YEAR 2007

DELAWARE 5TH GRADE STUDENT ASSENT AND SURVEY INSTRUCTIONS

This questionnaire is part of a study of student experiences, including the use of cigarettes, alcohol and other drugs. The study is being conducted by the University of Delaware. The answers you give will be entirely <u>confidential and anonymous</u>--no one in your school, family or community will ever know how you answered 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, as best you can.

This study is completely voluntary. There is NO penalty if you choose not to fill out the questionnaire or any part of it.

This <u>IS NOT A TEST</u>, so there are no right or wrong answers. Please work as quickly as you can. If you don't find an answer that fits exactly, choose the one that comes closest. If a question does not apply to you, or if you are not sure what it means, just leave it blank. If you have any questions, turn your questionnaire over and raise your hand and someone will come to help you. <u>Unless it says otherwise in the question</u>, do not mark more than one answer for any question. When you are finished, please turn your booklet over and raise your hand. I will come around with an envelope for you to put your survey in. You can then work quietly at your desk on something else until everyone has finished.

Be sure to read the instructions on each page.

You should answer each question by completely filling in the circle next to the answer you choose. For example:

I am in the 5th grade:

YesNo

Thank you very much 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.

63 62		PLEASE ANSWER	R TH	E FC	OLLOWING	QUEST	IONS	:		
61 60 59 58 57	-	ode for your home address? he <u>numbers</u> , then fill in the			What is your mother's age? If you don't know,	Age	fati If y kno	at is your her's age? ou don't ow, please		
57 56 55 54 53 52 51 50 49 48 47 46 45 44 43 42 41 40	ZIP CODE 1 9 7 1 6 0 0 0 0 0 0 1 1 0 1 2 2 2 2 2 3 3 3 3 3 3 4 4 4 4 4 5 5 5 5 5 6 6 6 6 0 7 7 0 7 7 8 8 8 8 8 9 9 9 9 2. Are you a: Boy	ZIP CODE 0 0 0 0 0 0 1 1 1 1 1 2 2 2 2 2 2 3 3 3 3 3 3 4 4 4 4 4 5 5 5 5 5 6 6 6 6 6 7 7 7 7 7 8 8 8 8 8 9 9 9 9 9 3. Are you Hispanic or Latino Yes	o?		8. Does your Full-time No mothe Unemploy	1 1 1 2 2 3 3 3 4 4 4 5 5 6 6 7 7 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	put best work:	9. Doe Full- Part No I	1 1 1 2 2 3 3 3 4 4 4 5 5 5 6 6 7 7 8 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	
39 38 37 36 35 31 30 29 28 27 26 25 24 23	4. Which one or describes yo American In Asian Black or Afr White/Cauca	No f these groups BEST bu? (CHOOSE ONLY ONE) dian or Alaskan Native ican American asian e you TODAY? or younger	10. Mark all of the following people who live win you most of the time. (MARK ALL THAT AP) Mother Father Grandparent(s) Stepparent(s) Siblings(s) Non-family member(s) 11. What ONE category best describes your grand on your last report card? Mostly A's Mostly B's Mostly C's Mostly D's or F's						THAT APPL	
22 21 20 19	a school school):	time do you spend on day (before and after	No Tin		1/2 hour or less	Abou one hour		About two hours	More than two hours	
18		a computer (surfing, lownloading)?	0		0	0		0	0	
16 15	13. Watching		0		Ö	0	\perp	0	0	
14 13 12		mputer or video games?	0		0	0	+	0	0	
11	-	ool work at home?	0		0	0		0	0	1
9	<u> </u>	ut with friends?	0		0	0		0	0	-
7	17. Doing chor		0		0	0		O	0	
9 8 7 6 5 4 3 2	18. Unsupervis babysitter?	sed by any adult or	0		0	0		0	0	
3	19. Playing or	exercising?	0		0	0		0	0]
=	_									

PLI	PLEASE ANSWER YES <u>OR</u> NO TO THESE QUESTIONS:			53 52			
20.	I like school.	0	0	51			
21.	I feel safe in my neighborhood.	0	0	49			
22.	I feel safe in my school.	0	0	48			
23.	I stay away from certain parts of the school to avoid trouble.	0	0	46			
24.	I get along well with other kids at school.	0	0	44			
25.	I worry about getting attacked or robbed before or after school.	0	0	42			
26.	A lot of kids at this school smoke cigarettes.	0	0	39			
27.	A lot of kids at this school drink alcohol.	0	0	38 37 36			
28.	I get along well with my parents most of the time.	0	0	35			
29.	I get along well with my teachers most of the time.	0	0	33			
30.	Most kids at this school obey the teachers.	0	0	31			
31.	Kids at this school feel safe on their school bus.	0	0	29			
32.	Most kids at this school are well-behaved in class.	0	0	27			
33.	Kids pick on other kids a lot when the teacher is not watching.	0	0	25 24			
34.	The bad behavior of some kids in this school (talking, fighting) keeps teachers from teaching the other kids who want to learn.	0	0	23 22 21			
35.	Most kids in this school are well-behaved even when the teachers are not watching them.	0	0	20 19			
36.	Fighting is a problem in this school.	0	0	18			
37.	I often talk to my parents about how things are going at school.	0	0	16 15			
38.	My parents know where I am most of the time when I am NOT in school.	0	0	13			
39.	My parents know who I am with most of the time when I am NOT in school.	0	0	12			
40.	My parents ask me if I've gotten my homework done.	0	0	9			
41.	My parents tell me when I'm doing a good job.	0	0	8 7 6			
	3						
	PLEASE DO NOT WRITE IN THIS AREA OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	\L]		3 2			
				1			

