkbox"/> On the way to or from school such as on a school bus or at a bus stop?</p> <p>8 <input type="checkbox"/> Online or by text?</p> <p>9 <input type="checkbox"/> Somewhere else at school? – Specify</p> <p>Specify _____</p>																
<p><b>G_ADULT_TOLD</b></p> <p>31v2. Did you tell a teacher or some other adult at school about [this student/these students] doing [that thing/those things] to you?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>																

<p>32v2. This school year, how much [has that thing/have those things] had a <b>NEGATIVE</b> effect on:</p> <p><i>Read answer categories.</i></p> <p><b>G_NEW_SCHOOL_WORK</b> a. YOUR school work.</p> <p><b>G_NEW_RELATION_FRIEND_FAMILY</b> b. YOUR relationships with friends or family.</p> <p><b>G_NEW_ABOUT_YOURSELF</b> c. How you feel about YOURSELF.</p> <p><b>G_NEW_PHYSICAL_HEALTH</b> d. YOUR physical health for example, caused injuries, gave you headaches or stomach aches.</p>	<table border="1"> <thead> <tr> <th>Not at all</th> <th>Not very much</th> <th>Somewhat</th> <th>A lot</th> </tr> </thead> <tbody> <tr> <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>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>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>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>	Not at all	Not very much	Somewhat	A lot	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
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<p>33v2. When [another student/other students] did [that thing/those things] to you, did you ever think it was related to...</p> <p><b>G_RACE</b> a. YOUR race?</p> <p><b>G_RELIGION</b> b. YOUR religion?</p> <p><b>G_ETHNIC_ORIGIN</b> c. Your ethnic background or national origin - for example, people of Hispanic origin?</p> <p><b>G_DISABILITY</b> d. Any disability you may have – such as physical, mental, or developmental disabilities?</p> <p><b>G_GENDER</b> e. YOUR gender?</p> <p><b>G_ORIENTATION</b> f. YOUR sexual orientation - by this we mean gay, lesbian, bisexual, or straight?</p> <p><b>G_APPEARANCE</b> g. YOUR physical appearance?</p>	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> </tbody> </table>	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"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
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<p><b>G_BULLYING</b> 34v2 Do you consider [that thing/those things] that [another student/other students] did to you to be bullying?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p> <p>} <b>ASK G_HATE</b></p>
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**END SPLIT – Both Version 1 and Version 2 respondents go to G\_HATE.**

<p><b>G_HATE</b> 35. 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.</p>	<p>1 <input type="checkbox"/> Yes – <b>ASK G_HATE_RACE</b> 2 <input type="checkbox"/> No - <b>SKIP to G_HATE_WORDS</b></p>
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<p><b>36. Were any of the hate-related words related to ...</b></p> <p><b>G_HATE_RACE</b> a. Your race?</p> <p><b>G_HATE_RELIGION</b> b. Your religion?</p> <p><b>G_HATE_ETHNICITY</b> c. Your ethnic background or national origin – for example, people of Hispanic origin?</p> <p><b>G_HATE_DISABILITY</b> d. Any disability you may have – such as physical, mental, or developmental disabilities?</p> <p><b>G_HATE_GENDER</b> e. Your gender?</p> <p><b>G_HATE_SEXUAL_ORIENTATION</b> f. Your sexual orientation – by this we mean gay, lesbian, bisexual or straight?</p>	<p>Yes                  No                  Don't know</p> <p>1 <input type="checkbox"/>                  2 <input type="checkbox"/>                  3 <input type="checkbox"/></p> <p>1 <input type="checkbox"/>                  2 <input type="checkbox"/>                  3 <input type="checkbox"/></p> <p>1 <input type="checkbox"/>                  2 <input type="checkbox"/>                  3 <input type="checkbox"/></p> <p>1 <input type="checkbox"/>                  2 <input type="checkbox"/>                  3 <input type="checkbox"/></p> <p>1 <input type="checkbox"/>                  2 <input type="checkbox"/>                  3 <input type="checkbox"/></p> <p>1 <input type="checkbox"/>                  2 <input type="checkbox"/>                  3 <input type="checkbox"/></p>
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<p><b>G_HATE_WORDS</b></p> <p><b>37. During this school year, 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>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
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**AVOIDANCE**

