

School Climate Middle/High School Survey WVDE-EQSS-2014-15

Instructions and login

Welcome to the West Virginia School Climate Survey for Students.

Thank you for agreeing to participate. We value your feedback. The results of this survey will be used to make changes in your school to ensure a positive climate for learning.

Your participation is voluntary. You may choose not to participate; not to answer any questions you do not want to answer; and you may stop participating at any time during the survey without penalty. Your responses will be anonymous and confidential.

If you have questions about the survey or have problems completing the survey, please notify the teacher or school staff person in the computer lab with you.

The WV School Climate Student Survey was adapted from the California Healthy Kids Survey. Permission to use questions from that survey has been granted to the WV Department of Education by the California Department of Education.

To continue, please login by using the information provided and clicking the "Next" button.

1. Please Login.

Next, we would like some background information about you

2. How old are you?

- | | |
|---|---|
| <input type="radio"/> 10 years old or younger | <input type="radio"/> 15 years old |
| <input type="radio"/> 11 years old | <input type="radio"/> 16 years old |
| <input type="radio"/> 12 years old | <input type="radio"/> 17 years old |
| <input type="radio"/> 13 years old | <input type="radio"/> 18 years old or older |
| <input type="radio"/> 14 years old | |

3. What is your sex?

- Male
- Female

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4. What grade are you in?

- 6th grade
- 7th grade
- 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade
- Other grade
- Ungraded

Background information about you

5. What is your race?

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Mixed (two or more) races
- Other

6. Are you of Hispanic or Latino origin?

- No
- Yes

Opinions about your school

Please tell us how much you agree with each of the following statements about your SCHOOL and things you might do there.

7. How strongly do you disagree or agree with the following statements about your school?

	Strongly Disagree	Disagree	Neither Disagree Nor Agree	Agree	Strongly Agree
I feel close to people at this school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am happy to be at this school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like I am part of this school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The teachers at this school treat students fairly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe in my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Opinions about your school, continued

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8. At my school, there is a teacher or some other adult ...

	Not At All True	A Little True	Pretty Much True	Very Much True
who really cares about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
who tells me when I do a good job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
who notices when I'm not there.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
who always wants me to do my best.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
who listens to me when I have something to say.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
who believes that I will be a success.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. At school, ...

	Not At All True	A Little True	Pretty Much True	Very Much True
I do interesting activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I help decide things like class activities or rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do things that make a difference.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Opinions about your school, continued

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10. How strongly do you disagree or agree with the following statements about your school?

	Strongly Disagree	Disagree	Neither Disagree Nor Agree	Agree	Strongly Agree
Adults at this school treat all students with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My class lessons include examples of my racial, ethnic, or cultural background.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have been disrespected by an adult at this school because of my race, ethnicity, or culture.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a lot of tension in this school between people of different cultures, races, or ethnicities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adults at this school encourage me to work hard so I can be successful in college or at the job I choose.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My teachers work hard to help me with my schoolwork when I need it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teachers show how classroom lessons are helpful to students in real life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teachers give students a chance to take part in classroom discussions or activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students at this school are motivated to learn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This school promotes academic success for all students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This school is a supportive and inviting place for students to learn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All students are treated fairly when they break school rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This school clearly informs students what would happen if they break school rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The schoolyard and buildings are clean and in good condition.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students at this school are well behaved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Opinions about your school, continued

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11. Does your school take any measures to make sure students are safe? For example, does the school have:

	Yes	No	Don't Know
Security guards or assigned police officers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School staff or other adults supervising the hallway?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Metal detectors?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Locked entrance or exit doors during the day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A requirement that visitors sign in?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A requirement that students wear badges or picture identification?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
One or more security cameras to monitor the school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A code of student conduct, that is, a set of written rules or guidelines that the school provides you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Opinions about your neighborhood or community

The next statements are about what might occur outside your school or home, such as in your NEIGHBORHOOD, COMMUNITY, or with an ADULT other than your parents or guardian.

12. Outside of my home and school, there is an adult ...

	Not At All True	A Little True	Pretty Much True	Very Much True
who really cares about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
who tells me when I do a good job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
who notices when I am upset about something.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
who believes that I will be a success.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
who always wants me to do my best.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
whom I trust.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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13. Outside of my home and school, ...

	Not At All True	A Little True	Pretty Much True	Very Much True
I am part of clubs, sports teams, church/temple, or other group activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am involved in music, art, literature, sports, or a hobby.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I help other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Use of alcohol, tobacco, marijuana, or other drugs

The questions in the next pages are about Alcohol, Tobacco, Marijuana, or Other Drugs.

Keep the following definitions in mind as you answer these questions:

One drink of ALCOHOL, or alcoholic drink (beverage), means one regular size can/bottle of beer or wine cooler, one glass of wine, one mixed drink, or one shot glass of liquor.

Questions about alcohol do not include drinking a few sips of wine for religious purposes.

