



Questions About Personal Safety

- F1. The next questions ask about how much you like to do certain things. (S00123)
- | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| | NO! | no | yes | YES! |
| 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"/> |
- F2. **When you rode a bicycle** during the PAST 12 MONTHS, how often did you wear a helmet? (S00124)
- | | |
|--|--|
| <input type="radio"/> I did not ride a bicycle during the past 12 months | <input type="radio"/> Sometimes wore a helmet |
| <input type="radio"/> Never wore a helmet | <input type="radio"/> Most of the time wore a helmet |
| <input type="radio"/> Rarely wore a helmet | <input type="radio"/> Always wore a helmet |
- F3. How often do you wear a seat belt when **riding in** a car driven by someone else? (S00125)
- Never Rarely Sometimes Most of the time Always
- F4. In the past 30 days, how many times have you been the driver or passenger in a "street-racing" event? (t3 - S00129)
- 0 times 1 time 2-3 times 4-5 times 6 times or more
- F5. How often in the past 30 days have you driven/ridden with a driver going more than 15 miles/hour over the speed limit? (t3 - S00130)
- 0 times 1 time 2-3 times 4-5 times 6 times or more
- F6. Which of the following best describes your experience with gangs? (S00126)
- | | |
|---|--|
| <input type="radio"/> I have never been in a gang | <input type="radio"/> I have tried to get out, but am still in a gang |
| <input type="radio"/> I used to be in a gang | <input type="radio"/> I am currently in a gang and plan to stay involved |

Questions About Mood

- F7. 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. (S00101)
- | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| | 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"/> |
- F8. 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? (S00102)
- Yes No



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F9. DURING THE PAST 12 MONTHS, did you ever **seriously** consider attempting suicide? (S0003)

- Yes No

F10. DURING THE PAST 12 MONTHS, how many times did you actually attempt suicide? (S0004)

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

F11. 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? (S0005)

- Yes, I had to be treated in an emergency room or hospital
 No, I did not have to be treated in an emergency room or hospital
 I did not attempt suicide in the past 12 months
 I have never attempted suicide (t3)

Questions About Unwanted Physical Behavior

F12. DURING THE PAST 12 MONTHS, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose? (S0006)

- Yes No

F13. Have you ever been pressured into any sexual activity by someone you were going out with? (S0007)

- Yes No

F14. Have you ever been physically forced to have sexual intercourse when you did not want to? (S0008)

- Yes No

F15. During your life, has any adult ever intentionally hit or physically hurt you? (t3 - S0027)

- Yes No

F16. During your life, has any adult ever had sexual contact with you? (t3 - S0028)

- Yes No

Questions on sexual activity (F12 through F14, F16) are not included on questionnaires for sixth-grade students.

Questions About Harmful Behavior

F17. How many times in the PAST 3 MONTHS have you: (S0010)

Table with 9 columns (0 times, 1 or 2 times, 3-5 times, 6-9 times, 10-19 times, 20-29 times, 30-39 times, 40+ times) and 12 rows of behavioral questions.



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- F18. During the PAST 30 DAYS, how many times did you: (S00F11)
- | | 0 times | 1 time | 2 or 3 times | 4 or 5 times | 6 or more times |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Drive a car or other vehicle when you had been drinking alcohol ? | <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 parent or other adult driver 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 teenage driver who had been drinking alcohol? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- F19. How many times in the PAST 3 MONTHS have you set a fire where it didn't belong, without adult permission or supervision? (S00F12)
- 0 times 1-2 times 3-5 times 6-9 times 10-19 times 20 or more times

- F20. During the PAST 30 DAYS, on how many days did you: (S00F13)
- | | 0 days | 1 day | 2 or 3 days | 4 or 5 days | 6 or more days |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Carry a gun ? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Carry a weapon other than a gun (such as a knife, club, or other weapon)? | <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 on school property? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- F21. If you carried a handgun in the PAST 30 DAYS, who did the handgun belong to? (S00F14)
- I did not carry a handgun
 - The handgun belongs to me
 - The handgun belongs to another person that lives in my house
 - The handgun belongs to another person who does not live in my house

- F22. If you wanted to get a handgun, how easy would it be for you to get one? (S00F15)
- Very easy Sort of easy Sort of hard Very hard

Questions About Harassment and Threats

- F23. In the PAST 30 DAYS, how many times did a student call you names, swear at you, or say mean things to you? (S00F16)
- 0 times 1-2 times 3-5 times 6-9 times 10-19 times 20 or more times

- F24. 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 attacks. 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.)** (S00F17)

- Harassment about your race or ethnic origin
- Unwanted sexual comments or attention
- Harassment because someone thought you were gay, lesbian, or bisexual
- Harassment about your weight, clothes, acne, or other physical characteristics
- Harassment about your group of friends
- Other reasons: _____
- I have not been harassed



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(Please fill in all that apply.) (S00F17)

- Harassment about your race or ethnic origin
- Unwanted sexual comments or attention
- Harassment because someone thought you were gay, lesbian, or bisexual
- Harassment about your weight, clothes, acne, or other physical characteristics
- Harassment about your group of friends
- Other reasons: _____
- I have not been harassed

F25. At school, how safe do you feel: (S00F18)

	Not at all safe	Only slightly safe	Somewhat safe	Quite safe	Very safe
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"/>
e. In the restroom? (E3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. In the locker rooms? (E3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F26. 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? (S00F19)

- 0 days 1 day 2 or 3 days 4 or 5 days 6 or more days

F27. During the PAST 12 MONTHS, how many times: (S00F20)

	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
a. Has someone threatened you with a weapon such as a gun, knife, or club on 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"/>
b. Has someone injured you with a weapon on 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"/>
c. Were you in a physical fight on 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"/>
d. Has someone taken money or things directly from you by using force, a weapon, or threats in school or on 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"/>
e. Has someone deliberately damaged your property (such as clothing, books, or other property) in school or on 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"/>

F28. During the PAST 12 MONTHS, has anyone offered, sold, or given you an illegal drug **on school property**? (S00F21)

- Yes No

