

During the past 30 days, how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school?

- | | |
|--------------------------|------------------|
| <input type="checkbox"/> | 0 times |
| <input type="checkbox"/> | 1 time |
| <input type="checkbox"/> | 2 or 3 times |
| <input type="checkbox"/> | 4 or 5 times |
| <input type="checkbox"/> | 6 or 7 times |
| <input type="checkbox"/> | 8 or 9 times |
| <input type="checkbox"/> | 10 or 11 times |
| <input type="checkbox"/> | 12 or more times |
| <input type="checkbox"/> | No Answer |

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"/> | 1 time |
| <input type="checkbox"/> | 2 or 3 times |
| <input type="checkbox"/> | 4 or 5 times |
| <input type="checkbox"/> | 6 or 7 times |
| <input type="checkbox"/> | 8 or 9 times |
| <input type="checkbox"/> | 10 or 11 times |
| <input type="checkbox"/> | 12 or more times |
| <input type="checkbox"/> | No Answer |

During the past 12 months, how many times has someone stolen or deliberately damaged your property such as your car, clothing, or books on school property?

- | | |
|--------------------------|------------------|
| <input type="checkbox"/> | 0 times |
| <input type="checkbox"/> | 1 time |
| <input type="checkbox"/> | 2 or 3 times |
| <input type="checkbox"/> | 4 or 5 times |
| <input type="checkbox"/> | 6 or 7 times |
| <input type="checkbox"/> | 8 or 9 times |
| <input type="checkbox"/> | 10 or 11 times |
| <input type="checkbox"/> | 12 or more times |
| <input type="checkbox"/> | No Answer |

During the past 12 months, how many times were you in a physical fight on school property?

- | | |
|--------------------------|------------------|
| <input type="checkbox"/> | 0 times |
| <input type="checkbox"/> | 1 time |
| <input type="checkbox"/> | 2 or 3 times |
| <input type="checkbox"/> | 4 or 5 times |
| <input type="checkbox"/> | 6 or 7 times |
| <input type="checkbox"/> | 8 or 9 times |
| <input type="checkbox"/> | 10 or 11 times |
| <input type="checkbox"/> | 12 or more times |
| <input type="checkbox"/> | No Answer |