VOLT

CURRENT SCHOOL CLIMATE STUDENT SURVEY
MIDDLE/HIGH SCHOOL
OPTIONAL SCALES

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These 5 questions ask about your friends.

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I have a friend my age who cares about me.	☐	☐	☐	☐
2. I spend most of my free time at school with my friends.	☐	☐	☐	☐
3. I feel lonely at school.	☐	☐	☐	☐
4. My friends are interested in what I think and how I feel	☐	☐	☐	☐
5. When I have personal problems, my friends try to understand and let me know they care.	☐	☐	☐	☐

The next 7 questions ask about your attitudes regarding guns.

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. The people I respect need a handgun to stand up for themselves	☐	☐	☐	☐
2. Flashing a handgun would make me feel great.	☐	☐	☐	☐
3. I bet it would feel real cool to walk down the street with a handgun in my pocket	☐	☐	☐	☐
4. It would be exciting to hold a loaded handgun.	☐	☐	☐	☐
5. I'd like to have a handgun so that people would look up to me	☐	☐	☐	☐
6. Carrying a handgun would make me feel powerful and strong.	☐	☐	☐	☐
7. Carrying a handgun would make me feel safe	☐	☐	☐	☐

The following 4 questions are about carrying weapons.

	0 days	1 day	2 or 3 days	4 or 5 days	6 or more days
1. During the past 30 days, on how many days did you carry a gun?.	☐	☐	☐	☐	☐
2. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club **on school property**?	☐	☐	☐	☐	☐

3. 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**?

☐ 0 times
☐ 1 time
☐ 2 or 3 times
☐ 4 or 5 times
☐ 6 or 7 times
☐ 8 or 9 times
☐ 10 or 11 times
☐ 12 or more times

4. Would it be hard for you to get a gun if you wanted to?. ☐ No ☐ Yes ☐ Don't know

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These questions ask about how you've been feeling lately.

	Not At All	A Little	Some	A Lot
1. In the past 6 months, have you just felt really down about things?	☐	☐	☐	☐
2. In the past 6 months, have you felt pretty hopeless about the future?	☐	☐	☐	☐
3. In the past 6 months, have you just felt depressed about life in general?	☐	☐	☐	☐

These 4 questions ask about participation in school activities.

	Not At All	1 or 2 Times A Month	Once A Week	2 to 3 Times A Week	4 or More Times A Week
1. I am involved in clubs (foreign language clubs, honor society, math club, debate team, hobby groups, etc.) at my school	☐	☐	☐	☐	☐
2. I am involved in sport teams at my school.	☐	☐	☐	☐	☐
3. I am involved in performing arts (cheerleading, dance team, band, choir, orchestra, drama, etc.) at my school	☐	☐	☐	☐	☐
4. I am involved in other activities (school newspaper, yearbook, student government, etc.) at my school.	☐	☐	☐	☐	☐

The next 4 items ask about participation in community-based activities.

	Not At All	1 or 2 Times A Month	Once A Week	2 to 3 Times A Week	4 or More Times A Week
1. I am involved in clubs, sport teams, church groups or other activities outside of school.	☐	☐	☐	☐	☐
2. I practice or take lessons in activities like music, art, drama, dance, horseback riding or martial arts after school or on weekends.	☐	☐	☐	☐	☐

	Not At All	1 or 2 Times A Month	Once A Week	2 to 3 Times A Week	4 or More Times A Week
3. I go to church or other religious or faith-based activities regularly	☐	☐	☐	☐	☐

	0 Times	1 Time	2 or 3 Times	4 or 5 Times	6 or More Times
4. During the past year, how many times did you perform any organized community services as a non-paid volunteer, such as serving meals to the elderly, picking up litter, helping out at a hospital or building homes for the poor?	☐	☐	☐	☐	☐

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The next 2 questions ask about things you may have done to yourself.

