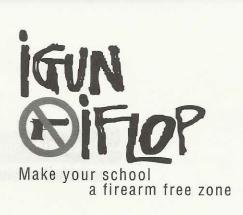


Discussion Sheet 1

## **Individual activity**

## What do you think about guns?

IILL	IN THIS QUESTIONNAIN	<u> </u>			
1.	Have you ever used a gun? (Please circle your response)				YES / NO
2.	Do you own a gun?		YES / NO		
3.	If you <u>do</u> own a gun is it		YES / NO		
4.	If you <u>do not</u> own a gun,		YES / NO		
5.	Have you seen a gun at your school this <b>term</b> ? Have you seen a gun at your school this <b>year</b> ? Did you see a gun at your school <b>last year</b> ?				YES / NO YES / NO YES / NO
6.	Do you think that your school should be a <b>firearm free</b> place (that means no guns available or brought onto the school property)?				YES / NO
7.	How many people live in the same house as you?				
8.	How many of those people have guns?				
9.	Has any member of your family ever been shot?				YES / NO
10.	Has anyone at your school ever been shot?				YES / NO
11.	Do you think that all men should have guns?				YES / NO
12.	Do you think that all women should have guns?				YES / NO
13.	The words below are about feelings. Please select and draw a circle around the feeling that best describes the way guns 'make you feel'.				
	Please only circle the one word that describes your feelings best - do not circle more than one word.				
	HAPPY	SCARED	BRAVE	NERVOUS	
	SAFE	UNSAFE	CONFIDENT	STRONG	
	UNHAPPY	SPECIAL	WEAK	CALM	
	STRESSED	RELAXED	AGGRESSIVE	SECURE	
How	old are you?				(years)
Wha	t town or area do you live	in?			
	/ou a learner / educator / ponse)	orincipal / or member	of the School Governi	ng Body? (circle	the corre
	ou male or female? (circl	e the correct response			
			/		



## DRAW A MAP OR PICTURE OF YOUR AREA ON THIS PIECE OF PAPER

Include in your picture your school, your home, your journey to school and some of the places you go to often. Mark the place where gun violence takes place.