53						YES	NO
52 51	42. Do any of your friends smoke cigarettes?					O	O
50	43 Do any of your friends drink alcohol?						0
48	44 Do any of the kids at school smoke marijuana (not. weed)?						
47	45. Do any of your friends smoke marijuana?					0	0
45 44 43	46. If a friend had some marijuana and gave you some, do you think you would smoke						0
42	47. This year, have you been in a physical fight at school?						0
39	48. Do you know places where students your	age can buy	cigarette	s?		0	0
38	49. Do you know places where students your	age can <u>get</u>	alcohol w	ithout payi	ng for it?	0	0
35	50. Do you know places where students your	age can <u>buy</u>	alcohol?			0	0
33	51. During this school year, have you had any using drugs or alcohol?	lessons in	school ab	out the risk	s of	0	0
31 30	52. During this school year, have you had any lessons in school						0
29	8						0
27	out with a class or school event?						0
25	other?					0	0
23	56. Have you ever taken (not borrowed) some	thing that di	dn't belor	ng to you at	school?	0	0
21	57. Have your ever damaged or destroyed sor purpose?	nething that	didn't be	long to you	on	0	0
19 18 17	58. Do you belong to a gang?					0	0
16 15	IN THE PAST 12 MONTHS, WOULD YOU AGREE OR DISAGREE:	STRONGLY AGREE	AGREE	NEITHER	DISAGREE	STRONGLY DISAGREE	
13	59. That the punishments for breaking school rules are the same no matter who you are?	0	0	0	0		0
12 11 10	60. That the school rules are strictly enforced?	0	0	0	0		0
9	the same no matter who you are?						0
7	62. That the school rules are fair?	0	0	0	0		0
5	63. That your parents' rules for you are fair?	0	0	0	0		0
3	64. That your parents' rules for you are strictly enforced?	0	0	0	0		0
2		•			•	*	

65. During the past 30 days, mark all of the following things that have happened TO YOU and who was involved: Boyfriend/ Other Kids at Other Kids in **Parents** Siblings By: **Friends** Girlfriend School Neighborhood Name-calling \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc **Bullying** \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc Fights (punching, kicking) \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc Shoving, Pushing, \bigcirc Slapping PLEASE ANSWER THE FOLLOWING QUESTIONS: 66. Is it easy or hard for someone your 71. Between school and dinner time, are you age to get cigarettes? around someone older who is responsible for Easy you (parent, coach, teacher, babysitter)? Hard All of the time Most of the time I'm not sure Some of the time 67. Is it easy or hard for someone your None of the time age to get alcohol (beer, wine, or liquor)? 72. Have you ever smoked most of a Easy cigarette (more than a few puffs)? Hard Yes O No I'm not sure 68. Is it easy or hard for someone your age 73. How old were you the first time you smoked to get marijuana (weed or pot)? a cigarette? Easy I've never smoked 6 years old or younger Hard I'm not sure 7 years old 8 years old 69. Is it easy or hard for someone your age 9 years old to get crack or cocaine? 10 years old 11 years old or older Easy Hard I'm not sure 74. If you wanted to get cigarettes, MARK ALL THE 70. Between school and dinner time, where do PLACES you could get them. you spend most of your time? From my friends or other kids I know (MARK ONLY ONE ANSWER): From my brothers, sisters, or cousins From my parents (with them knowing) In a sport, activity, or after-school program At your home From my parents (without them knowing) At someone else's home From other adults (with them knowing) **Outside with friends** From other adults (without them knowing) From a vending machine From a store cashier or clerk

