

## 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
W1.	been in a physical fight?	A	B	C	D
W2.	been in a physical fight between groups of kids?	A	B	C	D
W3.	used any weapon to threaten or bully someone?	A	B	C	D
W4.	been hit, slapped, or physically hurt on purpose by your boyfriend or girlfriend?	A	B	C	D

W5. 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

W6. 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
W7.	a gun?	A	B	C
W8.	any other weapon (such as a knife or club)?	A	B	C
W9.	any weapon (gun, knife, or club) on school property?	A	B	C

W10. Have you ever been forced to have sexual intercourse when you did not want to?

- A) No
- B) Yes