

OPTIONAL SCALES SAMPLE

SCHOOL CLIMATE
Students



Scale: Good Condition of Campus

	Strongly disagree	Disagree	Agree	Strongly agree
1. There is graffiti at my school (writing on the wall that is not supposed to be there).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. My school building is clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I like the way my school looks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Many things are broken or damaged (e.g., windows, computers, outdoor equipment) at my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Areas in or around my school could use better lighting for safety reasons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My school is well maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Scale: Acceptability of Aggression

	Strongly disagree	Disagree	Agree	Strongly agree
1. I think it is wrong to hit other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. It is OK to push or shove other people around if you're mad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. It is OK to take your anger out on others by using physical force.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Sometimes you have to physically fight to get what you want.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I think it is OK to hit someone back if they hit you first.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. It is wrong to call other people mean names.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Scale: Teen Dating Violence

The following questions ask about violence and dating.

1. During the past 12 months , 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 past 12 months , 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 past 12 months , 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 past 12 months , 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: Attitudes Favorable Toward Gun Violence

The next 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: Weapon Carrying

The next questions are about carrying weapons.

	0 days	1 day	2 or 3 days	4 or 5 days	6 or more days
1. During the past 30 days , 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 past 30 days , 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 past 30 days , 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 past 30 days , 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 **past 12 months**, 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 **past 12 months**, 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? No Yes Don't know