



enable

empower children. eliminate bullying.

This survey is part of the ENABLE international study. It will be answered by more than 1,000 students across five European countries.

This survey is totally anonymous. It does not ask your name or any other information that identifies you.

You will be asked to take the survey again towards the end of the school year, so you need to use a personal code (to facilitate the matching of responses).

There are no right or wrong answers on the survey. Mark the response that best describes your situation or opinion. Please answer as frankly as possible. If you do not find an answer that fits exactly, choose the one that comes closest.

The results will not be presented separately by single classes. Remember your answers are totally anonymous.

Thank you in advance for your participation! Please begin.

A. THE FIRST 4 QUESTIONS ASK ABOUT YOU

1. **I am:** a boy / a girl
2. **I am in year** 5th 6th 7th 8th (grade level)
3. **How old are you?** 11 12 13 14
4. **I live with:** my mother, my father, both my parents, other (specify) _____

B. THE FOLLOWING SECTION IS ABOUT EXPERIENCES AND BEHAVIOURS (WITH OTHERS)

Sometimes children or teenagers say or do hurtful or nasty things to someone and this can often be quite a few times on different days over a period of time, for example. This can include:

- teasing someone in a way this person does not like
- hitting, kicking or pushing someone around
- leaving someone out of things.
- threatening or pressuring into doing something

When people are hurtful or nasty to someone in this way, it can happen:

- face to face (in person);
- by mobile phones (texts, calls, video clips);
- on the internet (e-mail, instant messaging, social networking, chatrooms).

5. In the past 3 months, have others treated you in this kind of hurtful and nasty way?

- Yes
- No, I haven't experienced this / did not happen to me;
- Don't know / Prefer not to say

If you answered NO to question 5 please skip to question 8

(IF YES) Thinking of the last time this happened, how upset were you

- I was very upset;
- I was a little upset;
- I was not at all upset
- Don't know / Prefer not to say

Please continue to
next page 

6. How often have others acted in this kind of way towards you in the past 3 months?

- Several times each day;
- Daily or almost daily;
- At least every week;
- Less often;
- Don't know / Prefer not to say

6b. Did you do any of these things afterwards?

(Tick ALL that apply - your own input is needed in some questions)

- Hope the problem would go away
- Feel a bit guilty about what went wrong
- Try to get the other person to leave me alone, How? _____
- Talk to someone about what happened. Who? _____
- Try to fix the problem in some way (other than talking about it). In what way?

- None of these things / Don't know

7. If others has treated you in this kind of way, how did it happen?

(Tick ALL that apply)

- In person / face to face (a person with you in the same place at the same time)

7a. When someone treated you in this kind of way in person, how did it happen?

(Tick ALL that apply)

- Physically hit (kicked, pushed, etc.)
- Called nasty names or was made fun of (possibly because of a characteristic of mine)
- Excluded from groups
- Threatened, pressured into doing something against my will
- By mobile phone calls
- By messages sent to me on my phone (SMS / TEXT or MMS)
- On a social networking site (e.g. Facebook, Twitter, YouTube, Vimeo, Ask.fm, Tumblr)
- On a media sharing platform (Instagram, Snapchat, Pinterest)
- By instant messaging (WhatsApp, Skype, Viber etc.)
- In a chatroom
- By email
- In a gaming website
- Other _____
- Don't know / Prefer not to say

Please continue to
next page 

8. In the PAST 3 MONTHS, have you ever behaved in this way to someone else?

- Yes
- No
- Don't know / Prefer not to say

If you answered YES continue with 8a and 9, otherwise skip to 10

8a. If you behaved in this way, how did you do it?

(Tick all that apply)

- In person / face to face (a person with you in the same place at the same time

8b. When you behaved in this way in person how did it happen?

(Tick ALL that apply)

- Physically hit
- Called nasty names (possibly because of a characteristic of his / hers)
- Excluded from groups
- Threatened, pressured into doing something against their will
- By mobile phone calls
- By messages sent to me on my phone (SMS / TEXT or MMS)
- On a social networking site (e.g. Facebook, Twitter, YouTube, Vimeo, Ask.fm, Tumblr)
- By instant messaging (WhatsApp, Skype, Viber etc.)
- On a media sharing platform (Instagram, Pinterest, Snapchat)
- In a chatroom
- By e-mail
- In a gaming website
- Other
- Don't know / Prefer not to say

9. How often have you acted in this kind of way in the past 3 months?

- a. Several times each day;
- b. Daily or almost daily;
- c. At least every week;
- d. Less often;
- e. Don't know

Please continue to
next page 

10. Would you like to change the way you act towards other kids?

If you answer NO skip to 12

Yes

No

Maybe

11. What do you think would help you change? (Describe in a few words or a sentence).....

12. If you **saw** someone acting in a nasty or hurtful way would you

intervene

tell an adult

tell a Peer Supporter

join in

talk to the person who is being harmed / targeted

talk to the person who is being nasty

talk to someone else. Specify _____

do nothing

Please continue to
next page 

C. THE FOLLOWING SECTION ASKS YOUR THOUGHTS ABOUT CERTAIN BEHAVIOURS

HOW MUCH DO YOU AGREE WITH THESE STATEMENTS?

	strongly disagree	disagree	agree	strongly agree
13. Joining in when someone is being attacked is a wrong thing to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. It's funny when someone teases with nasty intention a classmate over and over again.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Supporting a student that is being attacked or teased with nasty intention is the right thing to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. One should report behaviours that are meant to hurt others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. THE FOLLOWING SECTION IS ABOUT YOU

HOW TRUE ARE THESE STATEMENTS FOR YOU?

