



BELOW ARE SOME QUESTIONS ABOUT YOU.

YOUR ANSWERS ARE VERY IMPORTANT TO US. PLEASE ANSWER HONESTLY.

ALL OF YOUR ANSWERS WILL BE KEPT CONFIDENTIAL – WE WILL NOT SHARE THEM WITH YOUR TEACHERS OR YOUR PARENTS.

1. How old are you? 11 12 13 14 15 16

2. Your gender is: Male Female

Below are questions about electronic games, including computer games, video games (Xbox, Playstation, Gamecube, Etc.), and handheld games (Game Boy, Etc.).

3. How many of the following items are in your home (the place you live most days)?

	None	1	2	3+
a. Televisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Computers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Video game consoles (Xbox, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Handheld video game systems (Game Boy, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Do you have any of these in your BEDROOM at home? **Please check ALL that apply**

Television Computer Video game console Handheld game system None of these

5. What grade were you in when you first played electronic games, including computer games, video games (Xbox, etc.), or handheld games (Game Boy, etc.)? **Please check ONE answer**

Kindergarten 1st 2nd 3rd 4th 5th 6th

I have never played them

If you have NOT played any computer, video or handheld games in the past six months, please SKIP to Question 20.

6. In the past six months, have you played any games on:

a. A computer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. A video game console attached to a TV (Xbox, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. A handheld game system (Game Boy, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

The questions below are about electronic games, including **computer games, video games, and handheld games.**

7. How many DAYS each week do you usually play electronic games (video, handheld and computer games)?	<input type="checkbox"/> none	<input type="checkbox"/> 3 days
	<input type="checkbox"/> 1 day	<input type="checkbox"/> 4 or 5 days
	<input type="checkbox"/> 2 days	<input type="checkbox"/> 6 or 7 days
8. I usually play electronic games only on weekends.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. How many HOURS a week do you usually spend playing electronic games?	<input type="checkbox"/> none	<input type="checkbox"/> 6-8 hours
	<input type="checkbox"/> less than 1 hour	<input type="checkbox"/> 9-11 hours
	<input type="checkbox"/> 1-2 hours	<input type="checkbox"/> 12-14 hours
	<input type="checkbox"/> 3-5 hours	<input type="checkbox"/> 15+ hours
10. How many HOURS did you spend playing electronic games last Saturday ?	<input type="checkbox"/> none	<input type="checkbox"/> 6-8 hours
	<input type="checkbox"/> less than 1 hour	<input type="checkbox"/> 9-11 hours
	<input type="checkbox"/> 1-2 hours	<input type="checkbox"/> 12-14 hours
	<input type="checkbox"/> 3-5 hours	<input type="checkbox"/> 15+ hours
11. On school days when you play electronic games, how many HOURS do you usually play?	<input type="checkbox"/> 30 minutes or less	<input type="checkbox"/> 3-4 hours
	<input type="checkbox"/> 1 hour	<input type="checkbox"/> 5-7 hours
	<input type="checkbox"/> 2 hours	<input type="checkbox"/> 8+ hours
12. On days when you play electronic games, what is generally the greatest number of HOURS you might play?	Please write the number of hours: _____	

Please answer the following questions about **where** you play electronic games.

13. I play electronic games...

	Never	Rarely	Sometimes	Often	Always
a. at home.	<input type="checkbox"/>				
b. at school.	<input type="checkbox"/>				
c. in a car or on a bus.	<input type="checkbox"/>				
d. at a friend or relative's house.	<input type="checkbox"/>				
e. at an after-school club or program.	<input type="checkbox"/>				
f. some other place (not listed above).	<input type="checkbox"/>				
What other place? _____					

Please answer the following questions about **who** you play electronic games with.

14. I play electronic games...

	Never	Rarely	Sometimes	Often	Always
a. by myself.	<input type="checkbox"/>				
b. with a <u>younger</u> brother or sister.	<input type="checkbox"/>				
c. with an <u>older</u> brother or sister.	<input type="checkbox"/>				
d. with a parent, stepparent, or foster parent.	<input type="checkbox"/>				
e. with <u>one friend</u> in the same room.	<input type="checkbox"/>				
f. with <u>more than one friend</u> in the same room.	<input type="checkbox"/>				
g. with friends over the Internet.	<input type="checkbox"/>				
h. with people I've never met over the Internet.	<input type="checkbox"/>				
i. with other people (not listed above).	<input type="checkbox"/>				
With which other people? _____					

15. I play electronic games because...

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
a. my friends like to play.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. it's something to do when I'm bored.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. it helps me relax.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I like to teach other kids how to play.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I like the guns and other weapons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. it helps me feel less lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. it helps me make new friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I like to learn new things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I like to create my own world.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. it's just fun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I like to compete with other people and win.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I like the challenge of figuring the game out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. it helps me get my anger out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. it helps me forget my problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. there is nothing else to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. I like to "mod" games (change the game using computer code).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. it's exciting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. for another reason.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please describe:				

