

## Bullying survey

We value your opinion about how safe our school is and we are now seeking your honest opinion about bullying at school.

Please finish writing the next sentence. A bully is a person who \_\_\_\_\_

---



---

Please think about these questions and answer them truthfully.

Have you ever been bullied at our school?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
Have others ever been bullied at our school?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

If you answered 'Yes', please answer these other questions. You can tick more than one box.

What is your sex?	Female	<input type="checkbox"/>
	Male	<input type="checkbox"/>
When did this happen?	Today	<input type="checkbox"/>
	Yesterday	<input type="checkbox"/>
	Last Week	<input type="checkbox"/>
	Last month	<input type="checkbox"/>
	Early this year	<input type="checkbox"/>
	Last year	<input type="checkbox"/>
Where did this happen?	In class	<input type="checkbox"/>
	In the building	<input type="checkbox"/>
	In the playground	<input type="checkbox"/>
	Outside the gate	<input type="checkbox"/>
	In the school bus	<input type="checkbox"/>
	On the way to school	<input type="checkbox"/>
	On the way home	<input type="checkbox"/>
	Internet/Web	<input type="checkbox"/>
	Telephone or Handphone	<input type="checkbox"/>

If it happened in the building or playground, please explain where. \_\_\_\_\_

---

If you were bullied, please answer these other questions.

What happened?	Left out of games	<input type="checkbox"/>
	Bad looks	<input type="checkbox"/>
	Bad words	<input type="checkbox"/>
	Called names	<input type="checkbox"/>
	Bad notes or letters	<input type="checkbox"/>
	Graffiti	<input type="checkbox"/>
	Threats	<input type="checkbox"/>
	Demands	<input type="checkbox"/>
	Things damaged or taken	<input type="checkbox"/>
	Pushed around	<input type="checkbox"/>
	Hit	<input type="checkbox"/>
	Other	<input type="checkbox"/>
Do you know why this happened?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
Was it because of any of these things?	Your looks	<input type="checkbox"/>
	Your size	<input type="checkbox"/>
	Your clothes	<input type="checkbox"/>
	Your colour	<input type="checkbox"/>
	Your religion	<input type="checkbox"/>
	Your gender	<input type="checkbox"/>
	Your family	<input type="checkbox"/>
	Where you live	<input type="checkbox"/>
Was the bully the same sex as you are?	Things you like or don't like	<input type="checkbox"/>
	Other	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
	What did you do after it happened?	Just felt bad
Told a teacher		<input type="checkbox"/>
Told a parent		<input type="checkbox"/>
Bullied back		<input type="checkbox"/>
Stayed away from school		<input type="checkbox"/>
Avoided the bully		<input type="checkbox"/>
If you told a teacher, did they help?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
Would you like to talk to someone about it?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

If you would like to talk to someone about being bullied, please give us your name.

My name: \_\_\_\_\_

Who would you like to talk to? \_\_\_\_\_

If you would like to name any bullies at our school, please go ahead.

Names of bullies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for helping us with this survey.