

Well-being and academic functioning

When you participate in this survey, you help us learn more about the best way for students to function at school. The Arctic University of Norway and Norwegian Refugee Council use the information in a research project.

Participation is voluntary and all information is kept anonymous. You do not write your name on the questionnaire. All students get a number. Your answer is private and will not be shared with parents or your school.

I will now read several questions for you and you tick the box that has the most correct answer.

Thank you so much for participating!

ID-number

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NORWEGIAN
REFUGEE COUNCIL



Section A:

The questions in this section are about your feeling of safety. Listen to the teacher read the questions below and tick the box that most closely applies to you.

1. I feel safe at school.

Always	Most of the time	Sometimes	Rarely	Never

2. I feel that the teachers and school staff respect me.

Always	Most of the time	Sometimes	Rarely	Never

3. I feel calm at school.

Always	Most of the time	Sometimes	Rarely	Never

4. I am afraid when I am at school.

Always	Most of the time	Sometimes	Rarely	Never

5. I am scared to travel to school or home from school because the trip can be dangerous.

Always	Most of the time	Sometimes	Rarely	Never

6. I feel safe at home.

Always	Most of the time	Sometimes	Rarely	Never

The next questions are about how you deal with your emotions and if you believe in your ability to deal with challenging things. Listen to the teacher read the questions below and tick the box that most closely applies to you.

7. When I feel sad, I know what to do to feel better.

Always	Most of the time	Sometimes	Rarely	Never

8. I can control my emotions.

Always	Most of the time	Sometimes	Rarely	Never

9. When I am scared, I can calm myself down.

Always	Most of the time	Sometimes	Rarely	Never

10. When I get angry, I hit other people or things.

Always	Most of the time	Sometimes	Rarely	Never

11. When I feel angry, I can calm myself down.

Always	Most of the time	Sometimes	Rarely	Never

12. I can manage to solve difficult problems if I try hard enough.

Always	Most of the time	Sometimes	Rarely	Never

13. It is easy for me to stick to my aims.

Always	Most of the time	Sometimes	Rarely	Never

14. It is easy for me to accomplish my goals.

Always	Most of the time	Sometimes	Rarely	Never

15. If I am in trouble, I can think of a solution.

Always	Most of the time	Sometimes	Rarely	Never

16. I can handle whatever comes my way.

Always	Most of the time	Sometimes	Rarely	Never

17. I am confident that I can adapt to events I had not predicted.

Always	Most of the time	Sometimes	Rarely	Never

The next questions are about your relationships to your friends, family and the school staff. Listen to the teacher read the questions below and tick the box that most closely applies to you.

18. I can talk to someone on the school staff (a teacher, the principal, a counselor) about my worries.

Always	Most of the time	Sometimes	Rarely	Never

19. Someone on the school staff (a teacher, the principal, a counselor) asks me how I am doing.

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Always	Most of the time	Sometimes	Rarely	Never
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20. Someone on the school staff (a teacher, the principal, a counselor) support me when I feel scared.

Always	Most of the time	Sometimes	Rarely	Never

21. I can talk to my parents about my worries.

Always	Most of the time	Sometimes	Rarely	Never

22. When I feel scared, I can tell my parents.

Always	Most of the time	Sometimes	Rarely	Never

23. My parents ask me how I am doing.

Always	Most of the time	Sometimes	Rarely	Never

24. I have friends I like to play with at school.

Always	Most of the time	Sometimes	Rarely	Never

25. I can talk to my friends about my worries.

Always	Most of the time	Sometimes	Rarely	Never

26. My friends support me when I feel scared.

Always	Most of the time	Sometimes	Rarely	Never

Section B:

The questions in this section are about well-being and how you function in school.

Listen to the teacher read the questions below and tick the box that most closely applies to you.

27. I can easily concentrate when doing schoolwork.

Always	Most of the time	Sometimes	Rarely	Never

28. I am able to do my best in school.

Always	Most of the time	Sometimes	Rarely	Never

29. I am satisfied with my life.

Always	Most of the time	Sometimes	Rarely	Never

30. I like being at school.

Always	Most of the time	Sometimes	Rarely	Never

Section C:

The items in this section are about stressful events. Now the teacher will ask you if you have experienced any of the following events within the last three months. Three months back is approximately when we (give the students a collective reference on something you did in class or something that many might remember). If you have experienced the event, please tick the box that says yes. If you have not experienced the event, please tick the box that says no.

	Yes	No
31. I have heard shooting or bombing		
32. I have seen shooting or bombing.		
33. I have watched TV showing bombing, shooting or violence in my home country.		
34. I have been arrested or detained by soldiers.		
35. I have friends or family members who have been arrested or detained by soldiers.		
36. I know people that have been injured by bombing or shooting.		
37. I know people that were killed in shooting or bombing.		
38. I have seen people being injured or killed in shooting or bombing.		
39. I have been injured in shooting or bombing.		
40. I have a family member who was injured or killed in shooting or bombing.		
41. My house was demolished.		
42. I know people whose house was demolished.		
43. Other – If yes, describe:		

44. Which event scared you the most? Mark the number from above: ____

45. Think of the event from above that scared you the most. How afraid were you when it happened? Mark on the scale.

Terrified	Very afraid	Afraid	A little afraid	Not afraid

Section D:

Revised Child Impact of Event Scale

Below is a list of comments made by people after stressful life Event. Please tick each item showing how frequently these comments were true for you *during the past seven days*. If they did not occur during that time please tick the 'not at all' box.

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			Not at all	Rarely	Some-times	Often	In	Av	Ar
46.	Do you think about it even when you don't mean to?		[]	[]	[]	[]			
47.	Do you try to remove it from your memory?		[]	[]	[]	[]			
48.	Do you have difficulties paying attention or concentrating?		[]	[]	[]	[]			
49.	Do you have waves of strong feelings about it?		[]	[]	[]	[]			
50.	Do you startle more easily or feel more nervous than you did before it happened?		[]	[]	[]	[]			
51.	Do you stay away from reminders of it (e.g. places or situations)?		[]	[]	[]	[]			
52.	Do you try not to talk about it?		[]	[]	[]	[]			
53.	Do pictures about it pop into your mind?		[]	[]	[]	[]			
54.	Do other things keep making you think about it?		[]	[]	[]	[]			
55.	Do you try not to think about it?		[]	[]	[]	[]			
56.	Do you get easily irritable?		[]	[]	[]	[]			
57.	Are you alert and watchful even when there is no obvious need to be?		[]	[]	[]	[]			

58.	Do you have sleep problems?		[]	[]	[]	[]			
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Section E:

The items in this section are about your feeling of hope.

Listen to the teacher read the questions below and tick the box that most closely applies to you.

59. Things will turn out well in the future.

Always	Most of the time	Sometimes	Rarely	Never

60. I will graduate school.

Always	Most of the time	Sometimes	Rarely	Never

61. I will get a job when I grow up.

Always	Most of the time	Sometimes	Rarely	Never

62. I will have a family when I grow up.

Always	Most of the time	Sometimes	Rarely	Never

63. I will live a meaningful life when I grow up.

Always	Most of the time	Sometimes	Rarely	Never

Section F:

Please tick the box that are true for you in the blanks below.

64. Gender: _____

65. Age: _____

66. Grade:

- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10

67. Area:

- ☐ Gaza
- ☐ Jerusalem
- ☐ Hebron H2
- ☐ Other West Bank

Thank you so much for participating!



Name of school (filled in by NRC staff).
