

YEAR 2017

DELAWARE 5TH GRADE STUDENT ASSENT AND SURVEY INSTRUCTIONS

This survey is part of a study the University of Delaware does every year to provide information on student behaviors and beliefs, including the use of cigarettes, alcohol and other drugs. Results are used to make better decisions about the kinds of programs and policies needed to support the health and well-being of Delaware students.

All answers are entirely

- Confidential—no one will see your answers or know how you answered the questions
- Anonymous—do not put your name on the survey; we do not want to know how any one person answered, only about percentages of answers of all students combined
- Voluntary—there is no penalty if you choose not to fill out any part of the survey or all

This IS NOT A TEST, so there are no right or wrong answers. 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. Please work as quickly as you can. If you have any questions, raise your hand and I will come to help you. <u>Unless it says "Mark all that apply," please mark only one answer for each</u> question. When you are finished, turn your booklet over and raise your hand; I will come around with an envelope for you to put your survey in. Then you can work quietly at your desk on something else until everyone has finished.

Remember:

- Read the instructions before you answer.
- Fill in the circle next to the answer you choose completely, like the example below:

I am in the 5th grade:



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 ANSWER THE FOLLOWING QUESTIONS:

1. What is the zip code for your home address? Please write in the numbers, then fill in the proper circles.

(Example)

ZIP CODE				
1	9	7	1	6
0	0	0	0	0
	1	1		1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
(5)	(5)	(5)	(5)	(5)
6	6	6	6	
7	7		7	7
8	8	8	8	8
9		9	9	9

2	ZIP CODE			
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
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

еу	ou a	a
	е у	e you a

- Boy
- O Girl

3.	Are	you	Hisp	anic	or	Latino	?
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- O No
- O Yes, I am Mexican, Mexican American or Chicano
- O Yes, I am Puerto Rican
- Yes, I am Cuban or Cuban American
- Yes, I am some other Hispanic or Latino

4. Which one of these groups BEST describes you? (CHOOSE ONLY ONE)

- American Indian or Alaskan Native
- Asian
- Black or African American
- White/Caucasian
- Other

5. How old are you TODAY?

- 9 years old or younger
- 10 years old
 - 11 years old
- 12 years old or older

6. In the past 12 months, has any adult family member: (MARK ALL THAT APPLY)
 Been in jail or prison Been active in the military Lost a job or been unable to find work (mother) Lost a job or been unable to find work (father) Left the family for some other reason
7. During an average week, do you live in more than one home (please do not include sleepovers):
○ Yes ○ No
8. Which of the following people live with you most of the time? (MARK ALL THAT APPLY)
 Mother(s) Father(s) Foster parent(s) Guardian(s) Grandparent(s), aunt(s), uncle(s)

- Stepparent(s)
- O Brother(s), stepbrother(s)
- Sister(s), stepsister(s)
- Non-family member(s)

9. How many times has your family moved since you started Kindergarten?

- We have not moved.
- O 1 time
- O 2 times
- O 3 or more times

10. Do you take medicine to help you concentrate better in school?

- O Yes
- O No

11. Do you have your own cell phone?

- Yes
- O No

How much time do you spend on a school day (before and after school):	No Time	An hour or less	One to two hours	Two to five hours	More than five hours
12. Online on a computer (not for school work), tablet, phone, watching TV, or playing computer/video games?	0	0	0	0	0
13. Doing school work at home?	0	0	0	0	0
14. Physically playing, exercising, or playing sports?	0	0	0	0	0
15. Reading for pleasure (not for school)?	0	0	0	0	0

16. What kinds of organized activities do you participate in outside of regular school hours (in other words, after school, on the weekends, or during summer break): (MARK ALL THAT APPLY)

O Sp	orts
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Church youth group

O Youth organizations such as 4-H, YMCA, Boys & Girls Club, PAL, Scouting, etc.

O Community service or volunteer work

Music lessons or band participation

O Gymnastics, zumba, ballet, or other dance

O Boxing, kick-boxing, Karate, or other martial arts

Other lessons (such as art, horseback riding, skating, etc.)

Gaming club

Community center activities

Other organized activities

None

PLEASE ANSWER YES <u>OR</u> NO TO THESE QUESTIONS:	YES	NO
17. I feel safe in my school most of the time.	0	0
18. I feel safe in my neighborhood most of the time.	0	0
19. I get along well with my parent(s) (foster parent, guardian) most of the time.	0	0
20. Most kids at this school obey the teachers.	0	0
21. The bad behavior of some kids in this school (talking, fighting) keeps teachers from teaching the other kids who want to learn.	0	0
22. Fighting is a problem in this school.	0	0
23. I often talk to my parent(s) (foster parent, guardian) about how things are going at school.	0	0
24. My parent(s) (foster parent, guardian) knows <u>where I am</u> most of the time when I am NOT in school.	0	0
25. My parent(s) (foster parent, guardian) knows what I am doing most of the time when I am NOT in school.	0	0

26. There is an adult present where you go after school.		
	0	0
Your parent(s) (foster parent, guardian) asks you if you've gotten your homework done.	0	0
28. This year, have you been in a physical fight at school?	0	0
29. This year, have you been in a physical fight in your neighborhood?	0	0
30. During the past 30 days, have you been bullied at school?	0	0
31. During the past 30 days, have you been bullied in your neighborhood?	0	0
32. During the past 30 days, have you been bullied through texting, Instagram, Facebook, etc.?	0	0
33. During the past year have you seen or heard adults in your home hurting each other?	0	0
34. During the past 30 days, have you been hit by an adult with the intention of hurting you?	0	0
35. During this school year, have you had any lessons in school about making good decisions, setting goals, or resolving problems with other people?	0	0
36. In the past month, have you stolen (not borrowed) something?	0	0
37. In the past month, have you damaged or destroyed something on purpose that didn't belong to you?	0	0
38. Teachers in your school treat students with respect.	0	0
39. Have you hit anyone in the past month with the intention of hurting them?	0	0
40. Has your parent(s) (foster parent, guardian) spoken to at least two of your friends in the past month?	0	0
41. During the past 30 days, have you lied to your parent(s) (foster parent, guardian) about where you were or what you were doing?	0	0
42. If you break your parents' rules, will you definitely be punished?	0	0
43. If you break the school rules, will you definitely be punished?	0	0