<p><b>38. During this school year, did you ever STAY AWAY from any of the following places because you thought someone might attack or harm you there?</b></p> <p>For example, did you ever stay away from...</p> <p><b>H_AVOID_SHORTCUT</b> a. The shortest route to school, because you thought someone might attack or harm you?</p> <p><b>H_AVOID_ENTRANCE</b> b. The entrance into the school?</p> <p><b>H_AVOID_HALLWAYS</b> c. Any hallways or stairs in school?</p> <p><b>H_AVOID_CAFETERIA</b> d. Parts of the school cafeteria or lunchroom?</p> <p><b>H_AVOID_RESTROOMS</b> e. Any school restrooms?</p> <p><b>H_AVOID_OTHER_PLACES</b> f. Other places inside the school building?</p> <p><b>H_AVOID_PARKING_LOT</b> g. School parking lot?</p> <p><b>H_AVOID_OTHER_SCHOOL</b> h. Other places on school grounds?</p> <p><b>H_SCHOOL_BUS_STOP</b> i. School bus or bus stop?</p>	<p>Yes                  No</p> <p>1 <input type="checkbox"/>                  2 <input type="checkbox"/></p> <p>1 <input type="checkbox"/>                  2 <input type="checkbox"/></p> <p>1 <input type="checkbox"/>                  2 <input type="checkbox"/></p> <p>1 <input type="checkbox"/>                  2 <input type="checkbox"/></p> <p>1 <input type="checkbox"/>                  2 <input type="checkbox"/></p> <p>1 <input type="checkbox"/>                  2 <input type="checkbox"/></p> <p>1 <input type="checkbox"/>                  2 <input type="checkbox"/></p> <p>1 <input type="checkbox"/>                  2 <input type="checkbox"/></p> <p>1 <input type="checkbox"/>                  2 <input type="checkbox"/></p> <p>1 <input type="checkbox"/>                  2 <input type="checkbox"/></p>
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<p><b>H_AVOID_ACTIVITIES</b></p> <p><b>39a. Did you AVOID any activities at your school because you thought someone might attack or harm you?</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
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<p><b>H_AVOID_CLASSES</b></p> <p>39b. Did you AVOID any classes because you thought someone might attack or harm you?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>												
<p><b>H_STAY_HOME</b></p> <p>39c. Did you stay home from school because you thought someone might attack or harm you in the school building, on school property, on a school bus, or going to or from school?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>												
<b>FEAR</b>													
<p><b>I_INTRO_FEAR:</b> Sometimes, even if you can't avoid a place, you may still be afraid of what might happen there.</p>													
<p><b>I_AFRAID</b></p> <p>40a. How often are you afraid that someone will attack or harm you in the school building or on school property?</p> <p><i>Read answer categories.</i></p>	<p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Most of the time</p>												
<p><b>I_AFRAID_ON_BUS</b></p> <p>40b. How often are you afraid that someone will attack or harm you on a school bus or on the way to and from school?</p> <p><i>Read answer categories.</i></p>	<p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Most of the time</p>												
<p><b>I_AFRAID_NONSCHOOL</b></p> <p>40c. Besides the times you are in the school building, on school property, on a school bus, or going to or from school, how often are you afraid that someone will attack or harm you?</p> <p><i>Read answer categories.</i></p>	<p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Most of the time</p>												
<b>WEAPONS</b>													
<p><b>J_INTRO_WEAPON</b></p> <p>In the next series of questions we are going to ask you about weapons at your school. Your answers will not be shared with anyone at your school or home.</p>													
<p>41. Some people bring guns, knives, or objects that can be used as weapons to school for protection. During this school year, did you ever bring the following to school or onto school grounds?</p> <p><b>J_WEAPONS_GUN</b> a. A gun?</p> <p><b>J_WEAPONS_KNIFE</b> b. A knife brought as a weapon?</p> <p><b>J_WEAPONS_OTHER</b> c. Some other weapon?</p>	<table border="0"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td></td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> </table>		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"/>
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<p><b>J_GUN_OTHERS</b></p> <p>42a. Do you know of any other students who have brought a gun to your school during this school year?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <b>SKIP</b> to <b>J_GET_GUN</b></p>												