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PLEASE CONTINUE TO ANSW	VER THE FOLLOWING QUESTIONS:
 75. How often do you ride in a car with someone who was smoking cigarettes? Never Before, but not in the past year A few times in the past year Once or twice a month Once or twice a week Almost every day 	 81. Have you ever tried to get high from huffing (sniffing) glue, gasoline, spray cans, markers or nail polish remover? Yes No 82. How often have you gambled (bet) for money or possessions?
76. How often are you in a room with someone who is smoking cigarettes? Never Before, but not in the past year A few times in the past year Once or twice a month Once or twice a week Almost every day	 Never Before, but not in the past year A few times in the past year Once or twice a month Once or twice a week Almost every day
77. Does anybody living in your home smoke cigarettes or tobacco? (MARK ALL THAT APPLY) No one Mother or Stepmother Father or Stepfather Brother(s) or Stepbrothers(s) Sister(s) or Stepsister(s) Other household member(s)	 83. How often do you wear a seat belt? Never Hardly ever About half the time Usually Always 84. Do you usually take any medicine to help you concentrate better in school? No, I don't
78. Have you ever had a drink of alcohol (wine, beer, liquor) more than just a sip?YesNo	 Yes, Ritalin Yes, Adderall Yes, Cylert Yes, Concerta Yes, Strattera Yes, (If you know the name, please write it here.)
79. How old were you the first time you had a drink of alcohol, (wine, beer, or liquor) more than just a sip? Or I've never drunk alcohol Or years old Or years old	85. I like to try new or exciting things, even if they are against the law.YesNo
○ 8 years old○ 9 years old○ 10 years old○ 11 years old or older	 86. MARK ALL YOU HAVE DONE FOR MONEY in the past year: (MARK ALL THAT APPLY) Played lottery or scratch-off tickets Bet on team sports Played cards for money or prizes
80. Have you ever smoked marijuana, (pot, weed)? Yes No	, , , , , , , , , , , , , , , , , , , ,
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NEXT IS A LIST OF DRUGS. REMEMBER THAT YOUR ANSWERS ARE PRIVATE. PLEASE MARK THE ANSWER IN EACH ROW THAT COMES CLOSEST TO SHOWING <u>HOW OFTEN YOU HAVE EVER USED EACH</u>:

	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
87. Cigarettes	0	0	0	0	0	0
88. Cigars	0	0	0	0	0	0
89. Bidis/Kreteks or clove cigarettes	0	0	0	0	0	0
90. Chewing tobacco, snuff, dip (Skoal, Red Man)	0	0	0	0	0	0
91. Alcohol (beer, wine, coolers, liquor)	0	0	0	0	0	0
92. Marijuana (pot, weed)	0	0	0	0	0	0
93. Inhalants (huffing, glue, sprays, gasoline)	0	0	0	0	0	0
94. Prescription or over-the-counter uppers (diet pills, etc) to get high	0	0	0	0	0	0
95. Street uppers (speed, meth, crank) to get high	0	0	0	0	0	0
96. Downers, prescription and street drugs (tranqs, barbs, Xanax) to get high	0	0	0	0	0	0
97. Prescription Pain Killers (Codeine, OxyContin, Percocet) to get high	0	0	0	0	0	0
98. Dactyls (rubes, dacks)	0	0	0	0	0	0
99. Hallucinogens (acid, LSD, trip, shrooms)	0	0	0	0	0	0
100. Powder cocaine (snow, blow)	0	0	0	0	0	0
101. Ritalin, Adderall, Strattera, Concerta, or Cylert to get high	0	0	0	0	0	0
102. Over-the-counter drugs TO GET HIGH (cough syrup, robo, antihistamines)	0	0	0	0	0	0

PLEASE CONTINUE TO THE LAST PAGE



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| 44 | 43 | 42 | 41 | 40 | 39 | 38 | 37 | 36 | 35 | 34 | 33 | 32 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 | 16 | 15 | 14

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MARK ONLY <u>ONE</u> ANSWER FOR EACH OF THE FOLLOWING QUESTIONS:

During the past year I felt that I:	NEVER USED OR NOT USED IN PAST YEAR	YES	NO
103. Needed a cigarette.	0	0	0
104. Needed a drink of alcohol	0	0	0
105. Needed to have inhalants (huffing, sniffing).	0	0	0

MY PARENTS HAVE TOLD ME:	Using Tobacco	Using Alcohol	Using Marijuana	Using Illegal Drugs	Gambling
106. About the risks of:	0	0	0	0	0
107. Not to be:	0	0	0	0	0
108. That they know I have been:	0	0	0	0	0

HOW MUCH DO PEOPLE RISK HARMING THEMSELVES IF THEY:		NO RISK	A LITTLE RISK	A LOT OF RISK	DON'T KNOW
109.	Smoke one or more packs of cigarettes a day?	0	0	0	0
110.	Drink one or two drinks of alcohol (beer, wine, liquor)?	0	0	0	0
111.	Take one or two drinks of alcohol nearly every day?	0	0	0	0
112.	Try marijuana once or twice?	0	0	0	0
113.	Smoke marijuana every week?	0	0	0	0
114.	Try cocaine or crack once or twice?	0	0	0	0
115.	Use prescription drugs regularly without a prescription to get high?	0	0	0	0
116.	Sniff glue or spray cans once or twice?	0	0	0	0
117.	Sniff glue or spray cans every week?	0	0	0	0

THE END

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

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