



**CURRENT SCHOOL CLIMATE STUDENT SURVEY
MIDDLE/HIGH SCHOOL
OPTIONAL SCALES**

Scale #1: Students' positive relationships with peers

These 5 questions ask about your friends.

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I have a friend my age who cares about me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I spend most of my free time at school with my friends.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel lonely at school.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My friends are interested in what I think and how I feel.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. When I have personal problems, my friends try to understand and let me know they care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Scale #2: Teen Dating Violence

The following 4 questions ask about violence and dating.

1. During the <u>past 12 months</u> , did you hit, slap or physically hurt your boyfriend or girlfriend on purpose?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	How many times? _____
2. During the <u>past 12 months</u> , did you have or try to have sexual relations with somebody against their will?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	How many times? _____
3. During the <u>past 12 months</u> , did your boyfriend or girlfriend ever hit, slap or physically hurt you on purpose?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	How many times? _____
4. During the <u>past 12 months</u> , have you been physically forced to have sexual intercourse when you did not want to?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	How many times? _____

Scale #3: Attitudes toward gun violence

The next 7 questions ask about your attitudes regarding guns.

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. The people I respect need a handgun to stand up for themselves.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Flashing a handgun would make me feel great.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I bet it would feel real cool to walk down the street with a handgun in my pocket.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. It would be exciting to hold a loaded handgun.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I'd like to have a handgun so that people would look up to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Carrying a handgun would make me feel powerful and strong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Carrying a handgun would make me feel safe.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Scale #4: Weapon carrying and use

The following 7 questions are about carrying weapons.

- | | 0 days | 1 day | 2 or 3 days | 4 or 5 days | 6 or more days |
|--|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. During the <u>past 30 days</u> , on how many days did you carry a gun? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. During the <u>past 30 days</u> , on how many days did you carry a gun for protection? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. During the <u>past 30 days</u> , on how many days did you carry a gun on school property ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. During the <u>past 30 days</u> , on how many days did you carry a weapon such as a gun, knife or club on school property ? .. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. During the <u>past 12 months</u> , how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property ? | | | | | |
| <input type="checkbox"/> 0 times | <input type="checkbox"/> 6 or 7 times | | | | |
| <input type="checkbox"/> 1 time | <input type="checkbox"/> 8 or 9 times | | | | |
| <input type="checkbox"/> 2 or 3 times | <input type="checkbox"/> 10 or 11 times | | | | |
| <input type="checkbox"/> 4 or 5 times | <input type="checkbox"/> 12 or more times | | | | |
| 6. During the <u>past 12 months</u> , how many times have you threatened or injured someone with a weapon such as a gun, knife, or club on school property ? | | | | | |
| <input type="checkbox"/> 0 times | <input type="checkbox"/> 6 or 7 times | | | | |
| <input type="checkbox"/> 1 time | <input type="checkbox"/> 8 or 9 times | | | | |
| <input type="checkbox"/> 2 or 3 times | <input type="checkbox"/> 10 or 11 times | | | | |
| <input type="checkbox"/> 4 or 5 times | <input type="checkbox"/> 12 or more times | | | | |
| 7. Would it be hard for you to get a gun if you wanted to? | | | | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know | | | | | |

Scale #5: Feelings of depression

These questions ask about how you've been feeling lately.

- | | Not At All | A Little | Some | A Lot |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. In the <u>past 6 months</u> , have you just felt really down about things? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. In the <u>past 6 months</u> , have you felt pretty hopeless about the future? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. In the <u>past 6 months</u> , have you just felt depressed about life in general? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. During the <u>past 12 months</u> , did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities? | | | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | |

If you feel upset after answering these questions, please contact your school counselor, school social worker or psychologist. Or, you may call the following help lines:

***1-800-273-TALK (1-800-273-8255)
1-800-SUICIDE (1-800-784-2433)***