

NAME: _____
(Print: first name & last name)

New Mexico

State Incentive Grant Program

Strategies for Success

Module C

Version 2011

Do not write in this box. For office use only.

SFS VERSION ID: Violvic

ID# - -
Site ID Group Participant ID

Date of administration:
Month Day Year

Language of administration: 1 English
(Circle appropriate number) 2 Spanish
3 Other, Specify _____

Location of administration: 1 School
2 Home
3 Program/evaluation office
4 Other, Specify _____

Type of administration: 1 Individual
2 Group

Survey Version: 1 Baseline
2 Posttest
3 Follow-up

Important note: If this is a Posttest or Follow-up, be sure to include the exact same ID# as in the Baseline Instrument.

Strategies for Success
MODULE C

The next questions are about violence, safety, and bullying. Circle the answer that best matches what has been done to you.

In the last 4 weeks (the last month) how many times have you...

C01.	been pushed, shoved, slapped, hit, or kicked by someone who wasn't just kidding around?	Never	Once in a while	1 to 2 times a week	3 to 4 times a week	Almost every day
C02.	been afraid of being beaten up?	Never	Once in a while	1 to 2 times a week	3 to 4 times a week	Almost every day
C03.	been in a physical fight?	Never	Once in a while	1 to 2 times a week	3 to 4 times a week	Almost every day
C04.	had mean stories or lies spread about you?	Never	Once in a while	1 to 2 times a week	3 to 4 times a week	Almost every day
C05.	had sexual jokes, comments, or gestures made to you?	Never	Once in a while	1 to 2 times a week	3 to 4 times a week	Almost every day
C06.	been made fun of because of your looks or the way you talk?	Never	Once in a while	1 to 2 times a week	3 to 4 times a week	Almost every day
C07.	had your property stolen or damaged on purpose such as your clothing, money, or car?	Never	Once in a while	1 to 2 times a week	3 to 4 times a week	Almost every day
C08.	been threatened or injured with a weapon (gun, knife, club, etc.)?	Never	Once in a while	1 to 2 times a week	3 to 4 times a week	Almost every day
C09.	drunk alcohol, used tobacco, or used drugs that you didn't want to because someone else wanted you to?	Never	Once in a while	1 to 2 times a week	3 to 4 times a week	Almost every day

C10) During the past 30 days, on how many days did you not go to school because you felt it would be unsafe at school or on your way to or from school?

- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days