

Me and My School Questionnaire

Name/Participant ID:

Gender: Male Female (tick as appropriate)

Age:

Below is a questionnaire which is going to ask you how you feel. There are no right or wrong answers. You should just pick the answer which is best for you.

	Never	Sometimes	Always
I feel lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I cry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am unhappy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nobody likes me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have problems sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wake up in the night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am shy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry when I am at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get very angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I lose my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I hit out when I am angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do things to hurt people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I break things on purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank You!