44. How many days in the past 7 days did you eat breakfast?	47. Is it easy or hard for someone your age to get cigarettes?
 0 days 1 day 2 days 3 days 4 days 5 days 6 days 	 Easy Hard I'm not sure 48. Is it easy or hard for someone your age to get alcohol (beer, wine, or liquor)?
7 days45. In the past month, was there any day when you went hungry because there wasn't enough food at home?	EasyHardI'm not sure
YesNo46. Have you ever smoked most of a	 49. Is it easy or hard for someone your age to get marijuana (weed or pot)? Easy Hard I'm not sure
cigarette (more than a few puffs)? Yes No	
PLEASE ANSWER YES OR NO TO THESE QU	ESTIONS:

	Yes	No
50. Do any of your friends smoke cigarettes?	0	0
51. Do any of your friends drink alcohol?	0	0
52. Do you know places where students your age can buy cigarettes?	0	0
53. Do you know places where students your age can get alcohol without paying for it?	0	0

PLEASE ANSWER THE FOLLOWING QUESTIONS:

54. How old were you the first time you smoked a cigarette?	59. Have you ever had a drink of alcohol (wine, beer, liquor), more than just a sip?
 I've never smoked 6 years old or younger 7 years old 8 years old 9 years old 10 years old 	○ Yes ○ No
10 years old11 years old12 years old or older	60. How old were you the first time you had a drink of alcohol, (wine, beer, or liquor) more than just a sip?
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 (with them knowing) From my parents (without them knowing) From other adults (with them knowing) From other adults (without them knowing) From a vending machine From a store cashier or clerk	 I've never drunk alcohol 6 years old or younger 7 years old 8 years old 9 years old 10 years old 11 years old 12 years old or older 61. Have you ever smoked marijuana (pot, weed)?
56. Does anybody living in your home smoke	○ Yes ○ No
cigarettes or tobacco? (MARK ALL THAT APPLY) No one Mother or Stepfather Father or Stepfather Brother(s) or Stepbrother(s) Sister(s) or Stepsister(s) Other household member(s)	 62. During this school year, have you had lessons in school about the risks of using: (MARK ALL THAT APPLY) Tobacco Alcohol Marijuana Other illegal drugs Prescription drugs without a prescription
57. Have you ever used an E-cigarette or Vaped?	
YesNo	63. Have your parents told you <u>NOT</u> to: (MARK ALL THAT APPLY) ○ Smoke cigarettes
58. Is it easy or hard for someone your age to get E-cigarettes or Vape products? Calculate the Easy of Hard of I'm not sure	 Drink alcohol Use marijuana Use other illegal drugs Use prescription drugs without a prescription

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
64. Cigarettes	0	0	0	0	0	0
65. E-cigarette or Vape (tobacco)	0	0	0	0	0	0
66. Cigars, cigarillos, little cigars	0	0	0	0	0	0
67. Chewing tobacco, snuff, dip (Skoal, Red Man, Snus)	0	0	0	0	0	0
68. Alcohol (beer, wine, liquor)	0	0	0	0	0	0
69. Marijuana (pot, weed)	0	0	0	0	0	0
70. Inhalants (sniffing glue, sprays, gasoline)	0	0	0	0	0	0
71. Prescription pain medicine without a doctor's order or differently than how a doctor told you to use it (Codeine, Vicodin, OxyContin, Percocet)	0	0	0	0	0	0
72. Ritalin, Adderall, Strattera, Concerta, or Vyvanse to get high	0	0	0	0	0	0
73. Other prescription drugs to get high	0	0	0	0	0	0
74. Dactyls (rubes, dacks)	0	0	0	0	0	0
75. Over-the-counter drugs to get high (3C, cough syrup, antihistamines)	0	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
76. Smoke one or more packs of cigarettes a day?	0	0	0	0
77. Try one or two drinks of alcohol (beer, wine, liquor)?	0	0	0	0
78. Drink one or two drinks of alcohol nearly every day?	0	0	0	0
79. Try marijuana once or twice?	0	0	0	0
80. Smoke marijuana every week?	0	0	0	0
81. Regularly use prescription drugs, without a prescription, to get high?	0	0	0	0
82. Sniff glue or spray cans once or twice?	0	0	0	0
83. Sniff glue or spray cans every week?	0	0	0	0

84. If you had a personal problem, who would you most likely talk to? <u>RESPONSE</u>)	(SELECT ONLY ONE
 No one My parents My brother(s), sister(s) or other relatives My teacher(s) Other adult(s) in my school Other adult(s) outside of school My friend(s) My friends' parent(s) My grandparent(s) 	
	ant and

85.	Which of the following people would you say give you a lot of support and
	encouragement (MARK ALL THAT APPLY)

0	No one
0	My parents
0	My brother(s), sister(s) or other relatives
\bigcirc	My teacher(s)
	Other adult(s) in my school

Other adult(s) in my school Other adult(s) outside of school

My friend(s)My friends' parent(s)

My grandparent(s)

8

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