1. Have you ever hurt or injured yourself on purpose, without meaning to end your life?
   - ☐ No
   - ☐ Yes

2. Have you ever done any of the following things to your body: ***Mark all that apply***
   - ☐ Put yourself in an extremely dangerous situation, such as racing cars on the street or drinking enough alcohol to pass out.
   - ☐ Used laxatives, diuretics (water tablets), or self-induced vomiting to control your weight
   - ☐ Went on a very strict diet or gone for 24 hours or more without eating anything at all to control your weight
   - ☐ Cut or burned yourself on purpose, without meaning to end your life
   - ☐ Took performance enhancing drugs such as steroids
   - ☐ Other. Please specify: _____

If you feel upset after answering these questions, please contact your school counselor, school social worker or psychologist. Or, you may call the following help lines:

1-800-273-TALK (1-800-273-8255)
1-800-SUICIDE (1-800-784-2433)

The following 3 questions ask about your health and exercise.

	Poor	Fair	Good	Very Good	Excellent
1. In general, how is your health?	☐	☐	☐	☐	☐

2. On how many of the past 7 days did you exercise or participate in physical activity for **at least 20 minutes** that made you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing or similar aerobic activity?

☐ 0 days	☐ 4 days
☐ 1 day	☐ 5 days
☐ 2 days	☐ 6 days
☐ 3 days	☐ 7 days

3. During the past 7 days, on how many days were you physically active for **at least 60 minutes per day**? (Add up all the time you spend in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time)?

☐ 0 days	☐ 4 days
☐ 1 day	☐ 5 days
☐ 2 days	☐ 6 days
☐ 3 days	☐ 7 days

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These 4 questions ask about safety.

1. **When you rode a bicycle** during the past 12 months, how often did you wear a helmet?
   - ☐ I did not ride a bicycle during the past 12 months
   - ☐ Never wore a helmet
   - ☐ Rarely wore a helmet
   - ☐ Sometimes wore a helmet
   - ☐ Most of the time wore a helmet
   - ☐ Always wore a helmet

	Never	Rarely	Sometimes	Most of the time	Always
2. How often do you wear a seat belt when riding in a car driven by someone else?	☐	☐	☐	☐	☐

	0 Times	1 Time	2 or 3 Times	4 or 5 Times	6 or More Times
3. During the past 30 days, how many times did you **ride** in a car or other vehicle **driven by someone who had been drinking alcohol**?	☐	☐	☐	☐	☐
4. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been drinking alcohol**?	☐	☐	☐	☐	☐

The next 8 questions ask about how you respond to pressures in your life.

	Almost Never	Once In A While	Some-times	Often	Almost Always
1. Can you resist peer pressure to do things in school that can get you into trouble?	☐	☐	☐	☐	☐
2. Can you stop yourself from skipping school when you feel bored or upset?	☐	☐	☐	☐	☐
3. Can you resist peer pressure to smoke cigarettes?	☐	☐	☐	☐	☐
4. Can you resist peer pressure to drink beer, wine, or liquor?	☐	☐	☐	☐	☐
5. Can you resist peer pressure to smoke marijuana?	☐	☐	☐	☐	☐
6. Can you resist peer pressure to use pills (uppers, downers)?	☐	☐	☐	☐	☐
7. Can you resist peer pressure to have sexual intercourse?	☐	☐	☐	☐	☐
8. Can you control your temper?	☐	☐	☐	☐	☐

The following 8 questions ask about how you deal with feelings.

	Almost Never	Once In A While	Some-times	Often	Almost Always
1. Are you able to succeed in cheering yourself up when an unpleasant event has happened?	☐	☐	☐	☐	☐
2. Are you able to succeed in becoming calm again when you are very scared?	☐	☐	☐	☐	☐
3. Can you prevent yourself from getting nervous?	☐	☐	☐	☐	☐
4. Can you control your feelings?	☐	☐	☐	☐	☐
5. Can you give yourself a pep talk when you feel low?	☐	☐	☐	☐	☐
6. Can you tell a friend that you don't feel well?	☐	☐	☐	☐	☐
7. Do you succeed in suppressing unpleasant thoughts?	☐	☐	☐	☐	☐
8. Do you succeed in not worrying about things that that might happen?	☐	☐	☐	☐	☐

Thank you for participating in this survey!

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