

*The next five questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed and hopeless about the future that they may consider attempting suicide, that is, taking some action to end their own life.*

F1. Fill in the one circle for each statement which best describes on how many of the days you felt this way **DURING THE PAST WEEK.**

|   | 0 days                | 1-2 days              | 3-4 days              | 5-7 days              |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| a. I did not feel like eating; my appetite was poor . . . | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. I felt depressed . . . . .                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. I felt sad . . . . .                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. I could not get going; I had low energy . . . . .      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

F2. **DURING THE PAST 12 MONTHS**, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some usual activities?

Yes       No

F3. **DURING THE PAST 12 MONTHS**, did you ever **seriously** consider attempting suicide?

Yes       No

F4. **DURING THE PAST 12 MONTHS**, how many times did you actually attempt suicide?

0 times       1 time       2 or 3 times       4 or 5 times       6 or more times

F5. **If you attempted suicide DURING THE PAST 12 MONTHS**, did any attempt result in an injury, poisoning, or overdose that had to be treated **in an emergency room or hospital**?

Yes       No       I did not attempt suicide in the past 12 months

**Questions About Unwanted Physical Behavior**

Questions F6 - F8 do not appear on the survey for grade 6

F6. **DURING THE PAST 12 MONTHS**, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?

Yes       No

F7. Have you ever been pressured into any sexual activity by someone you were going out with?

Yes       No

F8. Have you ever been physically forced to have sexual intercourse when you did not want to?

Yes       No

F9. During your life, has any adult ever intentionally hit or physically hurt you, OR had sexual contact with you?

a. No       c. Yes, an adult had sexual contact with me  
 b. Yes, an adult hit or physically hurt me       d. Yes, both 'b' and 'c'

*Your participation in this survey is voluntary.*

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F10. How many times in the **PAST 3 MONTHS** have you:

|  | 0 times               | 1 or 2 times          | 3-5 times             | 6-9 times             | 10-19 times           | 20-29 times           | 30-39 times           | 40+ times             |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Been suspended from school? .....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Sold illegal drugs? .....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Stolen something worth over \$10? .....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Stolen or tried to steal a motor vehicle such as a car or motorcycle? .....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Attacked someone with the idea of seriously hurting them? .....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Been stopped by the police for something you did (but <i>not</i> arrested)? .....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Been arrested? .....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Been drunk or high at school? .....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Been in a fight using a weapon (knife, gun, club, etc.)? .....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Purposely damaged or destroyed property belonging to your <b>parents</b> or other <b>family members</b> ? .....                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k. Purposely damaged or destroyed property belonging to <b>your school</b> ? .....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| l. Purposely damaged or destroyed <b>other property</b> that did not belong to you, not counting family and school property? ..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

F11. During the **PAST 30 DAYS**, how many times did you:

|   | 0 times               | 1 time                | 2 or 3 times          | 4 or 5 times          | 6 or more times       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. <b>Drive</b> a car or other vehicle <b>when you had been drinking alcohol</b> ? .....                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Ride in a car or other vehicle with a <b>parent or other adult driver</b> who had been drinking alcohol? ..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Ride in a car or other vehicle with a <b>teenage driver</b> who had been drinking alcohol? .....               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

F12. How many times in the **PAST 3 MONTHS** have you set a fire **where it didn't belong**, without adult permission or supervision?

- 0 times       1-2 times       3-5 times       6-9 times       10-19 times       20 or more times

F13. During the **PAST 30 DAYS**, on how many days did you:

|   | 0 days                | 1 day                 | 2 or 3 days           | 4 or 5 days           | 6 or more days        |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Carry a <b>gun</b> ? .....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Carry a weapon other than a gun? .....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Carry a gun on school property? .....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Carry a weapon other than a gun (such as a knife, club, or other weapon not allowed at school) on school property? ..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

F14. If you carried a handgun in the **PAST 30 DAYS**, who did the handgun belong to?

- I did not carry a handgun       The handgun belongs to another person that lives in my house  
 The handgun belongs to me       The handgun belongs to another person who does not live in my house

F15. If you wanted to get a handgun, how easy would it be for you to get one?

- Very easy       Sort of easy       Sort of hard       Very hard

## Questions About Harassment and Threats

F16. In the PAST 30 DAYS, how many times did a student call you names, swear at you, or say mean things to you?  
 0 times     1-2 times     3-5 times     6-9 times     10-19 times     20 or more times

F17. The next question asks about harassment at school. Harassment can include threatening, bullying; name calling or obscenities; offensive notes or graffiti; unwanted touching; and physical assault. During the PAST 12 MONTHS, have you ever been harassed at school (or on the way to or from school) in relation to any of the following issues? (Please fill in all that apply.)

