

Tool 9: Sample Survey Questions

A survey may be used to gauge individuals' perceptions, attitudes, or behaviors. A survey is particularly helpful when routine data is not captured about the topic or if a particular crime or disorder problem is underreported in official data or is difficult to detect. The following are sample survey questions for students, school faculty and staff, and parents that can be adapted for your specific outcome goals. This is not an exhaustive list.

Most often, surveys are administered prior to the start of the implementation period. The same survey is readministered at the end of the period to show changes that may have occurred. You may use the wide range of sample questions below as a starting point to design your survey(s). However, you must tailor your survey questions to fit your specific outcomes and population. Please review the tips for survey development in Step 7 before designing your surveys.

General Questions for Students or Faculty and Staff

Interaction with SRO

Do you know who Officer *{name}* is?

- Yes
- No

Over the past school year, about how often have you interacted with Officer *{name}*?

- Every day
- About weekly
- About monthly
- Once or twice a semester
- Never
- Don't know Officer *{name}*

Please give us your opinion of the assistance provided by Officer *{name}* during this school year (2004–2005).
(Circle one for each category)

	Extremely Unhelpful	Mostly Unhelpful	Somewhat Helpful	Mostly Helpful	Extremely Helpful	
Classroom/assembly presentations	1	2	3	4	5	Don't know
One-on-one help with a problem	1	2	3	4	5	Don't know
Being accessible (in office, halls, etc.)	1	2	3	4	5	Don't know
Patrolling campus	1	2	3	4	5	Don't know

Safety

How safe do you feel while on campus at *{school name}*? (Circle one)

Extremely Unsafe	Mostly Unsafe	Somewhat Safe	Mostly Safe	Extremely Safe
1	2	3	4	5

How fearful are you of becoming a victim of crime while on campus at *{school name}*? (Circle one)

Extremely Afraid	Mostly Afraid	Somewhat Afraid	Slightly Afraid	Not Afraid at All
1	2	3	4	5

Student Survey Questions

The following sample questions are designed for junior high or middle school students. The questions should be revised for younger or older students, as needed.

Student Background Information

Note: When collecting background information for students, use questions that will tell you more about the problem, and whether it may be related to a specific group, but limit the use of background questions when the answers compromise confidentiality of the respondent.

What grade are you in?

- 6th grade
- 7th grade
- 8th grade

What is your gender?

- Female
- Male

In which school-sponsored activities do you participate? *(Check all that apply)*

- Student government
- Academic honor society
- Sports
- Clubs (drama club, yearbook club, Spanish club, Destination ImagiNation®)
- Crime prevention (Crime Watch, Varsity Patrol, S.A.V.E., Drug Awareness Council, School Safety Committee)
- Social service (peer mediation, Teen Court, S.A.D.D.)
- Band, orchestra, or chorus
- Other: _____

Crime Reporting

How comfortable do you feel reporting a crime that happens on campus to Officer *{name}* or other school official? *(Circle one)*

Very Uncomfortable	A Little Uncomfortable	Moderately Comfortable	Mostly Comfortable	Extremely Comfortable
1	2	3	4	5

How clear is it to you what kind of problems or incidents should be reported to Officer *{name}* or another school official? *(Circle one)*

Very Unclear	Mostly Unclear	Moderately Clear	Mostly Clear	Extremely Clear
1	2	3	4	5

At {school name} last year, please place a check in the box if you participated, were the victim of, or witnessed any of the following on campus? Also please check the box if you reported the incident to a school official.

	Participated in	Victim of	Witnessed	Reported to School Official
Theft from lockers				
Theft from vehicles				
Bullying				
Graffiti				
Fights				
Weapons possession				
Drug use				
Drug sales				
Alcohol use				

Questions regarding a specific problem (drugs, gangs, theft, etc.)

How likely are you to recognize gang behavior/activity? (Circle one)

- | | | | | |
|---------------|-------------------|-------------------|-------------|------------------|
| Very Unlikely | A Little Unlikely | Moderately Likely | Most Likely | Extremely Likely |
| 1 | 2 | 3 | 4 | 5 |

How fearful are you of being a victim of gang fights or other gang violence on school grounds? (Circle one)

- | | | | | |
|------------------|---------------|-----------------|-----------------|-------------------|
| Extremely Afraid | Mostly Afraid | Somewhat Afraid | Slightly Afraid | Not at All Afraid |
| 1 | 2 | 3 | 4 | 5 |

How fearful are you of being threatened by other students as you travel to and from school? (Circle one)