	0 not true	1	2	3 very true
17. I can control my behaviour when I am upset.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I can't stop myself from doing something, even if I know it is wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. When I am upset, I do not know if I am sad, scared or angry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I don't feel very sorry for other people when they are having problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I can often understand how people are feeling even before they tell me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I get a strong urge to help when I see someone who is upset.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. My emotions influence my reactions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I often talk to others about what upsets me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I try to talk out a problem instead of fighting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. I am good at finding solutions to everyday problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. I get along with kids my age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. It is easy for me to make new friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. I have at least one close friend.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please continue to next page 

PLEASE COMPLETE IN YOUR OWN WORDS

30. Name 3 emotions you have experienced / felt most often in the past week

31. Name 3 emotions that you have noticed most often among your classmates in the past week

E. THE FOLLOWING SECTION IS ABOUT YOUR SCHOOL AND PEOPLE IN YOUR SCHOOL

HOW TRUE ARE THESE STATEMENTS?

32. Teachers at my school treat students with respect	0 not true <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 very true <input type="checkbox"/>
33. Teachers at my school show personal interest in their students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Teachers at my school help students when they are having problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. In my school, we talk about ways to control our emotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. How hard do you think your school tries to stop hurtful and rude behaviours?	it doesn't try at all <input type="checkbox"/>	it tries a bit <input type="checkbox"/>	it tries hard <input type="checkbox"/>	it tries really hard <input type="checkbox"/>
37. Students in my school are there for me when I need help.	0 not true <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 very true <input type="checkbox"/>
38. Students in my school generally get along with each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. I like school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. I try hard at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. During the last four weeks how many whole days of school have you missed?	none <input type="checkbox"/>	1-2 days <input type="checkbox"/>	3-4 days <input type="checkbox"/>	more than 4 days <input type="checkbox"/>

Please continue to
next page 

42. Describe with 3 or more words how kids in your school behave to each other.

43. How easy is it for someone in your school who is bullied to seek help? (please explain)

F. THE FOLLOWING SECTION IS ABOUT YOU

HOW TRUE ARE THESE STATEMENTS FOR YOU?

	not true	sometimes true	always true
44. I feel in control of my life and future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. On the whole, I am happy with myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

46. **How satisfied** are you currently with the following aspects of your life?

	very satisfied	satisfied	neutral	dissatisfied	very dissatisfied
A. Your school performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. How much fun you have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Your family relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Your friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Your spare time activities / hobbies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Life in general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. THE FOLLOWING SECTION IS ABOUT YOU FAMILY

HOW TRUE ARE THESE STATEMENTS?

	0 not true	1	2	3 very true
47. If I had a personal problem, I would ask my parents / carers for help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. My parents know what goes on in my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. People in my family communicate about their problems and about family decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. People in my family often insult or shout at each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please continue to next page 

H. PEER SUPPORTERS

51. Did you participate in the Peer Support Programme?

- Yes
 No

52. Since becoming a peer supporter, do you agree with any of the following...

(Tick ALL that apply)

	0 not true	1	2	3 very true
a. My confidence has grown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My leadership skills have improved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My presentational skills have improved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I feel part of a network of Peer Supporters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I am making a difference to the lives of young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. My communication skills have improved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I contribute more to the school community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. People look up to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. People approach me for advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. None of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Other, please specify _____				

53. Now I'm Peer Supporter, I understand...

(Tick ALL that apply)

	0 not true	1	2	3 very true
a. What bullying is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The different types of bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How to support someone being bullied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How to spot the signs of someone being bullied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. None of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other, please specify _____				

Please continue to next page 

54. How do you feel being a Peer Supporter has helped you personally? If you're not sure, provide examples from the above question 1? (open ended)

55. Do you think the Peer Supporters have made a difference to your school? If so, how?

56. Do you think the Peer Support programme could be improved in your school? If so, how?

Thank you for your participation!
If you have questions or concerns please talk to your teacher about it.



empower children. eliminate bullying.



Socialt arbejde i nye medier

Centre for Digital Youth Care (CfDP),
Denmark

<http://cfdp.dk/enable-european-network-against-bullying/>



Education that Clicks

South West Grid for Learning (SWGfL),
United Kingdom

<http://swgfl.org.uk/products-services/esafety/enable>



European Schoolnet,
Belgium

<http://enable.eun.org>



Diana Award,
United Kingdom

<http://www.antibullyingpro.com>

**Suradnici
u učenju
ucitelji.hr**

Partners in Learning,
Croatia

<http://ucitelji.hr/Naslovnica/Enable.aspx>



for Adolescent Health (F.A.H.)

For Adolescent Health,
Greece

<http://youth-life.gr/index.php/el/>

Associate Partners