DRUG means any substance, including pills and medications, used to get "high" ("loaded", "stoned", or "wasted") other than alcohol or tobacco.

Use of alcohol, tobacco, marijuana, or other drugs, continued

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14. During the past 30 DAYS, on how many days did you use ...

	0 Days	1 Day	2 Days	3 - 9 Days	10 - 19 Days	20 - 30 Days
cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
smokeless tobacco (dip, chew or snuff)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
at least one drink of alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
five or more drinks of alcohol in a row, that is, within a couple of hours?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
marijuana (pot, weed, grass, hash, bud)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
inhalants (things you sniff, huff, or breathe to get "high")?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
derbisol (DB, derbs, dirt)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
cocaine (any form, coke, crack, rock, base, snort)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
methamphetamine or amphetamines (meth, speed, crystal, crank, ice)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ecstasy, LSD or other psychedelics (acid, mescaline, peyote, mushrooms)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
heroin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
bath salts?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
any other illegal drug?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
two or more drugs at the same time (for example, alcohol with marijuana, ecstasy with mushrooms)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
prescription pills or medications without a doctor's order?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Use of alcohol, tobacco, marijuana, or other drugs, continued

15. During the past 30 DAYS, on how many days ON SCHOOL PROPERTY did you...

	0 Days	1 Day	2 Days	3 - 9 Days	10 - 19 Days	20 - 30 Days
smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
have at least one drink of alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use any other illegal drug or pill to get "high"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use a prescription pill or medication without a doctor's order?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Use of alcohol, tobacco, marijuana, or other drugs, continued

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16. How difficult is it for students in your school to get any of the following substances if they really want them?

	Very Difficult	Fairly Difficult	Fairly Easy	Very Easy	Don't Know
Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other illegal drug or pill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A prescription pill or medication without a doctor's order	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Use of alcohol, tobacco, marijuana, or other drugs, continued

17. How much do people risk harming themselves physically and in other ways when they do the following?

	Great Risk or Harm	Moderate Risk or Harm	Slight Risk or Harm	No Risk or Harm
Smoke cigarettes occasionally	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke 1–2 packs of cigarettes each day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drink alcohol occasionally	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have five or more drinks of an alcoholic beverage once or twice a week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke marijuana occasionally	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke marijuana once or twice a week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use prescription drugs that are not prescribed to them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Use of alcohol, tobacco, marijuana, or other drugs, continued

18. How wrong do your parents feel it would be for you to...

	Very wrong	Wrong	A little bit wrong	Not wrong at all
have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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19. How wrong do your friends feel it would be for you to...

	Very wrong	Wrong	A little bit wrong	Not wrong at all
have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. During the past 12 months, have you...

	Yes	No
talked with at least one of your parents or guardians about the dangers of tobacco, alcohol, or drug use?	<input type="radio"/>	<input type="radio"/>
heard, read, or watched any messages about not using alcohol, tobacco, or drugs?	<input type="radio"/>	<input type="radio"/>

Problems you may have experienced at or away from school

The next questions ask for your opinions about problems you may have experienced at your school or away from school.

21. How much of a problem AT YOUR SCHOOL is...

	Insignificant Problem	Mild Problem	Moderate Problem	Severe Problem
student alcohol and drug use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
student tobacco use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
harassment or bullying among students?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
physical fighting between students?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
disruptive student behavior?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
racial/ethnic conflict among students?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
student depression or other mental health problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
lack of respect of staff by students?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
cutting classes or being truant?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
gang-related activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
weapons possession?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
vandalism (including graffiti)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
theft?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Problems you may have experienced at or away from school, continued

Next are questions about violence, safety, harassment, & bullying.

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22. During the past 12 MONTHS, how many times ON SCHOOL PROPERTY have you ...

	0 Times	1 Time	2 to 3 Times	4 or More Times
been pushed, shoved, slapped, hit, or kicked by someone who wasn't just kidding around?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
been afraid of being beaten up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
been in a physical fight?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
had mean rumors or lies spread about you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
had sexual jokes, comments, or gestures made to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
been made fun of because of your looks or the way you talk?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
been called hateful names or words having to do with your race, ethnicity, religion, disability, gender, or sexual orientation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
seen offensive hateful drawings, words, symbols, or graffiti written in classrooms, bathrooms, hallways, or on the outside of the school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
had your property stolen or deliberately damaged, such as your car, clothing, or books?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Problems you may have experienced at or away from school, continued

23. During the past 12 MONTHS, how many times ON SCHOOL PROPERTY have you ...

	0 Times	1 Time	2 to 3 Times	4 or More Times
been offered, sold, or given an illegal drug?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
sold or offered to sell someone an illegal drug?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
damaged school property on purpose?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
carried a gun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
carried any other weapon (such as a knife or club)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
been threatened or injured with a weapon (gun, knife, club, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
seen someone carrying a gun, knife, or other weapon?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
avoided school activities for fear of being attacked or harmed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
avoided specific places in school for fear of being attacked or harmed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Problems you may have experienced at or away from school, continued

24. During the past 12 MONTHS, how many times ON SCHOOL PROPERTY were you harassed or bullied for any of the following reasons?

