

YEAR 2002

DELAWARE 5TH GRADE STUDENT ASSENT AND SURVEY INSTRUCTIONS

We, at the University of Delaware are studying what students think about, know about, and do about violence, cigarettes, alcohol and drugs. To learn these things, we are asking 5th graders in all the Delaware schools these questions. This study includes parts of a much larger study asking other students across the country the same questions. We are doing this to find out what kinds of programs students need most and what kinds they don't need. THIS IS NOT A TEST. This is research, so there are no right or wrong answers. It is very important that you answer each question truthfully. The best answer you can give us is the one that is true for you.

DO NOT PUT YOUR NAME ON THIS BOOKLET. We want to be sure that everyone's answers are private. When you are done, all of the booklets will be put in a big box at the front of the room. Then we will mix them up, so no one will know which one was filled out by you. Your teacher will not know, your classmates will not know, and even you will not be able to find your own booklet. The answers will be important to us only when we know what all 5th graders in Delaware are thinking and doing about topics we are asking about in the questions. We will keep your responses secret because, if the study is to be helpful, it is important that you answer each question truthfully.

You don't have to answer any questions you don't want to. Anything you don't want to answer, just leave blank. There is no penalty if you choose not to fill out the questionnaire or any part of it.

Below you will see marking instructions. I will explain these to you. Unless the question says otherwise, mark only one answer for each question. When you are finished, turn your booklet over and you may work on something else. When everyone has finished, you will bring your booklet up and put it in the box so we can mix them up.

**REMEMBER, this isn't a test, so there are no right or wrong answers. We need TRUE ANSWERS. Work quickly, so you can finish. If you don't find an answer that fits exactly, choose the one that comes closest. If it's something you just don't understand, raise your hand for help. If it's something you just don't know, leave it blank and go on to the next question.

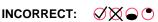
Thank you very much for your help and for being an important part of this study.

MARKING INSTRUCTIONS

- Use a No. 2 pencil only.
- Do not use ink, ballpoint, or felt tip pens.
- Make solid marks that fill the response completely.
- Erase cleanly any marks you wish to change.
- Make no stray marks on this form.

CORRECT:





PLEASE DO NOT WRITE IN THIS AREA

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Are you a: O Boy Girl	 5. Do you live with <u>both</u> your parents? (Stepparents count as parents) Yes No
 2. How old are you TODAY? 9 years old or younger 10 years old 11 years old 12 years old or older 	6. Not counting yourself, how many brothers and sisters do you have living at home with you? (Including stepbrothers and stepsisters) None One
 3. How do you describe yourself? (You can CHOOSE ONE <u>OR MORE</u> THAN ONE) American Indian or Alaskan Native Asian Black or African American 	TwoThreeFourFive or more
 Mexican or Chicano Puerto Rican/other Latin American White/Caucasian Other 	 7. Does your mother currently have a job that pays? Yes No No mother at home
 4. Which one of these groups BEST describes you? (CHOOSE ONLY ONE) American Indian or Alaskan Native Asian Black or African American Mexican or Chicano 	8. Does your father currently have a job that pays? Yes No No father at home
Puerto Rican/other Latin American White/Caucasian Other	 9. What <u>ONE</u> category best describes your grades on your last report card? Mostly A's Mostly B's Mostly C's Mostly D's or F's

PLEASE MARK ONLY <u>ONE</u> ANSWER FOR EACH:

HOW MUCH TIME DO YOU SPEND ON A SCHOOL DAY (BEFORE AND AFTER SCHOOL):	No Time	1/2 hour or less	About one hour	About two hours	More than two hours
10. Watching TV?	0	0	0	0	0
11. Playing computer or video games?	0	0	0	0	0
12. Doing school work at home?	0	0	0	0	0
13. Hanging out with friends?	0	0	0	0	0

PLEASE ANSWER YES <u>OR</u> NO TO THESE QUESTIONS:

				49
		YES	NO	48
14.	I like school.	0	0	47
15.	I feel safe in my neighborhood.	0	0	45
16.	I feel safe in my school.	0	0	43
17.	I stay away from certain parts of the school to avoid trouble.	0	0	41
18.	I get along well with other kids at school.	0	0	39 38
19.	I worry about getting attacked or robbed before or after school.	0	0	37 36
20.	A lot of kids at this school smoke cigarettes.	0	0	35
21.	A lot of kids at this school drink alcohol.	0	0	33
22.	I get along well with my parents most of the time.	0	0	31
23.	I get along well with my teachers most of the time.	0	0	29
24.	Most kids at this school obey the teachers.	0	0	27 26
25.	Kids at this school feel safe on their school bus.	0	0	25 24
26.	Most kids at this school are well-behaved in class.	0	0	23
27.	Kids pick on other kids a lot when the teacher is not watching.	0	0	21
28.	The bad behavior of some kids in this school, (talking, fighting) keeps teachers from teaching the other kids who want to learn.	0	0	19 18 17
29.	Most kids in this school are well-behaved even when the teachers are not watching them.	0	0	16 15 14
30.	Fighting is a problem in this school.	0	0	13
31.	I often talk to my parents about how things are going at school.	0	0	10 9

PLEASE ANSWER YES OR NO TO THESE QUESTIONS:

