Children’s Peer Relationship Scale
Elementary School Survey

Name: _________________________________ Date: ________________

1. How do you feel about school?
   □ I like school.
   □ School is okay.
   □ I don’t like school.

Comments:

2. Do you have good friends in school?
   □ I have some good friends in school.
   □ I have one good friend in school.
   □ I don’t have good friends in school.

Comments:

3. Do you have a best friend?
   □ I have a best friend.
   □ I sort of have a best friend.
   □ No one is really my best friend.

Comments:

4. How do other kids feel about you?
   □ Mostly, other kids like me.
   □ Sometimes, other kids don’t like me.
   □ Other kids don’t really like me.

Comments:

5. What do you do after school?
   - I usually see friends after school.
   - Sometimes I see friends after school.
   - I never see friends after school.

Comments:

6. Do the other kids tease you about your hearing loss?
   - No one teases me about my hearing loss.
   - Sometimes kids tease me about my hearing loss.
   - Other kids tease me a lot about my hearing loss.

Comments:

7. Do you know other kids who have a hearing loss?
   - I know other kids who have a hearing loss.
   - I know one other kid who has a hearing loss.
   - I don’t know other kids with hearing loss.

Comments:

8. What do you think about your hearing aids/cochlear implants?
   - I really like wearing my hearing aids/cochlear implants.
   - My hearing aids/cochlear implants are okay.
   - I hate wearing my hearing aids/cochlear implants.

Comments: