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
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 **neighborhood** where you live?
- **A)** Very safe
- **B)** Safe
- **C)** Neither safe nor unsafe
- **D)** Unsafe
- **E)** Very unsafe

X6. 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
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. Have you ever been forced to have sexual intercourse when you did not want to?
- **A)** No
- **B)** Yes