



Make your school a firearm free zone

What do you think about guns?

FILL IN THIS QUESTIONNAIRE

- 1. Have you ever used a gun? (Please circle your response) YES / NO
- 2. Do you own a gun? YES / NO
- 3. If you do own a gun is it legally licensed in your name? YES / NO
- 4. If you do not own a gun, do you plan to get one? YES / NO
- 5. Have you seen a gun at your school this **term**? YES / NO
Have you seen a gun at your school this **year**? YES / NO
Did you see a gun at your school **last year**? YES / NO
- 6. Do you think that your school should be a **firearm free** 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)

What town or area do you live in? _____

Are you a learner / educator / principal / or member of the School Governing Body? (circle the correct response)

Are you **male** or **female**? (circle the correct response)

IGUN @iFLOP

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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.