YES NO 32. Do any of your friends smoke cigarettes? \bigcirc \bigcirc 33. If a friend had some cigarettes and gave you one, do you think \bigcirc \bigcirc you would smoke it? 34. Do any of your friends drink alcohol? \bigcirc \bigcirc 35. If a friend had some alcohol and wanted to share it, do you think \bigcirc \bigcirc you would drink some? 36. Do any of the kids at school smoke marijuana (pot, weed)? \bigcirc \bigcirc 37. Do any of your friends smoke marijuana? \bigcirc \bigcirc 38. If a friend had some marijuana and gave you some, do you think you would smoke some? \bigcirc \bigcirc 39. This year, have you been in a physical fight at school? \bigcirc \bigcirc 40. Do you know places where students your age can buy \bigcirc \bigcirc cigarettes? 41. Do you know places where students your age can buy alcohol? \bigcirc \bigcirc 42. During this school year, have you taken part in a program at \bigcirc \bigcirc school called D.A.R.E.? 43. Have you ever had any other drug education in your classes in \bigcirc \bigcirc school besides D.A.R.E.? 44. Have one or both of your parents come to school to meet with \bigcirc \bigcirc your teacher this year for any reason? 45. Are you in an after-school program or activity? \bigcirc \bigcirc 46. Between school and dinnertime, are you at your home (or someone else's) \bigcirc WITH supervision? 47. Between school and dinnertime, are you at your home \bigcirc \bigcirc WITHOUT supervision? 48. Between school and dinnertime, are you not at your home AND not \bigcirc \bigcirc supervised?

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PLEASE ANSWER THE FOLLOWING QUESTIONS:

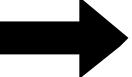
 49. Is it easy or hard for someone your age to get cigarettes? Easy Hard I'm not sure 50. Is it easy or hard for someone your age to get alcohol (beer, wine, or liquor)? 	 54. How old were you the first time you smoked a cigarette? Never smoked 6 years old or younger 7 years old 8 years old 9 years old 10 years old 11 years old or older
Easy Hard I'm not sure	 55. If you wanted to get cigarettes, MARK ALL THE PLACES you could get them. From my friends or other kids I know From my brothers, sisters, or cousins From my parents or other adults (with them knowing)
 51. Is it easy or hard for someone your age to get marijuana (weed or pot)? Easy Hard I'm not sure 	 From my parents or other adults (<u>without</u> them knowing) From a vending machine From a store cashier or clerk
 52. Is it easy or hard for someone your age to get crack or cocaine? Easy Hard I'm not sure 	 56. During the past 7 days, on how many days were you in a room or in a car with someone who was smoking cigarettes? 0 days 1 or 2 days 3 or 4 days 5 or 6 days 7 days
53. Have you ever smoked most of a cigarette? (more than a few puffs)YesNo	

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NEXT IS A LIST OF DRUGS. REMEMBER THAT YOUR ANSWERS ARE PRIVATE. PLEASE MARK THE ANSWER FOR EACH ROW THAT COMES CLOSEST TO SHOWING HOW OFTEN YOU HAVE EVER USED EACH:

	NEVER	BEFORE BUT NOT IN PAST YEAR	A FEW TIMES IN PAST YEAR	ONCE OR TWICE A MONTH	ONCE OR TWICE A WEEK	ALMOST EVERY DAY
67. Cigarettes	0	0	0	0	0	0
68. Cigars	0	0	0	0	0	0
69. Bidis/Kreteks or clove cigarettes	0	0	0	0	0	0
70. Chewing tobacco (dip, snuff)	0	0	0	0	0	0
71. Alcohol (beer, wine, coolers, liquor)	0	0	0	0	0	0
72. Marijuana (pot, weed)	0	0	0	0	0	0
73. DOWNERS, prescription and street drugs (ludes, tranqs, barbs, sedatives) to get high	0	0	0	0	0	0
74. UPPERS, prescription and street drugs (speed, meth, crank, diet pills) to get high	0	0	0	0	0	0
75. Inhalants (huffing, glue, sprays, gasoline)	0	0	0	0	0	0
76. Dactyls (rubes, dacks)	0	0	0	0	0	0
77. Hallucinogens (acid, LSD, trip, shrooms)	0	0	0	0	0	0
78. Crack (rock, fry)	0	0	0	0	0	0
79. Powder cocaine (snow, blow)	0	0	0	0	0	0
80. Over-the-counter drugs TO GET HIGH (cough syrup, robo, antihistamines)	0	0	0	0	0	0

PLEASE CONTINUE TO THE LAST PAGE.



MARK ONLY ONE ANSWER FOR EACH OF THE FOLLOWING QUESTIONS:

	NEVER USED OR NOT USED IN PAST YEAR	YES	NO
81. Needed or was dependent on cigarettes.	0	0	0
82. Needed or was dependent on alcohol.	0	0	0

MARK ONLY ONE ANSWER FOR EACH OF THE FOLLOWING QUESTIONS:

1	HOW MUCH DO YOU THINK OTHER PEOPLE HURT THEIR BODIES OR THEIR LIVES WHEN THEY:		A LITTLE	A LOT	DON'T KNOW
83.	Smoke one or more packs of cigarettes a day?	0	0	0	0
84.	Drink one or two drinks of alcohol (beer, wine, liquor)?	0	0	0	0
85.	Take one or two drinks of alcohol nearly every day?	0	0	0	0
86.	Try marijuana once or twice?	0	0	0	0
87.	Smoke marijuana every week?	0	0	0	0
88.	Try cocaine or crack once or twice?	0	0	0	0
89.	Use cocaine or crack every week?	0	0	0	0
90.	Sniff glue or spray cans once or twice?	0	0	0	0
91.	Sniff glue or spray cans every week?	0	0	0	0

Thank you again for being an important part of this study.

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