CALIFORNIA healthy kids SURVEY

Safety & 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
1.	been in a physical fight?	A	B	C	D
2.	been in a physical fight between groups of kids?	A	B	C	D
3.	used any weapon to threaten or bully someone?	A	B	C	D
4.	been hit, slapped, or physically hurt on purpose by your boyfriend or girlfriend?	A	B	C	D

5. How safe do you feel in the neighborhood where you live?

A) Very safe
B) Safe
C) Neither safe nor unsafe
D) Unsafe
E) Very unsafe

6. During the past 30 days, 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
7.	a gun?	A	B	C
8.	any other weapon (such as a knife or club)?	A	B	C
9.	any weapon (gun, knife, or club) on school property?	A	B	C

10. During the past 12 months, did you ever seriously consider attempting suicide?

A) No
B) Yes

11. During the past 12 months, did you make a plan about how you would attempt suicide?

A) No
B) Yes

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12. 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

13. 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

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

- **A)** No
- **B)** Yes