

Bullying Survey – Primary Students (1-5)

Bullying – Any physical, written, verbal, or electronic threat, harassment, intimidation, or discrimination, against another person.

This is an anonymous survey. No one will know your answers. Please answer the questions honestly.

Please circle the answer that applies:

- 1. Are you a** Boy or Girl?
- 2. What grade are you in?**
- 3. Do you like school?** Yes (I like school) No (I don't like school)
- 4. How many times has someone started a fight with you in the last week?**
 Never 1-2 3-4 5-6 7 or more
- 5. How many times has someone called you mean names or made fun of you in the last week?**
 Never 1-2 3-4 5-6 7 or more

If you were called a mean name, what name were you called?

6. Do other children play with you?

Yes Sometimes No

7. Where have you been bullied at school?

In the classroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No	On the playground?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the restrooms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	In the hallways?	<input type="checkbox"/> Yes <input type="checkbox"/> No
On the school bus?	<input type="checkbox"/> Yes <input type="checkbox"/> No	On the stairways?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the cafeteria?	<input type="checkbox"/> Yes <input type="checkbox"/> No	In the locker rooms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the parking lot?	<input type="checkbox"/> Yes <input type="checkbox"/> No	On the phone?	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. Have you been called at school?

Racial slurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Religious slurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nationality based slurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Disability based slurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anti-gay slurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gender based slurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list the name(s) of bullies in your school:

Thank you for your time and participation!