- | | | | | |
|------------------|---------------|-----------------|-----------------|-------------------|
| Extremely Afraid | Mostly Afraid | Somewhat Afraid | Slightly Afraid | Not at All Afraid |
| 1 | 2 | 3 | 4 | 5 |

How fearful are you of being hurt if you enter the restroom by yourself? (Circle one)

- | | | | | |
|------------------|---------------|-----------------|-----------------|-------------------|
| Extremely Afraid | Mostly Afraid | Somewhat Afraid | Slightly Afraid | Not at All Afraid |
| 1 | 2 | 3 | 4 | 5 |

This year, about how often did you see the following at {school name}? (Circle the closest answer)

a. Students showing gang colors or hand signs

Every Day 1	About Weekly 2	About Monthly 3	Once or Twice a Semester 4	Never 5	Don't Know Gang Colors/Signs 9
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b. Tagging with gang symbols on school property

Every Day 1	About Weekly 2	About Monthly 3	Once or Twice a Semester 4	Never 5	Don't Know Gang Symbols 9
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c. Fights because of a person's ethnicity, race, or affiliation with a group

Every Day 1	About Weekly 2	About Monthly 3	Once or Twice a Semester 4	Never 5	Don't Know 9
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d. Illegal drug activity

Every Day 1	About Weekly 2	About Monthly 3	Once or Twice a Semester 4	Never 5	Don't Know 9
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Has someone offered or attempted to sell you drugs in the parking lot at {school name} in the past 3 months?

Yes

No

If someone is intimidating, threatening, or bullying you on campus, what are some things that you could do about it?

SRO Relationships

How comfortable do you feel approaching Officer {name} for assistance, other than reporting a crime? (Circle one)

Very Uncomfortable 1	A Little Uncomfortable 2	Moderately Comfortable 3	Mostly Comfortable 4	Extremely Comfortable 6	Don't Know Officer {name} 9
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Faculty and Staff Survey Questions

How could collaboration between school staff and Officer {name} be improved at {school name}?

How comfortable do you feel seeking assistance from Officer {name} on a student-related issue? (Circle one)

Very Uncomfortable 1	A Little Uncomfortable 2	Moderately Comfortable 3	Mostly Comfortable 4	Extremely Comfortable 5	Don't Know Officer {name} 9
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How helpful has Officer {name} been in crisis and safety planning? (Circle one)

Not at All Helpful 1	A little Helpful 2	Somewhat Helpful 3	Mostly Helpful 4	Extremely Helpful 5	Not Applicable 9
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How familiar are you with the steps that can be taken to prevent students from joining a gang? *(Circle one)*

Not at All	Mostly	Somewhat	Mostly	Extremely
Familiar	Unfamiliar	Familiar	Familiar	Familiar
1	2	3	4	5

How likely are you to recognize gang behavior/activity? *(Circle one)*

Very	Mostly	Moderately	Most	Extremely
Unlikely	Unlikely	Likely	Likely	Likely
1	2	3	4	5

How familiar are you with the warning signs that a student may be in a gang? *(Circle one)*

Not at All	Mostly	Somewhat	Mostly	Extremely
Familiar	Unfamiliar	Familiar	Familiar	Familiar
1	2	3	4	5

Parent Survey Questions

Parent surveys can be useful to gauge parents' reactions to SRO presentations and activities. Furthermore, they can gain information on parents' levels of understanding of their children related to school crime issues.

Do you know who Officer *{name}* is?

- Yes
 No

Over the past school year, about how often have you interacted with Officer *{name}*?

- Every day
 About weekly
 About monthly
 Once or twice a semester
 Never
 Don't know Officer *{name}*

If you have interacted with Officer *{name}*, please indicate how helpful that interaction was for you. *(Circle one)*

Extremely	Mostly	Somewhat	Mostly	Extremely	Not
Unhelpful	Unhelpful	Helpful	Helpful	Helpful	Applicable
1	2	3	4	5	9

Please use the following scale to respond to each statement by writing the number that corresponds to your opinion.

1 – Very Poor 2 – Poor 3 – Satisfactory 4 – Good 5 – Excellent

1. Officer *{name}*'s presentation/training was:

- a) _____ in meeting my expectations.
b) _____ in teaching me to recognize the warning signs of drug use.
c) _____ in preparing me to take steps if my child shows warning signs of drug use.
d) _____ in providing helpful resources that I can turn to as needed.

2. Please rate the knowledge of Officer *{name}* on drug use, and prevention and intervention strategies _____.