DIRECTIONS: Please circle or underline the best answers to the following questions. You may have more than one best answer for some questions. You do not have to put your name on the paper.

Name (optional)__________________

1. Have you ever been bullied?  
   Yes  No
   - If you answered yes, how often did someone bully you?  
     Occasionally  Often  Every day
   - Where did it happen?  
     School  Park  Home  Neighbourhood  Somewhere else
   - If it happened at school, where?  
     Hallway  Classroom  Playground  Cafeteria  Bathroom  Somewhere else

2. Have you seen other students being bullied at school?  
   Yes  No
   - If you answered yes, how often did it happen?  
     Occasionally  Often  Every day
   - Where have you seen other students bullied?  
     Hallway  Classroom  Playground  Cafeteria  Bathroom  Somewhere else

3. What kinds of things have bullies done to you or to someone you know?  
   Called names  Damaged something  Threatened  Stole  Shoved, kicked, or hit  Ignored

4. How much of a problem is bullying for you?  
   Very much  Not much  None

5. List some of the actions you think parents, teachers, and other adults could do to stop bullying.

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