SCREENER DATE

 SCREENING QUESTIONNAIRE FOR SCHOOL CRIME SURVEY

Introduction: **Hello, I'm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from the Census Bureau. Thanks for calling us about participating in a test of one of our surveys. This is a survey of students ages 12-18. Any students who participate will receive $40 to thank them for their time. I just need to get a little bit of background information to determine if your child qualifies to take part.**

1) **What is your name?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) (VERIFY IF ALREADY HAVE THIS INFORMATION) **What is your daytime phone number?**

 (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) **How many people between the ages of 12 and 18 live in your household?** \_\_\_\_\_\_\_

IF NO CHILDREN 12-18 ***I'm sorry. Right now we are only testing the survey with students ages 12-18. Thank you for your time.***

**Any notes:**

IF MORE THAN ONE CHILD: ***Let’s start with the oldest child first****.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Child 1 | Child 2 | Child 3 | Child 4 |
| **4. How old is that child?** (Verify child is12 -18) |  |  |  |  |
| **5. What is that child’s name?** |  |  |  |  |
| **6. Is \_\_\_\_\_ male or female?** |  |  |  |  |
| **7. What grade is \_\_\_\_\_ in?** |  |  |  |  |
| **8. Is \_\_\_\_\_ Hispanic?** |  |  |  |  |
| **9. Which one or more of the following races does \_\_\_\_\_identify with?** whiteblack or African AmericanAsian American Indian or Alaska NativeNative Hawaiian or other Pacific Islander |  |  |  |  |
| **10. Does \_\_\_\_\_ speak English fluently?** |  |  |  |  |
| **11. What city or town does \_\_\_\_\_ live in?** |  |  |  |  |
| **12. Does \_\_\_\_\_ attend public school, attend private school, or is [he/she] homeschooled?** |  |  |  |  |
| 13. IF NOT HOMESCHOOLED: **How does \_\_\_\_\_ typically get to/from school each day: by school bus, by walking or by some other mode?**  |  |  |  |  |
| **14. Has \_\_\_\_\_ ever been bullied in school? (That you know of)** |  |  |  |  |
| **15. Has \_\_\_\_\_ ever bullied another student at school? (That you know of)** |  |  |  |  |
| **16. Does \_\_\_\_\_ participate in a school sport?** |  |  |  |  |
| **17. Does \_\_\_\_\_ identify as LGBT? (Lesbian, Gay, Bisexual, or Transgender)?** |  |  |  |  |
| **18. Does \_\_\_\_\_ have a learning disability?** IF YES: 19. **What disability does \_\_\_\_\_ have?** |  |  |  |  |
| **20. Does \_\_\_\_\_ participate in a school club?** |  |  |  |  |
| **21. If necessary, would you be able to bring \_\_\_\_\_to our office in Suitland, MD to be interviewed?** |  |  |  |  |

IF MORE THAN ONE CHILD: ***Now let’s talk about the [second/third/fourth] oldest child.***

**Thank you for answering these questions about your family. Testing the survey takes about 90 minutes, and we will pay your child $40 for their participation. If your child is eligible to participate, we will be calling you to set up a time to test the survey in the next few days.**