



## Anti-Bully Audit – Student Questionnaire

Boy  Girl  Age \_\_\_\_\_

### 1 Have you ever been bullied at this school?

Never  A few times  once a week  more than once a week

### 2 What type of bullying?

Teasing  Being left out  Being hit, kicked, pinched, punched or pushed   
Swearing  Had my property damaged or stolen  Received a mean letter   
Other \_\_\_\_\_

### 3 Where did the bullying take place?

Classroom  Playground  Toilets  Outside of School   
Other \_\_\_\_\_

### 4 Who did you tell?

Teacher  Friend  Parent  no-one  Other \_\_\_\_\_

### 5 Have you ever seen bullying at this school?

Never  A few times  About once a week  Other \_\_\_\_\_

### 6 What type of bullying have you seen?

Teasing  Being left out  Being hit, kicked, pinched, punched or pushed   
Swearing  Had my property damaged or stolen  Received a mean letter   
Other \_\_\_\_\_

### 7 Where did the bullying take place?

Classroom  Playground  Toilets  Outside of School   
Other \_\_\_\_\_

### 8 Who did you tell?

Teacher  Friend  Parent  no-one  Other \_\_\_\_\_

### 9 Who do you think should be responsible for stopping bullying?

Teachers  Person bullying  Principal/Deputy  Parents of person bullying   
Parents of alleged victim  All of the above

### 10 People at this school who make me feel unsafe or unhappy are:

---

---

---

### 11 People outside of school who make me feel unsafe are:

---

---

---