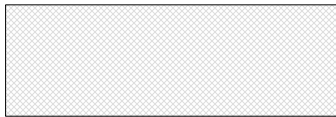


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**YEAR 2004**

**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 confidential and anonymous - - 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 **IS NOT A TEST**, 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. Unless it says otherwise in the question, 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:

- Yes
- No

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.

CORRECT: ●      INCORRECT: ✓ ✗ ○ ●

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**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1. Are you a:

- Boy
- Girl

2. How old are you TODAY?

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

3. How do you describe yourself? (You can CHOOSE ONE OR MORE)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Mexican or Chicano
- Puerto Rican/other Latin American
- White/Caucasian
- Other \_\_\_\_\_

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
- Puerto Rican/other Latin American
- White/Caucasian
- Other \_\_\_\_\_

5. Mark all of the following people who live with you most of the time. (MARK ALL THAT APPLY)

- Mother
- Father
- Grandparent(s)
- Other family member(s)
- Step-parent(s)
- 1 Brother/Sister (Stepbrother/Stepsister)
- 2 Brothers/Sisters (Stepbrothers/Stepsisters)
- 3 Brothers/Sisters (Stepbrothers/Stepsisters)
- 4 Brothers/Sisters (Stepbrothers/Stepsisters)
- 5 or more Brothers/Sisters (Stepbrothers/Stepsisters)
- Non-family member(s)

6. Does your mother currently have a job that pays?

- Yes
- No
- No mother at home

7. Does your father currently have a job that pays?

- Yes
- No
- No father at home

8. What ONE 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 ONE ANSWER FOR EACH:**

<b>HOW MUCH TIME DO YOU SPEND ON A SCHOOL DAY (BEFORE AND AFTER SCHOOL):</b>	<b>No Time</b>	<b>1/2 hour or less</b>	<b>About one hour</b>	<b>About two hours</b>	<b>More than two hours</b>
9. On line on a computer (surfing, chatting, downloading)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Watching TV?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Playing computer or video games?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Doing school work at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Hanging out with friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Doing chores at home ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE ANSWER YES <u>OR</u> NO TO THESE QUESTIONS:	YES	NO
	15. I like school.	<input type="radio"/>
16. I feel safe in my neighborhood.	<input type="radio"/>	<input type="radio"/>
17. I feel safe in my school.	<input type="radio"/>	<input type="radio"/>
18. I stay away from certain parts of the school to avoid trouble.	<input type="radio"/>	<input type="radio"/>
19. I get along well with other kids at school.	<input type="radio"/>	<input type="radio"/>
20. I worry about getting attacked or robbed before or after school.	<input type="radio"/>	<input type="radio"/>
21. A lot of kids at this school smoke cigarettes.	<input type="radio"/>	<input type="radio"/>
22. A lot of kids at this school drink alcohol.	<input type="radio"/>	<input type="radio"/>
23. I get along well with my parents most of the time.	<input type="radio"/>	<input type="radio"/>
24. I get along well with my teachers most of the time.	<input type="radio"/>	<input type="radio"/>
25. Most kids at this school obey the teachers.	<input type="radio"/>	<input type="radio"/>
26. Kids at this school feel safe on their school bus.	<input type="radio"/>	<input type="radio"/>
27. Most kids at this school are well-behaved in class.	<input type="radio"/>	<input type="radio"/>
28. Kids pick on other kids a lot when the teacher is not watching.	<input type="radio"/>	<input type="radio"/>
29. 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"/>
30. Most kids in this school are well-behaved -- even when the teachers are not watching them.	<input type="radio"/>	<input type="radio"/>
31. Fighting is a problem in this school.	<input type="radio"/>	<input type="radio"/>
32. I often talk to my parents about how things are going at school.	<input type="radio"/>	<input type="radio"/>
33. My parents know where I am most of the time when I am not in school.	<input type="radio"/>	<input type="radio"/>
34. My parents know who I am with most of the time when I am not in school.	<input type="radio"/>	<input type="radio"/>