- |   |   |
|---|---|
| <input type="radio"/> Harassment about your race or ethnic origin<br><input type="radio"/> Unwanted sexual comments or attention<br><input type="radio"/> Harassment because someone thought you were gay, lesbian, or bisexual | <input type="radio"/> Harassment about your weight, clothes, acne, or other physical characteristics<br><input type="radio"/> Harassment about your group of friends<br><input type="radio"/> Other reasons<br><input type="radio"/> I have not been harassed |
|---|---|

F18. At school, how safe do you feel:

|  | <b>Not at all safe</b> | <b>Only slightly safe</b> | <b>Somewhat safe</b>  | <b>Quite safe</b>     | <b>Very safe</b>      |
|--|------------------------|---------------------------|-----------------------|-----------------------|-----------------------|
| a. In the hallways? .....                      | <input type="radio"/>  | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. In the cafeteria? .....                     | <input type="radio"/>  | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. In the classroom? .....                     | <input type="radio"/>  | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Outside the school on school grounds? ..... | <input type="radio"/>  | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

F19. During the PAST 30 DAYS, on how many days did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?  
 0 days     1 day     2 or 3 days     4 or 5 days     6 or more days

F20. During the PAST 12 MONTHS, how many times:

|   | <b>0 times</b>        | <b>1 time</b>         | <b>2 or 3 times</b>   | <b>4 or 5 times</b>   | <b>6 or 7 times</b>   | <b>8 or 9 times</b>   | <b>10 or 11 times</b> | <b>12 or more times</b> |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-------------------------|
| a. Has someone threatened you with a weapon such as a gun, knife, or club <b>on school property</b> ? .....                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   |
| b. Has someone injured you with a weapon <b>on school property</b> ? .....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   |
| c. Were you in a physical fight <b>on school property</b> ? .....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   |
| d. Has someone taken money or things directly from you by using force, a weapon, or threats <b>in school or on school property</b> ? .....    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   |
| e. Has someone deliberately damaged your property (such as clothing, books, or other property) <b>in school or on school property</b> ? ..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   |

F21. During the PAST 12 MONTHS, has anyone offered, sold, or given you an illegal drug **on school property**?  
 Yes     No

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0 times    1 time    2 or 3 times    4 or 5 times    6 or 7 times    8 or 9 times    10 or 11 times    12 or more times

- F22. During the **PAST 12 MONTHS**, how many times:
- a. Were you in a physical fight?  0  1  2 or 3  4 or 5  6 or 7  8 or 9  10 or 11  12 or more
  - b. Has someone threatened you with a weapon (such as a knife, gun, or club)?  0  1  2 or 3  4 or 5  6 or 7  8 or 9  10 or 11  12 or more
  - c. Has someone injured you with a weapon?  0  1  2 or 3  4 or 5  6 or 7  8 or 9  10 or 11  12 or more
  - d. Has someone taken money or things directly from you by using force, a weapon, or threats?  0  1  2 or 3  4 or 5  6 or 7  8 or 9  10 or 11  12 or more
  - e. Has someone deliberately damaged your property (such as clothing, books, or other property)?  0  1  2 or 3  4 or 5  6 or 7  8 or 9  10 or 11  12 or more
  - f. Have you personally seen someone beaten using a weapon?  0  1  2 or 3  4 or 5  6 or 7  8 or 9  10 or 11  12 or more
  - g. Have you personally seen someone threatened by using a weapon?  0  1  2 or 3  4 or 5  6 or 7  8 or 9  10 or 11  12 or more
  - h. Have you personally seen someone beaten up, but not with a weapon?  0  1  2 or 3  4 or 5  6 or 7  8 or 9  10 or 11  12 or more
  - i. Have you personally seen things stolen from another person by force or threats of force?  0  1  2 or 3  4 or 5  6 or 7  8 or 9  10 or 11  12 or more
  - j. Have you been in a physical fight in which you were injured and had to be treated by a doctor, nurse, or emergency medical technician (EMT) for those injuries?  0  1  2 or 3  4 or 5  6 or 7  8 or 9  10 or 11  12 or more

**Questions About Personal Safety**

- F23. The next questions ask about how much you like to do certain things.
- |   |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
|   | <b>NO!</b>            | <b>no</b>             | <b>yes</b>            | <b>YES!</b>           |
| a. I would like to explore strange places                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. I like to do scary things  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. I like new and exciting experiences, even if I have to break the rules | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. I prefer friends who are exciting and unpredictable                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- F24. **When you rode a bicycle during the PAST 12 MONTHS**, how often did you wear a helmet?
- I did not ride a bicycle during the past 12 months
  - Never wore a helmet
  - Rarely wore a helmet
  - Sometimes wore a helmet
  - Most of the time wore a helmet
  - Always wore a helmet

- F25. How often do you wear a seat belt when **riding in** a car driven by someone else?
- Never
  - Rarely
  - Sometimes
  - Most of the time
  - Always

- F26. Which of the following best describes you?
- I have never been in a gang
  - I used to be in a gang
  - I have tried to get out, but am still in a gang
  - I am currently in a gang and plan to stay involved