



## **ELEMENTARY CUSTOM QUESTIONS**

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1. At the beginning of the survey, you were asked if you identify as male or female. Do either of these describe you?
  - a. Yes
  - b. No
  - c. I am not sure
2. Some students describe themselves as transgender when the sex assigned at birth does not match the way they think or feel about their gender. How do you describe yourself?
  - a. I am transgender
  - b. I am not transgender
  - c. I am genderqueer
  - d. I think of myself differently
3. Which of the following best describes you?
  - a. Bisexual
  - b. Gay or Lesbian
  - c. Heterosexual
  - d. I am not sure yet
  - e. I think of myself differently
4. How safe do you feel in the neighborhood where you live?
  - a. Very safe
  - b. Safe
  - c. Neither safe nor unsafe
  - d. Unsafe
  - e. Very unsafe
5. During the past 30 days, on how many days did you not go to school because you felt unsafe at school or on your way to or from school?
  - a. 0 days
  - b. 1 day
  - c. 2 or 3 days
  - d. 4 or more days
6. Do you know where to go for help with a problem?
  - a. No, never
  - b. Yes, some of the time
  - c. Yes, most of the time
  - d. Yes, all of the time



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		Not At All True	A Little fTrue	Pretty Much Truc	Very Much True
7.	My family really gets along well with each other	A	B	C	D
8..	I have a friend my age who talks with me about my problems	A	B	C	D
9.	I have a friend my age who helps me when i'm having a hard time	A	B	C	D

In my home, there is a parent or some other adult...

		Not At All True	A Little True	Pretty Much Truc	Very Much True
10.	Who expects me to follow the rules	A	B	C	D
11.	Who is interested in my schoolwork	A	B	C	D
12.	Who talks with me about my problems	A	B	C	D