PLEASE DO NOT WRITE IN THIS AREA



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<b>PLEASE ANSWER YES <u>OR</u> NO TO THESE QUESTIONS:</b>		<b>YES</b>	<b>NO</b>
35.	Do any of your friends smoke cigarettes?	<input type="radio"/>	<input type="radio"/>
36.	If a friend had some cigarettes and gave you one, do you think you would smoke it?	<input type="radio"/>	<input type="radio"/>
37.	Do any of your friends drink alcohol?	<input type="radio"/>	<input type="radio"/>
38.	If a friend had some alcohol and wanted to share it, do you think you would drink some?	<input type="radio"/>	<input type="radio"/>
39.	Do any of the kids at school smoke marijuana (pot, weed)?	<input type="radio"/>	<input type="radio"/>
40.	Do any of your friends smoke marijuana?	<input type="radio"/>	<input type="radio"/>
41.	If a friend had some marijuana and gave you some, do you think you would smoke some?	<input type="radio"/>	<input type="radio"/>
42.	This year, have you been in a physical fight at school?	<input type="radio"/>	<input type="radio"/>
43.	Do you know places where students your age can buy cigarettes?	<input type="radio"/>	<input type="radio"/>
44.	Do you know places where students your age can buy alcohol?	<input type="radio"/>	<input type="radio"/>
45.	During this school year, have you taken part in a program at school called D.A.R.E.?	<input type="radio"/>	<input type="radio"/>
46.	Have you ever had any other drug education in your classes in school besides D.A.R.E.?	<input type="radio"/>	<input type="radio"/>
47.	Have one or both of your parents come to school to help out with a class or school event?	<input type="radio"/>	<input type="radio"/>
48.	Have you ever taken (not borrowed) something that didn't belong to you at school?	<input type="radio"/>	<input type="radio"/>
49.	Have you ever lied to an adult at school ?	<input type="radio"/>	<input type="radio"/>
50.	Have you ever pushed or hurt anyone on purpose at school?	<input type="radio"/>	<input type="radio"/>
51.	Have you ever tried to get your friends to ignore or be mean to another student because you did not like them ?	<input type="radio"/>	<input type="radio"/>
52.	Have you ever lied about another student at school ?	<input type="radio"/>	<input type="radio"/>

PLEASE ANSWER THE FOLLOWING QUESTIONS:

53. Is it easy or hard for someone your age to get cigarettes?  
 Easy  
 Hard  
 I'm not sure
54. Is it easy or hard for someone your age to get alcohol (beer, wine, or liquor)?  
 Easy  
 Hard  
 I'm not sure
55. Is it easy or hard for someone your age to get marijuana (weed or pot)?  
 Easy  
 Hard  
 I'm not sure
56. Is it easy or hard for someone your age to get crack or cocaine?  
 Easy  
 Hard  
 I'm not sure
57. Have you ever smoked most of a cigarette (more than a few puffs)?  
 Yes  
 No
58. Between school and dinner time, are you **MOSTLY (MARK ONLY ONE ANSWER):**  
 In a sport, activity, or after-school program  
 At your home  
 At someone else's house  
 Outside with friends
59. Between school and dinner time are you around someone older who is responsible for you (parent, coach, teacher, babysitter)?  
 All of the time  
 Most of the time  
 Some of the time  
 None of the time

60. 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 or older
61. 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)  
 From my parents or other adults (without them knowing)  
 From a vending machine  
 From a store cashier or clerk
62. 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
63. How often are you in a room 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
64. 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)

PLEASE CONTINUE TO ANSWER THE FOLLOWING QUESTIONS:

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

- Yes
- No

66. 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 drunk alcohol
- 6 years old or younger
- 7 years old
- 8 years old
- 9 years old
- 10 years old
- 11 years old or older

