

DELAWARE 5TH GRADE STUDENT ASSENT AND SURVEY INSTRUCTIONS

This survey is part of a study the University of Delaware conducts 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. Unless it says "Mark all that apply," please mark only one answer for each 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:

Yes \bigcirc No

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: INCORRECT: VX - •





PLEASE ANSWER THE FOLLOWING QUESTIONS:

- 1. What is the zip code for your home address? Please write in the <u>numbers</u>, then fill in the proper <u>circles</u>.
 - (Example)

Z	ΖIP	CC	DE	Ξ
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	Ŏ
7	7	Ó	7	7
8	8	8	8	8
9	Ó	9	9	(9)

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		

- 2. Are you a:
- O Boy
- O Girĺ
- 3. Are you Hispanic or Latino?
- O No
- Yes, I am Mexican, Mexican American or Chicano
- Yes, I am Puerto Rican
- O 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.)
- O American Indian or Alaskan Native
- O Native Hawaiian or Pacific Islander
- Asian
- Black or African American
- White/Caucasian
- Other
- 5. How old are you TODAY?
- 9 years old or younger
- 0 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.)
- O Been in jail or prison
- O Been active in the military
- O Lost a job or been unable to find work (mother)
- O 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
- O 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
- 1 time
- 2 times
- 3 or more times
- 10. Do you take medicine to help you concentrate better in school?
- Yes
- O No
- 11. Do you have your own cell phone?
- O Yes
- O No

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

Sports

Religious youth group

- O Youth organizations such as 4-H, YMCA, Boys & Girls Club, PAL, Scouting, etc.
- Community service or volunteer work
- Music lessons or band participation
- O Gymnastics, Zumba, ballet, or other dance
- O Boxing, kickboxing, karate, or other martial arts
- Other lessons (such as art, horseback riding, skating, swimming, etc.)
- Gaming club
- Community center activities
- Other organized activities
- None

PLEASE ANSWER YES <u>OR</u> NO TO THESE QUESTIONS:	YES	NO
18. I feel safe in my school most of the time.	0	0
19. I feel safe in my neighborhood most of the time.	0	0
20. I get along well with my parent(s) (foster parent, guardian) most of the	time.	0
21. Most kids at this school obey the teachers.	0	0
22. 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. Fighting is a problem in this school.	0	0
24. I often talk to my parent(s) (foster parent, guardian) about how things are going at school.	0	0
25. My parent(s) (foster parent, guardian) knows where I am most of the tir when I am NOT in school.	me	0
26. My parent(s) (foster parent, guardian) knows what I am doing most of time when I am NOT in school.	the	0

O No

50. Do you know places where students your age can buy cigarettes?YesNo	58. Do any of your friends drink alcohol?YesNo
 51. How old were you the first time you smoked a cigarette? I've never smoked 6 years old or younger 7 years old 8 years old 	59. Do you know places where students your age can get alcohol without paying for it?YesNo
9 years old10 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?
52. If you wanted to get cigarettes, MARK ALL THE PLACES WHERE you could get them. From my friend or other kid I know From my brother(s), sister(s), or cousin(s) From my parent(s) (with them knowing) From my parent(s) (without them knowing) From other adult(s) (with them knowing) From other adult(s) (without them knowing) From a vending machine	l've never drank 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
From a website or onlineFrom a store cashier or clerk	61. Have you ever smoked marijuana (pot, weed)? Yes No
 53. 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 stepbrother(s) Sister(s) or stepsister(s) Other household member(s) 	 62. Is it easy or hard for someone your age to get marijuana (pot, weed)? Easy Hard I'm not sure
 54. Have you ever used an E-cigarette, Juul, or Vape device? Yes No 55. Is it easy or hard for someone your age to get E-cigarettes, Juul, or Vape products? Easy Hard I'm not sure 	63. During this school year, have you had lessons in school about the risks of using: (MARK ALL THAT APPLY.) Tobacco Vape device or Juul Alcohol Marijuana Other illegal drugs Prescription drugs without a prescription
 56. Have you ever had a drink of alcohol, (beer, wine, or liquor) more than just a sip? Yes No 57. Is it easy or hard for someone your age to get alcohol (beer, wine, or liquor)? Easy Hard I'm not sure 	64. Have your parents told you NOT to: (MARK ALL THAT APPLY.) Smoke cigarettes Use vape device or Juul 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 HOW OFTEN YOU HAVE EVER USED EACH:

