

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

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

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