

# Discrimination at school

This questionnaire aims to collect information about discrimination at school. And you will be very helpful, if you just fill it in. Thank you!

\*Required

1. How old are you? \*

2. Are you male or female? \*

- Female
- Male
- Prefer not to say

3. Have you ever been a victim of discrimination at school? \*

- Yes, all the time
- Yes, several times
- No, never
- Other:

4. If YES, what was the reason?

- Gender
- Race
- Religion or belief
- Age
- Sexual orientation
- Other:

5. What did you do after you've been discriminated?

- I told my parents/friends.
- I told my teacher at school.
- I kept it for myself.
- Other:

6. Have you ever witnessed an act of discrimination between students at school? \*

- Yes, all the time
- Yes, several times
- No, never
- Other:

7. If YES, what did you do?

- I helped the victim.
- I told a teacher at the school.
- I tried to stay away. = I did nothing.
- Other: