

**Survey for Students in Grades 7 to 12  
About Bullying**

**Name of School:** \_\_\_\_\_

**Date:** \_\_\_\_\_

- √ **Schools need to be safe places so that students can be relaxed enough in them to learn.**
- √ **The purpose of this survey is to find out about student safety and bullying at your school.**
- √ **Please do not put your name on this survey. Your answers are confidential, so please try to answer the questions as honestly as you can. We are interested in what students, as a group, tell us.**

## STUDENT INFORMATION

1. **What grade are you in?** Check one: \_\_\_7 \_\_\_8 \_\_\_9 \_\_\_10 \_\_\_11 \_\_\_12
2. **Are you male or female?** Check one: \_\_\_Male \_\_\_Female

How safe so you feel at school? Safe means feeling comfortable, relaxed, and not worried that someone could harm you.

Circle one answer for each of the following questions.

3. **Do you feel safe at school?**
- |       |           |       |        |
|-------|-----------|-------|--------|
| Never | Sometimes | Often | Always |
|-------|-----------|-------|--------|

4. **Do you feel safe on your way to and from school?**
- |       |           |       |        |
|-------|-----------|-------|--------|
| Never | Sometimes | Often | Always |
|-------|-----------|-------|--------|

5. **Do you feel safe in your neighbourhood or community?**
- |       |           |       |        |
|-------|-----------|-------|--------|
| Never | Sometimes | Often | Always |
|-------|-----------|-------|--------|

6. **How often have you stayed away from school in order to avoid being bullied?** (Circle one answer.)

Not once In 4 weeks	Once or twice in 4 weeks	Every week	Many times a week	Don't know
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7. **How often have you tried to help another student who was being bullied?** (Circle one answer.)

Not once In 4 weeks	Once or twice in 4 weeks	Every week	Many times a week	Don't know
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8. **Do school staff try to stop bullying?** (Circle one answer.)

Never	Sometimes	Often	Always	They don't notice it
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The next questions ask about **where, when, and how often** bullying occurs in and near your school and about **how people respond** to this kind of behaviour.

**9. Where and how often does bullying occur?**

a) Classrooms	Never	Sometimes	Often	Always
b) Hallways	Never	Sometimes	Often	Always
c) School entrances and exits	Never	Sometimes	Often	Always
d) Library	Never	Sometimes	Often	Always
e) Computer rooms	Never	Sometimes	Often	Always
f) Gym	Never	Sometimes	Often	Always
g) Change room and locker rooms	Never	Sometimes	Often	Always
h) Washrooms	Never	Sometimes	Often	Always
i) School bus	Never	Sometimes	Often	Always
j) Playground	Never	Sometimes	Often	Always
k) One the way to and from school	Never	Sometimes	Often	Always
l) Lunchroom or eating area/cafeteria	Never	Sometimes	Often	Always
m) Parking lot	Never	Sometimes	Often	Always
n) Areas off school property, but close to the school	Never	Sometimes	Often	Always
o) Areas off school property where students smoke	Never	Sometimes	Often	Always
p) On school field trips/during school extracurricular activities	Never	Sometimes	Often	Always
q) Other _____	Never	Sometimes	Often	Always

**10. Do you stay away from certain classrooms or areas of the school to avoid bullying?**

Never      Sometimes      Often      Always

**11. When are you at risk of being bullied?**

a) Before school	Never	Sometimes	Often	Always
b) During classes	Never	Sometimes	Often	Always
c) Between classes	Never	Sometimes	Often	Always
d) During break periods (spares, lunch)	Never	Sometimes	Often	Always
e) After school	Never	Sometimes	Often	Always
f) On the weekends	Never	Sometimes	Often	Always
g) On field trips	Never	Sometimes	Often	Always

**12. Think of the last time you saw or heard another student being bullied. What did you do?** (Check any that are true for you.)

- |  |   |
|--|---|
| <input type="checkbox"/> I have not seen or heard another student being bullied. (Go to questions 14.) | <input type="checkbox"/> Later on, I helped the person being bullied. |
| <input type="checkbox"/> I ignored it.   | <input type="checkbox"/> I stood and watched.                         |
| <input type="checkbox"/> I told my parents about it.   | <input type="checkbox"/> I made a joke about it.                      |
| <input type="checkbox"/> I told my teacher about it.   | <input type="checkbox"/> I joined in the bullying.                    |
| <input type="checkbox"/> I told my principal or vice-principal about it.                               | <input type="checkbox"/> I got someone to help stop it.               |
| <input type="checkbox"/> I told an adult at school about it.   | <input type="checkbox"/> I stood up to the person who was doing it.   |
| <input type="checkbox"/> I told an adult outside of school about it.                                   | <input type="checkbox"/> I got back at the bully later.               |
| <input type="checkbox"/> I told another student about it.  | <input type="checkbox"/> Other (please explain)                       |
| <input type="checkbox"/> At the time, I helped the person being bullied.                               | <hr/>   |

**13. If you did not do anything the last time you saw someone being bullied, what was the reason?** (Check one )

- |   |   |
|---|---|
| <input type="checkbox"/> I didn't want to get involved.                                   | <input type="checkbox"/> The bullying wasn't so bad.                  |
| <input type="checkbox"/> I was afraid.  | <input type="checkbox"/> The person being bullied deserved it.        |
| <input type="checkbox"/> I didn't know what to do or who to talk to.                      | <input type="checkbox"/> It wasn't my business or my problem.         |
| <input type="checkbox"/> I thought if I told someone, they wouldn't do anything about it. | <input type="checkbox"/> I didn't want to get in trouble for telling. |
| <input type="checkbox"/> It isn't right to tell on other people.                          | <input type="checkbox"/> Other (please explain)                       |
|   | <hr/>   |

**14. Think of the last time you were bullied. What did you do?** (Check any that are true for you.)

- |  |   |
|--|---|
| <input type="checkbox"/> I have not been bullied. (Go to question 16.)   | <input type="checkbox"/> I called the police or Children's Aid.     |
| <input type="checkbox"/> I ignored it                                    | <input type="checkbox"/> I fought back.                             |
| <input type="checkbox"/> I told my parents about it.                     | <input type="checkbox"/> I got someone to help stop it.             |
| <input type="checkbox"/> I told my teacher about it.                     | <input type="checkbox"/> I stood up to the person who was doing it. |
| <input type="checkbox"/> I told my principal or vice-principal about it. | <input type="checkbox"/> I made a joke of it.                       |
| <input type="checkbox"/> I told an adult at school about it.             | <input type="checkbox"/> I got back at them later.                  |
| <input type="checkbox"/> I told an adult outside of school about it.     | <input type="checkbox"/> Other (please explain)                     |
| <input type="checkbox"/> I called a helpline.                            | <hr/>   |



*Is there anything else that you want to tell us about safety at your school?*

**THANK YOU  
FOR COMPLETING  
THIS SURVEY.**

**Please return a print copy of this survey to your  
school principal.**