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|---|-----|----|
| 1. Have you been bullied?                           | Yes | No |
| 2. Are you being bullied now?                       | Yes | No |
| 3. Was the bullying name-calling?                   | Yes | No |
| 4. Was the bullying excluding you from friendships? | Yes | No |
| 5. Was the bullying physical?                       | Yes | No |
| 6. Was the bully threatening to harm you?           | Yes | No |
| 7. Was it hard to talk about it with someone?       | Yes | No |
| 8. Did the bullying continue?                       | Yes | No |
| 9. Do you see the other kids being bullied?         | Yes | No |

If you answered **Yes** to any of these questions and you would like support, please visit NOVA's website for online support.



**NOVA also offers  
"Stop! This is a Bully-Free Classroom" programs to Bucks County area schools.**

**nova**

Network of Victim Assistance

1-800-675-6900

[www.novabucks.org](http://www.novabucks.org)