

## Default Question Block

### YOUR EXPERIENCES WITH CLASSMATES AT SCHOOL

**PURPOSE:** To assess the prevalence, experiences, and reactions of early adolescents who have been victims of peer-victimization and bullying at school.

This resource should be used as a structured interview by a school counselor, school psychologist or other school mental health staff.

The format of this resource allows you to engage a student in a one-on-one discussion of their personal experiences with victimization and bullying at school. The goals are to (a) gain a better understanding of the students experiences from the student's perspective and (b) to work with the student towards self-empowerment and school support strategies.

You will be asking the student about four forms of peer-victimization in school (verbal, social manipulation, physical, and harassment), based on self-report. The students might have indicated that they have experienced peer-victimization in a prior screening or came to your awareness via a report by other school personnel. You will ask the student about the frequency, duration, and location of their victimization experiences, as well as their perceptions of the “main person who did these things.” In addition, students respond to a series of items about their reactions to their experiences of victimization.

When the interview is completed, you will see a copy of the interview summary. You can

print or export this file in a pdf format.

Alternatively, you can use the hard copy pdf file to take notes and then enter this from later to enter and document the interview.

Age Range: Grades 4-12

Introduction:

"Today I'm going to be asking you some questions about your experiences with other students here at [name of school]. If I ask you anything that you would rather not answer, please tell me and we can skip to the next question. If you start to feel upset while we're talking today, please let me know. Feel free to ask me questions along the way if any questions come up for you or if anything I say is confusing. Do you have any questions right now before we start?"

Grade

School

Interviewer

Date

"As you answer the questions I will be asking you, please think about your experiences AT this SCHOOL..."

1. In the past month, how often have you been teased or called names by another student at school?

- Never
- 1-2 times
- 2-3 times
- About once a week
- Several times a week

1a. Tell me about when you were teased (e.g., what were you teased about? What kind of

things did the other person say to you?).

1b. Was this done on purpose in a mean way?

Yes

No

1c. Interviewer judgement—Was this done in a mean way?

Yes

No

2. In the past month, how often has another student spread rumors or told lies about you at school?

Never

1-2 times

2-3 times

About once a week

Several times a

week

2a. Tell me about when rumors were spread about you.

2b. Was this done on purpose in a mean way?

Yes

No

2c. Interviewer judgement—Was this done in a mean way?

Yes

No

3. In the past month, how often has another student left you out of a group or ignored you on purpose at school?

Never

1-2 times

2-3 times

About once a week

Several times a  
week

3a. Tell me about when you were left out of activities on purpose.

3b. Was this done on purpose in a mean way?

Yes

No

3c. Interviewer judgement—Was this done in a mean way?

No

Yes

4. In the past month, how often have you been hit, punched, or pushed by another student at school?

Never

1-2 times

2-3 times

About once a week

Several times a week

4a. Tell me about when you were hit, punched, or pushed by another student.

4b. Was this done on purpose in a mean way?

Yes

No

4c. Interviewer judgement—Was this done in a mean way?

Yes

No

5. In the past month, how often have you had sexual comments, jokes, or gestures made to you by another student at school? (optional: Interviewer should use best judgement to ask or skip).

Never (or Skip)

1-2 times

2-3 times

About once a week

Several times a  
week

5a. Tell me about when you had sexual comments, jokes, or gestures made to you by another student.

5b. Was this done on purpose in a mean way?

Yes

No

5c. Interviewer judgement—Was this done in a mean way?

Yes

No

To the interviewer: Did the student answer "no" to all victimization items (teased, rumors, left out, hit, sexual comments)?

Student Answered "no" to all victim items

Student reported some victimization



6. Now, thinking back about the experiences you told me about, such as \_\_\_ (interviewer insert example experience the student reported), \_\_\_ please tell me how long in general these have been going on for you?

Less than one week	About a month	All school term	About one school year	For several years
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. How many different people did these things to you?

One person	A small group	A big group	Many people
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Please think about the MAIN person who did these things to you. Was it a boy or girl?

Boy	Girl
<input type="radio"/>	<input type="radio"/>

9. How does this person compare with you?

	Less than me	Same as me	More than me
a. How popular is this other student?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. How good looking is this student?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. How physically weak is this student?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. How smart is this student in schoolwork?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. How funny is this student?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. How good is this student in sports?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. How physically strong is this student?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. How would you describe this person?

10a. How old is this student?

Younger

Same age as me

Older than me

10. How would you describe this person?

Yes

No

NA

b. Is this person is in your class?

c. Is this person your friend now?

d. Did this person used to be your friend?

a. Do you date or go out with this person?

11. Who knows that these things happened to you?

	Yes	No	NA
a. A friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. A classmate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. A teacher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Another adult at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Your parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Another child in your family (e.g., sibling, cousin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Your boyfriend or girlfriend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Someone else <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. No one knows about this. You keep it to yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Where on school campus did these things happen to you?

	Yes	No	NA
a. In a class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Between classes (e.g., in hallways)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. In the lunch area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. In the locker room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. In a school restroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Going to or from school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. On the bus (school bus or public transportation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Somewhere else (specify): <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Please think about when these things happened and pick an answer for each of the following questions:

	Not at all	A little bit	Somewhat	Very much	NA
a. Were you physically hurt?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Were you embarrassed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Were your feelings hurt?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Were you angry?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Were you scared?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Did your grades go down (get lower)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Did you have trouble concentrating in class?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Were you sad for 2 or more weeks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Please think when these things happened, how many times a month did they happen?

	No	1-2 times	2-3 times	Once a week	Several times a week
a. Did you avoid the person who did it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Did you skip school or a class?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Did you go to school late or leave early?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Did you avoid being by yourself at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Did you change where or when you went to the restroom?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Did you change what you did during recess or lunch?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Did you think about getting even?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. When answering these questions, what is the MAIN experience that you were thinking about? (Please describe it)

16. What grade were you in when these types of things started to happen to you?



17. These are things that other students have told us about why these things happened to them (such as being teased or hit). Why did these things happen to you? (Check all that are true)

Note. Instead of reading this aloud, this list could be given to the child and the ask them, “to mark all of these that you have experienced at school.”

The person did these things to you, because ...

- |   |   |
|---|---|
| <input type="checkbox"/> of where you live                        | <input type="checkbox"/> of who you hang out with           |
| <input type="checkbox"/> they say you are overweight/fat          | <input type="checkbox"/> of your parents                    |
| <input type="checkbox"/> this person says you are skinny          | <input type="checkbox"/> of how little money you have       |
| <input type="checkbox"/> this person says you are physically weak | <input type="checkbox"/> your family has a lot of money     |
| <input type="checkbox"/> his person says your friends are weird   | <input type="checkbox"/> this person says you are too tall  |
| <input type="checkbox"/> you have a disability                    | <input type="checkbox"/> this person says you are too short |
| <input type="checkbox"/> you get good grades                      | <input type="checkbox"/> you are in special education       |
| <input type="checkbox"/> you get angry a lot                      | <input type="checkbox"/> this person says you are different |
| <input type="checkbox"/> this person says your face looks funny   | <input type="checkbox"/> this person says you cry a lot     |
| <input type="checkbox"/> of how you dress                         | <input type="checkbox"/> school is hard for you             |
| <input type="checkbox"/> of the color of your skin                | <input type="checkbox"/> this person says you are gay       |
| <input type="checkbox"/> of the country you are from              | <input type="checkbox"/> of the way you talk                |
| <input type="checkbox"/> this person was jealous of you           |   |

\*\*\*The following questions ask about how you treat others at school.\*\*\*

18. In the past month, how often have you teased or called another student names at school?

Never      Only once or twice      2-3 times a month      About once a week      Several times a week

                      

19. In the past month, how often you spread rumors or gossiped behind someone's back at school?

Never      Only once or twice      2-3 times a month      About once a week      Several times a week

                      

20. In the past month, how often have you left someone out of a group or ignored someone on purpose at school.

Never      Only once or twice      2-3 times a month      About once a week      Several times a week

21. In the past month, how often have you hit, punched, or pushed another student at school?

Never     
  Only once or twice     
  2-3 times a month     
  About once a week     
  Several times a week

\*22. In the past month, how often have you made sexual comments, jokes, or gestures to another student? \* skip this item if you feel it is not age appropriate

Never     
  Only once or twice     
  2-3 times a month     
  About once a week     
  Several times a week

23. Did you do these things to the same person who you have been talking about?

Yes                     
  No                     
  NA

Thank you for talking with me. Is there anything else you'd like to tell me?

Please remember that if at any time you would like to talk to someone about how things are going at school you can talk with a trusted teacher, your parents, or

\_\_\_\_\_ (name of school psychologist or counselor).

All you need to do is to go to the office and ask for them or leave a message that will be put into their mailbox and they will contact you as soon as possible.

Let the students know about your plans to support the students and to do follow-up monitoring and checking in.

To interviewer: Add observations or comments here.

Powered by Qualtrics