16. When you play electronic games alone, do you:

Please check ONE answer.

prefer playing games that follow a storyline.
(i.e., *Final Fantasy*, *Legends of Zelda*)

prefer playing games that do NOT have a story.
(i.e., *Quake*, *Tekken*, *Super Smash Bros.*)

Don't have a preference

17. About how many computer, video and handheld **games** do you have **at home** - including ones that you share with brothers, sisters, or other family members:

Please write the number of games (your best guess): _____

18. Please list five games that you have played a lot in the past six months. *(If you have trouble remembering the names of the games, please use the game list on the sheet of paper that was handed out separately.)*

1. _____

2. _____

3. _____

4. _____

5. _____

19. Which three games are your all-time favorites? *(If you have trouble remembering the names of the games, please use the game list on the sheet of paper that was handed out separately.)*

1. _____

2. _____

3. _____

The questions below are about TV and movies.

20. What kind of movies do you usually like the best?

Please check ONE answer.

Action/fighting

Comedy

Scary/horror

Romantic

Drama

Other:

Science fiction or fantasy

21. How many **HOURS last Saturday** did you spend watching TV?

none

3 hours

30 minutes or less

4-5 hours

1 hour

6-7 hours

2 hours

8+ hours

Please check the answer that best describes whether the following statements are true.

	NO!	no	yes	YES!
25. If I'm mad at someone I just ignore them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Even if other kids think I'm weird I would try to stop a fight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. It's O.K. for me to hit someone to get them to do what I want.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Sometimes a person doesn't have any choice but to fight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. When my friends fight I try to get them to stop.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. There are better ways to solve problems than fighting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. I try to talk out a problem instead of fighting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. If people do something to make me really mad, they deserve to be beaten up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. During **the past 12 months**, how many times have you...?

	Never	1 time	2 times	3-4 times	5 + times
a. stolen something from a store.	<input type="checkbox"/>				
b. gotten into trouble with the police.	<input type="checkbox"/>				
c. hit or beat up someone.	<input type="checkbox"/>				
d. damaged property just for fun (such as breaking windows, scratching a car, putting paint on walls, etc.).	<input type="checkbox"/>				
e. skipped classes or school without an excuse.	<input type="checkbox"/>				
f. been in a physical fight.	<input type="checkbox"/>				
g. been threatened or injured by someone with a weapon such as a gun, knife or club.	<input type="checkbox"/>				
h. had something of yours deliberately damaged or stolen by someone else (such as your clothing or books).	<input type="checkbox"/>				

Please check the answer that best describes whether the following statements are true.

34. Have you been bullied at school in **the past couple of months** in one or more of the following ways?

	It hasn't happened to me in the past couple months	Only once or twice	2 or 3 times a month	About once a week	Several times a week
a. How often have you been bullied at school in the past couple of months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I was called mean names, was made fun of, or teased in a hurtful way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Other students left me out of things on purpose, excluded me from their group of friends, or completely ignored me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I was hit, kicked, pushed, shoved around, or locked indoors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other students told lies or spread false rumors about me and tried to make others dislike me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I had money or other things taken away from me or damaged.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I was threatened or forced to do things I didn't want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I was bullied with mean names or comments about my race or color.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I was bullied with mean names, comments, or gestures with a sexual meaning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I was bullied in another way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In this case, please describe:					

Please check the answer that best describes whether the following statements are true.

35. Have you bullied another student(s) at school in **the past couple of months** in one or more of the following ways?

	It hasn't happened in the past couple months	Only once or twice	2 or 3 times a month	About once a week	Several times a week
a. How often have you taken part in bullying another student(s) at school the past couple of months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I called another student(s) mean names, made fun of or teased him or her in a hurtful way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I kept him or her out of things on purpose, excluded him or her from my group of friends or completely ignored him or her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I hit, kicked, pushed and shoved him or her around or locked him or her indoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I spread false rumors about him or her and tried to make others dislike him or her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I took money or other things from him or her or damaged his or her belongings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I threatened or forced him or her to do things he or she didn't want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I bullied him or her with mean names or comments about his or her race or color.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I bullied him or her with mean names, comments, or gestures with a sexual meaning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I bullied him or her in another way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In this case, please describe:					

Please check the answer that best describes whether the following statements are true.

