

## Safety &amp; Violence Module

## SUPPLEMENT 1

During the past 12 months, how many times have you...

	0 Times	1 Time	2 – 3 Times	4 Or More Times
<b>X1.</b> been in a physical fight?	A	B	C	D
<b>X2.</b> been in a physical fight between groups of kids?	A	B	C	D
<b>X3.</b> used any weapon to threaten or bully someone?	A	B	C	D
<b>X4.</b> been hit, slapped, or physically hurt on purpose by your boyfriend or girlfriend?	A	B	C	D
<b>X5.</b> How safe do you feel in the <b>neighborhood</b> where you live?				
<b>A)</b> Very safe				
<b>B)</b> Safe				
<b>C)</b> Neither safe nor unsafe				
<b>D)</b> Unsafe				
<b>E)</b> Very unsafe				
<b>X6.</b> During the past <b>30 days</b> , on how many days did you not go to school because you felt unsafe at school or on your way to or from school?				
<b>A)</b> 0 days				
<b>B)</b> 1 day				
<b>C)</b> 2 or 3 days				
<b>D)</b> 4 or more days				

During the past 30 days, on how many **days** did you carry...

	0 Days	1 Day	2 Or More Days
<b>X7.</b> a gun?	A	B	C
<b>X8.</b> any other weapon (such as a knife or club)?	A	B	C
<b>X9.</b> any weapon (gun, knife, or club) on school property?	A	B	C
<b>X10.</b> During the past <b>12 months</b> , did you ever seriously consider attempting suicide?			
<b>A)</b> No			
<b>B)</b> Yes			
<b>X11.</b> During the past <b>12 months</b> , did you make a plan about how you would attempt suicide?			
<b>A)</b> No			
<b>B)</b> Yes			

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- X12.** During the past **12 months**, how many times did you actually attempt suicide?
- A) 0 times
  - B) 1 time
  - C) 2 or 3 times
  - D) 4 or more times
- X13.** If you attempted suicide during the past **12 months**, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?
- A) I did not attempt suicide in the past 12 months
  - B) No
  - C) Yes
- X14.** Have you ever been forced to have sexual intercourse when you did not want to?
- A) No
  - B) Yes