<p><b>J_SEE_GUN</b> 42b. Have you actually seen another student with a gun at school during this school year?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>
<p><b>J_GET_GUN</b> 43. During this school year, could you have gotten a loaded gun without adult permission, either at school or away from school?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<b>GANGS</b>	
<p><b>BEGIN SPLIT</b> – The introduction to the questions about gangs has two alternate forms, designed for split-sample administration. Version 1 (K_INTRO_GANG) reflects the wording used in the 2017 SCS, and Version 2 (K_NEW_INTRO_GANG) reflects updated wording for the 2019 SCS.</p>	
<p><b>VERSION 1</b> <b>K_INTRO_GANG</b> 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. Your answers will not be shared with anyone at your school or home. <b>SKIP to K_GANGS</b></p>	
<p><b>VERSION 2</b> <b>K_NEW_INTRO_GANG</b> Now, we'd like to know about gangs at your school. You may know these as street gangs, fighting gangs, or something else. Gangs may use common names, signs, symbols, or colors. Your answers will not be shared with anyone at your school or home. <b>ASK K_GANGS</b></p>	
<p><b>END SPLIT</b> – Both Version 1 and Version 2 respondents go to K_GANGS.</p>	
<p><b>K_GANGS</b> 44a. Are there any gangs at your school?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <b>SKIP to L_GRADES</b> 3 <input type="checkbox"/> Don't know - <b>SKIP to L_GRADES</b></p>
<p><b>K_GANG_FIGHTS</b> 44b. During this school year, how often have gangs been involved in fights, attacks, or other violence at your school?  <i>Read answer categories.</i></p>	<p>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</p>
<p><b>K_GANG_DRUGS</b> 44c. Have gangs been involved in the sale of drugs at your school during this school year?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>
<b>STUDENT CHARACTERISTICS</b>	
<p><b>L_GRADES</b> 45. During this school year, across all subjects have you gotten mostly -  <i>Read answer categories 1—5.</i></p>	<p>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</p>

<p><b>L_SKIP_CLASSES</b>  <b>46a.</b> During the last 4 weeks of school, did you skip any classes? Again, we would like to remind you that none of your responses will be shared with anyone at your school or home.</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No - <b>SKIP</b> to <b>L_SCHOOL_AFTER_SCHOOL</b>  3 <input type="checkbox"/> Don't know - <b>SKIP</b> to <b>L_SCHOOL_AFTER_SCHOOL</b></p>									
<p><b>L_SKIP_CLASS_DAYS</b>  <b>46b.</b> During the last 4 weeks of school, on how many days did you skip at least one class?</p>	<p><input type="checkbox"/><input type="checkbox"/> (Number of days)</p>									
<p><b>47.</b> Thinking about the future, do you think you will ...  <b>L_SCHOOL_AFTER_SCHOOL</b>  a. Attend school after high school, such as a college or technical school?  <b>L_GRADUATE_4YR</b>  b. Graduate from a 4-year college?</p>	<table border="0"> <thead> <tr> <th>Yes</th> <th>No</th> <th>Don't know</th> </tr> </thead> <tbody> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/> -- <b>END</b></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> </tbody> </table>	Yes	No	Don't know	1 <input type="checkbox"/>	2 <input type="checkbox"/> -- <b>END</b>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
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