	NEVER	BEFORE, BUT NOT IN PAST YEAR	A FEW TIMES IN THE PAST YEAR	ONCE OR TWICE A MONTH	ONCE OR TWICE A WEEK	ALMOST EVERY DAY
65. Cigarettes	0	0	0	0	0	0
66. E-cigarette, Juul, or vape device (tobacco)	0	0	0	0	0	0
67. Cigars, cigarillos, little cigars	0	0	0	0	0	0
68. Chewing tobacco, snuff, dip (Skoal, Red Man, Snus)	0	0	0	0	0	0
69. Alcohol (beer, wine, liquor)	0	0	0	0	0	0
70. Marijuana (pot, weed)	0	0	0	0	0	\circ
71. Inhalants (sniffing glue, sprays, gasoline)	0	0	0	0	0	0
72. 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
73. Ritalin, Adderall, Strattera, Concerta, or Vyvanse to get high	0	0	0	0	0	0
74. Other prescription drugs to get high	0	0	0	0	0	0
75. Dactyls (rubes, dacks)	0	0	0	0	0	0
76. Over-the-counter drugs to get high (3C, cough syrup, cough medicine, antihistamines, Lean)	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
77. Smoke one or more packs of cigarettes a day?			0	0	0	0
78. Try one or two drinks of alcohol (beer, wine, liquor)?			0	0	0	0
79. Drink one or two drinks of alcohol nearly	every da	y?	0	0	0	\circ
80. Try marijuana (pot, weed) once or twice?			0	0	0	0
81. Smoke marijuana (pot, weed) every week	?		0	0	0	0
82. Regularly use prescription drugs without to get high?	a prescri	ption	0	0	0	0
83. Sniff glue or spray cans once or twice?			0	0	0	0
84. Sniff glue or spray cans every week?			0	\circ	\circ	\circ
HOW OFTEN HAVE YOU DONE ANY OF THE FOLLOWING:	NEVER	BEFORE, BUT NOT IN PAST YEAR			TWICE A	ALMOST EVERY DAY
85. Played the lottery or scratch-off tickets?	0	0	0	0	0	0
86. Bet on fantasy sports teams?	0	0	0	0	0	0
87. Bet on individual sports teams?	0	0	0	0	0	0
88. Played cards for money?	0	0	0	0	0	0
89. Bet on a challenge (dare, fight, race, etc.)?	0	0	0	0	0	0
90. Played Bingo for money?	noney?		0	0	0	0
91. Bet on dice games such as craps?	0	0	0	0	0	0
92. Gambled on the Internet?	0	0	0	0	0	0
93. Bet on games of personal skill such as pool, darts, or basketball?			0	0	0	0
94. Bet on video games?	0	0	0	0	\circ	\circ
95. Which of the following people would you say give you a lot of support and encouragement? (MARK ALL THAT APPLY.) No one Your parent(s) or guardian(s) Your grandparent(s) Your brother(s), sister(s), or other relatives Your friend(s) Your friends' parent(s) Your teacher Another adult in your school, besides teachers Another adult in your neighborhood An adult in your church, synagogue, or other place of worship 96. If you had a personal problem, who would you most likely talk to? (SELECT ONLY ONE RESPONSE.) No one My parent(s), guardian(s) My brother(s), sister(s), or other relatives My teacher(s) Other adult(s) in my school Other adult(s) outside of school My friends' parent(s) My grandparent(s) My grandparent(s)						

For questions 97 and 98, please imagine a lacten at the top. The top of the ladder represents ladder represents the worst possible life for y	ts the best po				
97. Indicate on which step of the ladder you for (Using the numbered bubbles below.)	eel you perso	nally stand	right now.	Ве	st Possible
0 1 2 3 4 5	7	9	10		<u> </u>
98. Indicate on which step of the ladder do yo from now. (Using the numbered bubbles bubbles)		vill stand ab	out five ye	ars	(6)
0 1 2 3 4 5	7	9	10		3
 99. In general, how would you rate your emot Excellent Very Good Good Fair Poor 100. Do you ever feel sad, empty, hopeless, an Yes No 		us?		Wo	3 2 1 0
 101. When you feel sad, empty, hopeless, angry you need? I do not feel sad, empty, hopeless, angry, Never Rarely Sometimes Most of the time Always 		, how often	do you get	t the kind of	help
Please answer the questions to	DEFINITELY	PROBABLY	NOT	PROBABLY	DEFINITELY

Please answer the questions to the best of your ability.	DEFINITELY TRUE	PROBABLY TRUE	NOT SURE	PROBABLY NOT TRUE	DEFINITELY NOT TRUE
102. When I was a child, there were relatives in my family who made me feel better if I was sad or worried.	0	0	0	0	0
103. When I was a child, teachers, coaches, youth leaders, or ministers were there to help me.	0	0	0	0	0
104. My family, neighbors, and friends talked often about making our lives better.	0	0	0	0	0
105. When I felt really bad, I could almost always find someone I trusted to talk to.	0	0	0	0	0

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

8