36. During **the past month**, how many times have you...?

	Never	1 time	2 times	3-4 times	5+ times
a. been afraid of getting hurt by someone at your school?	<input type="checkbox"/>				
b. been afraid of getting hurt by someone in your home?	<input type="checkbox"/>				
c. carried a weapon such as a gun, knife or club?	<input type="checkbox"/>				
d. not gone to school because you felt you would be unsafe at school, or on your way to or from school?	<input type="checkbox"/>				

	Never	Rarely	Sometimes	Often	Always
37. How often do you feel angry?	<input type="checkbox"/>				
38. How often do other people say you seem angry?	<input type="checkbox"/>				
39. How often do other people seem angry at you?	<input type="checkbox"/>				

40. When I feel angry I...

	Never	Sometimes	Often
a. do nothing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. yell or curse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. listen to music.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. break or damage something.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. talk to someone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. play sports, work out, or go for a walk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. watch TV or movies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. play video or computer games.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. slam doors or punch walls.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. keep to myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. seek out friends or relatives to be with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. do something else.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What else do you do when you are angry? _____			

41. Please rate **how often** you feel the following:

	Never	Sometimes	Often
a. Fidgety, unable to sit still.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Feel sad, unhappy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Daydream too much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Feel hopeless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Have trouble concentrating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Down on myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Seem to be having less fun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Act as if driven by a motor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Worry a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Distract easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. In the home where I live most of the time, the following people live with me:

Please check <input checked="" type="checkbox"/> ALL that apply.		
a. Mother	<input type="checkbox"/>	
b. Father	<input type="checkbox"/>	
c. Stepmother	<input type="checkbox"/>	
d. Stepfather	<input type="checkbox"/>	
e. Foster mother	<input type="checkbox"/>	
f. Foster father	<input type="checkbox"/>	
g. Mother's boyfriend/girlfriend	<input type="checkbox"/>	
h. Father's girlfriend/boyfriend	<input type="checkbox"/>	
i. A relative like a grandparent, aunt, or uncle	<input type="checkbox"/>	How many? _____
j. Another adult (not a relative)	<input type="checkbox"/>	How many? _____
k. A brother or sister	<input type="checkbox"/>	How many? _____
l. A stepbrother or stepsister	<input type="checkbox"/>	How many? _____
m. A foster brother or foster sister	<input type="checkbox"/>	How many? _____

43. What grades do you usually get in school?

<input type="checkbox"/> Mostly A's	<input type="checkbox"/> Mostly B's and C's	<input type="checkbox"/> Mostly D's
<input type="checkbox"/> Mostly A's and B's	<input type="checkbox"/> Mostly C's	<input type="checkbox"/> Mostly D's, F's, and Incompletes
<input type="checkbox"/> Mostly B's	<input type="checkbox"/> Mostly C's and D's	

Here are some questions about things that may have happened to you.61. During **the last year**...

a. did you get poor grades on your report card?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. have you gotten into trouble with a teacher or principal at school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. did you get suspended from school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. did your family move to a new home or apartment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. has your family had a new baby come into the family?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. has anyone moved out of your home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. did a family member die?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h. did another close relative or friend die?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. has a family member become seriously ill, injured badly, and/or had to stay at the hospital?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. has someone else you know, other than a member of your family, gotten beaten, attacked or really hurt by others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
k. have you seen anyone beaten, shot or really hurt by someone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
l. did you change where you went to school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
m. have you seen or been around people shooting guns (in real life, not on TV)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
n. have you been afraid to go outside and play, or have your parents made you stay inside because of violence, gangs or drugs in your neighborhood?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
o. have you had to hide someplace because of shootings in your neighborhood?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
p. have you had access to guns?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
q. did your parents get divorced or separated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Below are some questions about you, your friends, and your family.Please check the answer that best describes whether the following statements are true.

	Never true	Seldom true	Sometimes true	Usually true	Always true
62. I like to do things with my family.	<input type="checkbox"/>				
63. I enjoy talking with my family.	<input type="checkbox"/>				
64. I trust my friends.	<input type="checkbox"/>				
65. I feel my friends are good friends.	<input type="checkbox"/>				
66. My friends care about me.	<input type="checkbox"/>				

	Never true	Seldom true	Sometimes true	Usually true	Always true
67. My friends are there when I need them.	<input type="checkbox"/>				
68. There are people I can depend on to help me if I really need it.	<input type="checkbox"/>				
69. There is an adult I could talk to about important decisions in my life.	<input type="checkbox"/>				
70. There is a trustworthy adult I could turn to for advice if I were having problems.	<input type="checkbox"/>				
71. There are people I can count on in an emergency.	<input type="checkbox"/>				
72. There is a special person in my life who cares about my feelings.	<input type="checkbox"/>				
73. I feel proud of belonging to my middle school.	<input type="checkbox"/>				
74. I am treated with as much respect as other students.	<input type="checkbox"/>				
75. I feel very different from most of the students at my middle school.	<input type="checkbox"/>				
76. The teachers at my middle school respect me.	<input type="checkbox"/>				
77. There's at least one teacher or other adult at my middle school whom I can talk to if I have a problem.	<input type="checkbox"/>				

	Not safe at all	Not too safe	Fairly safe	Very safe
78. How safe do you feel walking alone in your neighborhood during the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79. How safe do you feel walking alone in your neighborhood at night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80. How safe do you feel living in the United States?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for taking our survey!