



YEAR 2023

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 of it.

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**
☐ **NO**

MARKING INSTRUCTIONS
<ul style="list-style-type: none">• Make solid marks that fill the response completely.• Erase cleanly any marks you wish to change.• Make no stray marks on this form.

Survey Number: 111001

Please answer the following questions:

- 1. What is the zip code for your home address? Please write in the numbers.**

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- 2. Are you a:**

- ☐ Boy
☐ Girl

- 3. Which of the following describes you? (MARK ALL THAT APPLY.)**

- ☐ American Indian or Alaskan Native
☐ Native Hawaiian or Pacific Islander
☐ Asian
☐ Black or African American
☐ White
☐ Other _____

- 4. Are you Hispanic or Latino?**

- ☐ No
☐ Yes, I am Mexican, Mexican American, or Chicano
☐ Yes, I am Puerto Rican
☐ Yes, I am Cuban or Cuban American
☐ Yes, I am some other Hispanic or Latino

- 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
☐ None of these

- 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)
☐ 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
☐ No

- 11. Do you have your own cell phone?**

- ☐ Yes
☐ No

- 12. How many days in the past 7 days did you eat breakfast?**

- ☐ 0 days
☐ 1 day
☐ 2 days
☐ 3 days
☐ 4 days
☐ 5 days
☐ 6 days
☐ 7 days

- 13. In the past month, was there any day when you went hungry because there wasn't enough food at home?**

- ☐ Yes
☐ No

HOW MUCH TIME DO YOU SPEND ON A SCHOOL DAY (BEFORE AND AFTER SCHOOL):	No time	Less than one hour	One to two hours	Three to five hours	More than five hours
14. Online (not for school work) on a computer, tablet, phone, or watching TV?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Playing video games?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Physically playing, exercising, or playing sports?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Reading for pleasure (not for school)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. How much time do you spend on a school day completing your school work at home (doing homework)?

- ☐ I am not assigned any homework
- ☐ No time
- ☐ Less than one hour
- ☐ One to two hours
- ☐ Three to five hours
- ☐ More than five hours

19. How often do you use the Internet to connect with social media sites like Instagram, TikTok, YouTube, Snapchat, etc.?

- ☐ Constantly throughout the day
- ☐ Several times a day
- ☐ About once a day
- ☐ A few times a week
- ☐ I do not use social media

20. What are the main reasons you use social media sites? (MARK ALL THAT APPLY.)

- ☐ I do not use social media
- ☐ Connecting with friends
- ☐ Finding information about news, sports, music, movies, etc.
- ☐ Watching videos
- ☐ Sharing information (posting photos or videos)
- ☐ Connecting with people with similar experiences or interests
- ☐ Looking for things to buy
- ☐ Looking for health and beauty advice
- ☐ Other _____

21. What effect has social media had on your life?

- ☐ I do not use social media
- ☐ Very bad
- ☐ Somewhat bad
- ☐ Neither good or bad
- ☐ Somewhat good
- ☐ Very good