[You were bullied if repeatedly shoved, hit, threatened, called mean names, teased in a way you didn't like, or had other unpleasant things done to you. It is not bullying when two students of about the same strength quarrel or fight.]

	0 Times	1 Time	2 to 3 Times	4 or More Times
Your race, ethnicity, or national origin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your religion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your gender (being male or female)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Because you are gay or lesbian or someone thought you were	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A physical or mental disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Problems you may have experienced at or away from school, continued

25. During the past 12 MONTHS, how many times AWAY FROM SCHOOL were you harassed or bullied for any of the following reasons?

	0 Times	1 Time	2 to 3 Times	4 or More Times
Your race, ethnicity, or national origin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your religion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your gender (being male or female)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Because you are gay or lesbian or someone thought you were	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A physical or mental disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. During the past 12 MONTHS, how many times did other students spread mean rumors or lies about you...

	0 Times	1 Time	2 to 3 Times	4 or More Times
on Facebook™, MySpace™, or Twitter™?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
by e-mail?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
by text message?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Problems you may have experienced at or away from school, continued

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27. During the past 30 days, did you avoid going to school on one or more days because you felt unsafe at school, or on your way to and from school?

- Yes
- No

28. How safe do you feel when you are at school?

- Very safe
- Safe
- Neither safe nor unsafe
- Unsafe
- Very unsafe

29. Do you consider yourself a member of a gang?

- Yes
- No

30. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?

- Yes
- No
- Does Not Apply

31. During the past 12 MONTHS, did you ever feel so sad or hopeless almost everyday for two weeks or more that you stopped doing some usual activities?

- Yes
- No

32. During the past 12 MONTHS, did you ever seriously consider attempting suicide?

- Yes
- No

33. During the past 12 months, did you make a plan about how you would attempt suicide?

- Yes
- No

School Participation

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34. During the past 12 MONTHS, how would you describe the grades you mostly received in school?

- | | |
|-----------------------------------|-----------------------------------|
| <input type="radio"/> Mostly A's | <input type="radio"/> Mostly C's |
| <input type="radio"/> A's and B's | <input type="radio"/> C's and D's |
| <input type="radio"/> Mostly B's | <input type="radio"/> Mostly D's |
| <input type="radio"/> B's and C's | <input type="radio"/> Mostly F's |

35. How likely is it that you will do each of the following things after high school?

	Very likely	Somewhat likely	Somewhat unlikely	Very unlikely	Don't know
Attend a technical or vocational school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Serve in the armed services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Graduate from a two-year college program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Graduate from a four-year college	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attend graduate school or professional school after college	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. During the past 12 MONTHS, about how many times did you skip school or cut classes?

- | | |
|-----------------------------------|---|
| <input type="radio"/> 0 times | <input type="radio"/> Once a month |
| <input type="radio"/> 1-2 times | <input type="radio"/> Once a week |
| <input type="radio"/> A few times | <input type="radio"/> More than once a week |

37. How much would your family care if you quit school?

- A lot
- Some
- Not much
- Not at all

A Few More Questions

38. During the past 12 MONTHS, have you moved or changed homes?

- Yes
- No

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39. How many times have you moved or changed homes since kindergarten?

- 0 times
- 1 or 2 times
- 3 or 4 times
- 5 or more times

40. Did you attend this school last year?

- Yes
- No

Overall School Climate Conditions

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41. Have the issues listed below gotten better, stayed about the same, or gotten worse at this school since last year?

	A Lot Better	A Little Better	Stayed About the Same	A Little Worse	A Lot Worse
Relationships among students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationships among students and staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respect for racial, ethnic, or cultural diversity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meaningful opportunities for participation in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bullying at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students' perceptions of personal safety at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students' avoiding school activities for fear of being harmed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students' avoiding specific places in school for fear of being harmed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students' being called hate-related words and seeing hate-related graffiti	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical fights on school property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students' carrying weapons on school property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety and security measures observed at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teachers threatened with injury or physical attack by students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Threats and injuries with weapons on school property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violent and other crime incidents at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gang activity at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students' use of tobacco/alcohol/drugs on school property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School conditions (schoolyard and buildings clean and in good condition)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The school being a supportive academic environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students' physical or mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discipline problems reported at school (disruptive behavior or cutting classes/truancy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disciplinary actions taken by schools (suspensions, detention, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Final Question

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42. How many questions in this survey did you answer honestly?

- All of them
- Most of them
- Only some of them
- Hardly any

Thank you!

Thank you for participating in the West Virginia School Climate Survey.