

Positive Action Student Survey (Grades 2 or 3 – 5 or 6). Your answers **are confidential**.

School name: _____ Grade: ____ Classroom number: _____ ID#: _____

For the following questions, please **use a black or blue pen** to fill in the bubble of your answer.

How often do you do the following.... ?	Never	Some times	Most of the time	All the time
1. Feel good when you do good things.	①	②	③	④
2. Do good work in school.	①	②	③	④
3. Admit mistakes when you do something wrong.	①	②	③	④
4. Try smoking cigarettes (even one puff).	④	③	②	①
5. Hit other people.	④	③	②	①
6. Get your work done on time.	①	②	③	④
7. Try to be a good friend.	①	②	③	④
8. Control your anger.	①	②	③	④
9. Think about what you are doing before you do it.	①	②	③	④
10. Get into physical fights.	④	③	②	①
11. Try to be nice to others.	①	②	③	④
12. Copy off someone else's paper or work.	④	③	②	①
13. Treat others the way you like to be treated.	①	②	③	④
14. Do things to make yourself a better person.	①	②	③	④
15. Take things that belong to someone else.	④	③	②	①
16. Try drinking alcohol (even one sip).	④	③	②	①
17. Care how others feel.	①	②	③	④
18. Keep promises you make to others.	①	②	③	④
19. Eat fresh fruits and vegetables.	①	②	③	④
20. Be mean to someone you are mad at.	④	③	②	①
21. Try to do good things.	①	②	③	④

Thank you very much for your help.