Bullying at school

1. Name (You can put your name here, but you don’t have to.)

2. What year level are you in?

3. Has there been a time at school, or on the way to or from school, when someone has bullied you in the manner described in the survey description?
   - Yes
   - No

4. How many times do you think you have been bullied in the past week and the past month? (Please tick in the appropriate boxes.)

<table>
<thead>
<tr>
<th>1 - 5 times</th>
<th>5 - 10 times</th>
<th>10 + times</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the past week</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>In the past month</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

5. If you have been bullied in the past (more than a month ago), has it stopped?
   - Yes
   - No

6. If it has stopped; how recently did it stop? (Please tick one box.)

<table>
<thead>
<tr>
<th>Less than 1 month ago</th>
<th>Between 1 and 3 months ago</th>
<th>More than 3 months ago</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>It stopped</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
7. How many people have been involved in the bullying? (Please tick one box.)

<table>
<thead>
<tr>
<th>Number of people involved</th>
<th>1 person</th>
<th>Between 1 and 3 people</th>
<th>More than 3 people</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

8. If you have been bullied, where does it usually happen? (Please tick one box or more.)

- [ ] Playground/schoolyard
- [ ] In class
- [ ] During sport
- [ ] Waiting for the teacher before class
- [ ] Traveling to and from school
- [ ] Cyber (e.g. Facebook, Skype)
- [ ] Via email
- [ ] Via mobile phone
- [ ] Other

9. Is the bully (or bullies)...? (Please tick one box.)

- [ ] in your class
- [ ] in your year level, but not in your class
- [ ] from outside the school
- [ ] in another year level.

10. If you are being bullied by a student in another year level, please indicate their year level.
11. Who do you tell when someone bullies you?

- Class teacher
- Teacher on yard duty
- Other teacher
- Counsellor / Chaplain
- Parent
- Older sibling
- Friends at school
- No one
- Other

12. If you tell someone outside the school, who is it? You do not have to give a name. It could be a friend, church ministers, sports coach, etc.

13. When you have told a person about being bullied, did you find they...? (Please tick in the appropriate boxes.)

<table>
<thead>
<tr>
<th></th>
<th>did nothing</th>
<th>were reasonably useful</th>
<th>solved the problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class teacher</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teacher on yard duty</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other teacher</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counsellor / Chaplain</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Parent</td>
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<tr>
<td>Sibling</td>
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<td></td>
<td></td>
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<tr>
<td>Older sibling</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Friends at school</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No one</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
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</tbody>
</table>
14. Please describe any other ways the bullying was handled. You only need to complete this question if it applies to you.

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________________________________________________________________________________________________________

15. What would make you feel safe from bullying at school?

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________________________________________________________________________________________________________

________________________________________________________________________________________________________

16. Who in your year level is supportive? For example who makes it easy for you, the class or level to operate in a positive way? How do they do this?

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

17. Who in your year level is not supportive? For example who makes it difficult for you, the class or level to operate in a positive way? How do they do this?

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________________________________________________________________________________________________________

________________________________________________________________________________________________________

18. What things are we already doing at school that makes it a safer place? (This could be programs, activities, certain places or environments)

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________
19. How successful do you think your school is at dealing with bullying?

<table>
<thead>
<tr>
<th>Terrible</th>
<th>Good</th>
<th>Fantastic</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
<td>□</td>
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</table>

My school is ....... at dealing with bullying

20. What would help you feel more safe on the way to and from school and home?

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________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

21. What additional things would you like teachers and parents to do about bullying?

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22. What could you do yourself to be safe from bullying?

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23. Do you have anything else you would like to tell us about bullying at your school?

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