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

- ☐ Sports
- ☐ Religious youth group
- ☐ Youth organizations such as 4-H, YMCA, Boys & Girls Club, PAL, Scouting, etc.
- ☐ Community service or volunteer work
- ☐ Music lessons or band participation
- ☐ Gymnastics, Zumba, ballet, or another dance class
- ☐ 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 OR NO TO THESE QUESTIONS:		YES	NO
23.	I feel safe in my school most of the time.	<input type="radio"/>	<input type="radio"/>
24.	I feel safe in my neighborhood most of the time.	<input type="radio"/>	<input type="radio"/>
25.	I get along well with my parent(s) (foster parent, guardian) most of the time.	<input type="radio"/>	<input type="radio"/>
26.	Most kids at this school listen to the teachers.	<input type="radio"/>	<input type="radio"/>
27.	The bad behavior of some kids in this school (talking, fighting) keeps teachers from teaching the other kids who want to learn.	<input type="radio"/>	<input type="radio"/>
28.	Fighting is a problem in this school.	<input type="radio"/>	<input type="radio"/>
29.	I often talk to my parent(s) (foster parent, guardian) about how things are going at school.	<input type="radio"/>	<input type="radio"/>
30.	My parent(s) (foster parent, guardian) knows <u>where I am</u> most of the time when I am NOT in school.	<input type="radio"/>	<input type="radio"/>
31.	My parent(s) (foster parent, guardian) knows <u>what I am doing</u> most of the time when I am NOT in school.	<input type="radio"/>	<input type="radio"/>
32.	There is an adult waiting for you where you go after school.	<input type="radio"/>	<input type="radio"/>
33.	Your parent(s) (foster parent, guardian) asks you if you've gotten your homework done.	<input type="radio"/>	<input type="radio"/>
34.	This year, have you been in a physical fight at school?	<input type="radio"/>	<input type="radio"/>
35.	This year, have you been in a physical fight in your neighborhood?	<input type="radio"/>	<input type="radio"/>
36.	During the past 30 days, have you been bullied at school?	<input type="radio"/>	<input type="radio"/>
37.	During the past 30 days, have you been bullied in your neighborhood?	<input type="radio"/>	<input type="radio"/>
38.	During the past 30 days, have you been bullied through texting, Instagram, Facebook, Snapchat, etc.?	<input type="radio"/>	<input type="radio"/>
39.	During the past year, have you seen or heard adults in your home hurting each other?	<input type="radio"/>	<input type="radio"/>
40.	During the past 30 days, have you been hit by an adult with the intention of hurting you?	<input type="radio"/>	<input type="radio"/>
41.	During this school year, have you had any lessons in school about making good decisions, setting goals, or resolving problems with other people?	<input type="radio"/>	<input type="radio"/>
42.	In the past month, have you stolen (not borrowed) something?	<input type="radio"/>	<input type="radio"/>
43.	In the past month, have you damaged or destroyed something on purpose that didn't belong to you?	<input type="radio"/>	<input type="radio"/>
44.	Teachers in your school treat students with respect.	<input type="radio"/>	<input type="radio"/>
45.	Have you hit anyone in the past month with the intention of hurting them?	<input type="radio"/>	<input type="radio"/>
46.	Has your parent(s) (foster parent, guardian) talked with at least two of your friends in the past month?	<input type="radio"/>	<input type="radio"/>
47.	During the past 30 days, have you lied to your parent(s) (foster parent, guardian) about where you were or what you were doing?	<input type="radio"/>	<input type="radio"/>
48.	If you break your parents' rules, will there be consequences?	<input type="radio"/>	<input type="radio"/>
49.	If you break the school rules, will there be consequences?	<input type="radio"/>	<input type="radio"/>

50. Have you ever smoked most of a cigarette (more than a few puffs)?

- ☐ Yes
- ☐ No

51. Is it easy or hard for someone your age to get cigarettes?

- ☐ Easy
- ☐ Hard
- ☐ I'm not sure

52. 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
- ☐ 9 years old
- ☐ 10 years old
- ☐ 11 years old
- ☐ 12 years old or older

53. Does anybody who lives 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)

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

56. How old were you the first time you used an e-cigarette, Juul, or vape product?

- ☐ I've never used a vape product
- ☐ 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

57. Have you ever had a drink of alcohol, (beer, wine, or liquor) more than just a sip?

- ☐ Yes
- ☐ No

58. Is it easy or hard for someone your age to get alcohol (beer, wine, or liquor)?

- ☐ Easy
- ☐ Hard
- ☐ I'm not sure

59. Do you know places where students your age can get alcohol without paying for it?

- ☐ Yes
- ☐ No

60. How old were you the first time you had a drink of alcohol, (wine, beer, or liquor) more than just a sip?

- ☐ I'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

61. Have you ever used marijuana (pot, weed)?

- ☐ Yes
- ☐ No

62. Is it easy or hard for someone your age to get marijuana (pot, weed)?

- ☐ Easy
- ☐ Hard
- ☐ I'm not sure

63. Do any of your friends: (MARK ALL THAT APPLY.)

- ☐ Smoke cigarettes
- ☐ Vape or use e-cigarettes
- ☐ Drink alcohol
- ☐ Use marijuana (pot, weed)
- ☐ None of these