67. Have you ever smoked marijuana, (pot, weed)?

- Yes
- No

68. Have you ever tried to get high from sniffing glue, gasoline, spray cans, markers or whiteout?

- Yes
- No

69. 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
- Played Bingo for money
- Bet on games of skill, such as basketball (HORSE, GHOST)
- Video games

70. How often do you wear a seat belt?

- Never
- Hardly ever
- About half the time
- Usually
- Always

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

- No
- Yes, Ritalin
- Yes, Adderall
- Yes, Cylert
- Yes, Concerta
- Yes, (If you know the name please write it here.) \_\_\_\_\_

72. I like to try new or exciting things, even if they are against the law.

- Yes
- No

73. Which of the following statements do you believe to be true? (MARK ALL THAT APPLY)

- If I break the law, I will certainly be punished.
- I always know the rules my parents have set for me.
- The rules my parents set for me are fair and consistent.
- If I break the rules my parents set for me, I will certainly be punished.
- I always know what the rules at my school are.
- The rules at my school are fair and consistent.
- If I break the rules at my school, I will certainly be punished.

74. How often have you gambled (bet) for money or possessions?

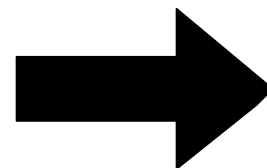
- Never
- Before, but not in past year
- A few times in past year
- Once or twice a month
- Once or twice a week
- Almost every day



**NEXT IS A LIST OF DRUGS. 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 PAST YEAR	ONCE OR TWICE A MONTH	ONCE OR TWICE A WEEK	ALMOST EVERY DAY
75. Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76. Cigars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
77. Bidis/Kreteks or clove cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78. Chewing tobacco, snuff, dip (Skoal, Red Man)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79. Alcohol (beer, wine, coolers, liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80. Marijuana (pot, weed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
81. DOWNERS, prescription and street drugs (tranqs, barbs, Xanax) to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82. UPPERS, prescription and street drugs (speed, meth, crank, diet pills) to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83. Inhalants (huffing, glue, sprays, gasoline)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84. Dactyls (rubes, dacks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85. Hallucinogens (acid, LSD, trip, shrooms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86. Powder cocaine (snow, blow)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87. Ritalin, Adderall, Cylert or Concerta to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
88. Over-the-counter drugs TO GET HIGH (cough syrup, robo, antihistamines)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**PLEASE CONTINUE TO THE LAST PAGE.**



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**MARK ONLY ONE ANSWER FOR EACH OF THE FOLLOWING QUESTIONS:**

<b>DURING THE PAST YEAR I FELT THAT I:</b>	<b>NEVER USED OR NOT USED IN PAST YEAR</b>	<b>YES</b>	<b>NO</b>
89. Needed or was dependent on cigarettes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90. Needed or was dependent on alcohol.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

91. Have either of your parents spoken with you about the risks of: (MARK ALL THAT APPLY):

Using tobacco products

Using alcohol

Using marijuana

92. The EDGEcard gives Delaware teenagers discounts at certain stores and activities (such as movies, skating rinks, CD stores). Choose one of the following:

I have never had an EDGE card.

I have had an EDGE card but didn't use it.

I have had and used an EDGE card.

**MARK ONLY ONE ANSWER FOR EACH OF THE FOLLOWING QUESTIONS:**

<b>HOW MUCH DO PEOPLE RISK HARMING THEMSELVES IF THEY:</b>	<b>NO RISK</b>	<b>A LITTLE RISK</b>	<b>A LOT OF RISK</b>	<b>DON'T KNOW</b>
93. Smoke one or more packs of cigarettes a day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
94. Drink one or two drinks of alcohol (beer, wine, liquor)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
95. Take one or two drinks of alcohol nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
96. Try marijuana once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
97. Smoke marijuana every week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
98. Try cocaine or crack once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
99. Use prescription drugs regularly without a prescription to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
100. Sniff glue or spray cans once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
101. Sniff glue or spray cans every week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**THE END**

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

PLEASE DO NOT WRITE IN THIS AREA



[SERIAL]

36" SPINE PERF