

We need your help...

Please answer each question honestly to help us identify the personal safety issues teens at your school are facing. This survey is anonymous – no name is required. Thank you!

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| 1. Have you ever been bullied? | Yes | No |
| 2. Have you witnessed any students being bullied? | Yes | No |
| 3. Have you ever been sexually harassed? | Yes | No |
| 4. Have witnessed any students being sexually harassed? | Yes | No |
| 5. Have you ever used illegal drugs? | Yes | No |
| 6. Do you know any students who have used illegal drugs? | Yes | No |
| 7. Have you ever been under the influence of alcohol? | Yes | No |
| 8. Have you seen any students under the influence of alcohol? | Yes | No |
| 9. Have you been in an abusive relationship? | Yes | No |
| 10. Have you witnessed any students in an abusive relationship? | Yes | No |
| 11. Have you ever made plans to meet someone you only knew online? | Yes | No |
| 12. Do you know any students who have met someone they only knew online? | Yes | No |
| 13. Have you ever taken part in sexting? | Yes | No |
| 14. Do you know any students who have taken part in sexting? | Yes | No |
| 15. Is juuling or vaping an issue at your school? | Yes | No |
| 16. Do you know any students who have talked about bringing a weapon to school? | Yes | No |
| 17. Are you in a gang? | Yes | No |
| 18. Do you know any students who are in a gang? | Yes | No |
| 19. Have you ever been seriously depressed? | Yes | No |
| 20. Do you know any students who have been seriously depressed? | Yes | No |
| 21. Have you ever thought about suicide? | Yes | No |
| 22. Do you know any students who have talked about or tried to commit suicide? | Yes | No |
| 23. Your age: <input type="checkbox"/> 14-15 <input type="checkbox"/> 16-17 <input type="checkbox"/> 18 and older | | |
| 24. Your gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| 25. Please add any issues you think should be included in this survey or comments: _____ | | |
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