

## 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			
X12.	During the past <u>12 months</u> , how many times did you actually attempt suicide?			
	A) 0 times			
	B) 1 time			
	C) 2 or 3 times			
	D) 4 or more times			

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- 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