64. 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
- ☐ None of these

65. Have your parents told you NOT to: (MARK ALL THAT APPLY.)

- ☐ Smoke cigarettes
- ☐ Use a vape device or Juul
- ☐ Drink alcohol
- ☐ Use marijuana
- ☐ Use other illegal drugs
- ☐ Use prescription drugs without a prescription
- ☐ None of these

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
66. Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
67. E-cigarette, Juul, or vape device (tobacco)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68. Cigars, cigarillos, little cigars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
69. Chewing tobacco, snuff, dip (Skoal, Red Man, Snus)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70. Alcohol (beer, wine, liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
71. Marijuana (pot, weed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72. Dactyls (rubes, dacks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73. Medicine, taken in the wrong way or without permission to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HOW MUCH DOES ANY PERSON RISK HURTING THEMSELVES IF THEY:	NO RISK	A LITTLE RISK	A LOT OF RISK	DON'T KNOW
74. Smoke one or more packs of cigarettes a day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75. Try one or two drinks of alcohol (beer, wine, liquor)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76. Drink one or two drinks of alcohol nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
77. Try marijuana (pot, weed) once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78. Use marijuana (pot, weed) every week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79. Regularly use medicine without a prescription to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

80. Which of the following have you done for money in the past year? (MARK ALL THAT APPLY.)

- ☐ Played lottery or scratch-off tickets
- ☐ Bet on fantasy sports teams
- ☐ Bet on individual sports teams
- ☐ Played cards for money
- ☐ Bet on a challenge (dare, fight, race, etc.)
- ☐ Played Bingo for money
- ☐ Bet on dice games such as craps
- ☐ Gambled on the Internet
- ☐ Bet on games of personal skill, such as pool, darts, or basketball
- ☐ Bet on video games
- ☐ I haven't done any of these

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

- ☐ No one
- ☐ My parent(s) or guardian(s)
- ☐ My grandparent(s)
- ☐ My brother(s), sister(s), or other relatives
- ☐ My friend(s)
- ☐ My friends' parent(s)
- ☐ My teacher
- ☐ Another adult in my school, besides teachers
- ☐ Another adult in my neighborhood
- ☐ An adult in my church, synagogue, or place of worship

82. If you had a personal problem, who would you most likely talk to? (SELECT ONLY ONE RESPONSE.)

- ☐ No one
- ☐ My parent(s) or guardian(s)
- ☐ My grandparent(s)
- ☐ My brother(s), sister(s), or other relatives
- ☐ My friends
- ☐ My friends' parent(s)
- ☐ My teacher(s)
- ☐ Other adult(s) in my school
- ☐ Other adult(s) outside of school

83. In general, how would you rate your emotional health?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

84. Do you ever feel sad, empty, hopeless, angry, or anxious?

- ☐ Yes
- ☐ No

85. When you feel sad, empty, hopeless, angry, or anxious, how often do you get the kind of help you need?

- ☐ I do not feel sad, empty, hopeless, angry, or anxious
- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Most of the time
- ☐ Always

Imagine a ladder with steps numbered from zero at the bottom to ten at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.

86. On what step of the ladder do you feel you personally stand right now? (**FILL IN THE CIRCLE ON THE LADDER.**)

87. On what step of the ladder do you think you will stand about five years from now? (**FILL IN THE CIRCLE ON THE LADDER.**)

<i>PLEASE ANSWER THE QUESTIONS TO THE BEST OF YOUR ABILITY.</i>	Definitely True	Probably True	Not Sure	Probably Not True	Definitely Not True
88. During my childhood, there were relatives in my family who made me feel better if I was sad or worried.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
89. During my childhood, teachers, coaches, youth leaders, or ministers were there to help me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90. My family, neighbors, and friends talked often about making our lives better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
91. When I felt really bad, I could almost always find someone I trusted to talk to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The End - Thank you for being an important part of this study