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 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:

### 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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**I am in the 5th grade:**

- ● Yes
- ○ No
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)

<table>
<thead>
<tr>
<th>ZIP CODE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 9 7 1 6</td>
<td>0 0 0 0 0</td>
</tr>
<tr>
<td>0 0 0 0 0</td>
<td>1 1 1 1 1</td>
</tr>
<tr>
<td>1 1 1 1 1</td>
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<td>8 8 8 8 8</td>
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<tr>
<td>8 8 8 8 8</td>
<td>9 9 9 9 9</td>
</tr>
</tbody>
</table>

2. Are you a:
   - Boy
   - Girl

3. Do you get a free or reduced lunch at school?
   - Yes
   - No

4. Are you Hispanic or Latino?
   - Yes
   - No

5. Which one of these groups BEST describes you? (CHOOSE ONLY ONE)
   - American Indian or Alaskan Native
   - Asian
   - Black or African American
   - White/Caucasian
   - Other _______________________

6. How old are you TODAY?
   - 9 years old or younger
   - 10 years old
   - 11 years old
   - 12 years old or older

7. How do you get to school most days?
   - I ride a school bus
   - I walk to school
   - I get a ride with a family member or friend
   - I get to school some other way

8. What is your mother's age? If you don't know, please put your best guess.

9. What is your father's age? If you don't know, please put your best guess.

10. Which of the following people live with you most of the time. (MARK ALL THAT APPLY)
    - Mother
    - Father
    - Grandparent(s)
    - Stepparent(s)
    - Siblings(s)
    - Non-family member(s)

11. Which of the people who live with you right now work to earn money to pay the bills and buy the food? (MARK ALL THAT APPLY)
    - Mother/step-mother
    - Father/step-father
    - Brother(s) or sister(s)
    - Grandmother
    - Grandfather
    - Other adult(s)

12. 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

13. How many times has your family moved since you started Kindergarten?
    - We have not moved
    - 1 time
    - 2 times
    - 3 or more times
### PLEASE MARK ONE ANSWER FOR EACH:

<table>
<thead>
<tr>
<th>How much time do you spend on a school day (before and after school):</th>
<th>No Time</th>
<th>1/2 hour or less</th>
<th>About one hour</th>
<th>About two hours</th>
<th>More than two hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Online on a computer, watching TV, or playing computer/video games?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>15. Doing school work at home?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>16. Physically playing, exercising or playing sports?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

### PLEASE ANSWER YES OR NO TO THESE QUESTIONS:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. I feel safe in my school.</td>
<td>☐</td>
</tr>
<tr>
<td>18. I ride the bus to school.</td>
<td>☐</td>
</tr>
<tr>
<td>19. I feel safe in my neighborhood.</td>
<td>☐</td>
</tr>
<tr>
<td>20. A lot of kids at this school smoke cigarettes.</td>
<td>☐</td>
</tr>
<tr>
<td>21. A lot of kids at this school drink alcohol.</td>
<td>☐</td>
</tr>
<tr>
<td>22. I get along well with my parents most of the time.</td>
<td>☐</td>
</tr>
<tr>
<td>23. Most kids at this school obey the teachers.</td>
<td>☐</td>
</tr>
<tr>
<td>24. Kids at this school feel safe on their school bus.</td>
<td>☐</td>
</tr>
<tr>
<td>25. There is an adult where I go after school.</td>
<td>☐</td>
</tr>
<tr>
<td>26. The bad behavior of some kids in this school (talking, fighting) keeps teachers from teaching the other kids who want to learn.</td>
<td>☐</td>
</tr>
<tr>
<td>27. Fighting is a problem in this school.</td>
<td>☐</td>
</tr>
<tr>
<td>28. I often talk to my parents about how things are going at school.</td>
<td>☐</td>
</tr>
<tr>
<td>29. My parents know where I am most of the time when I am NOT in school.</td>
<td>☐</td>
</tr>
<tr>
<td>30. My parents know what I am doing most of the time when I am NOT in school.</td>
<td>☐</td>
</tr>
<tr>
<td>31. My parents ask me if I've gotten my homework done.</td>
<td>☐</td>
</tr>
<tr>
<td>32. My parents tell me when I'm doing a good job.</td>
<td>☐</td>
</tr>
</tbody>
</table>
PLEASE ANSWER YES OR NO TO THESE QUESTIONS:

33. Do any of your friends smoke cigarettes?  ○  ○
34. Do any of your friends drink alcohol?  ○  ○
35. This year, have you been in a physical fight at school?  ○  ○
36. This year, have you been in a physical fight in your neighborhood?  ○  ○
37. During the past 30 days, have kids at school threatened or made fun of you in a hurtful way?  ○  ○
38. Do you know places where students your age can buy cigarettes?  ○  ○
39. Do you know places where students your age can get alcohol without paying for it?  ○  ○
40. Do you know places where students your age can buy alcohol?  ○  ○
41. During this school year, have you had any lessons in school about making good decisions, setting goals, or resolving problems with other people?  ○  ○
42. During the past year, have you seen or heard adults in your home hurting each other?  ○  ○
43. Have you ever stolen (not borrowed) something that didn't belong to you?  ○  ○
44. Have you ever damaged or destroyed something that didn't belong to you on purpose?  ○  ○
45. Do you belong to a gang?  ○  ○
46. Have you hit anyone in the past month with the intention of hurting them?  ○  ○
47. Has your parent lost their temper with you more than once in the past week?  ○  ○
48. Has your parent spoken to at least two of your friends in the past month?  ○  ○
49. During the past 30 days, have you lied to your parents about where you were or what you were doing?  ○  ○

DO YOU AGREE OR DISAGREE THAT:

50. If you break the school rules, you will definitely be punished.  ○  ○  ○  ○  ○
51. If you break your parents' rules, you will definitely be punished.  ○  ○  ○  ○  ○
52. Mark all of the following who have threatened you, made fun of you, or called you names in a hurtful way in the past month: (MARK ALL THAT APPLY)
- Mother
- Father
- Step-parent
- Brother(s)
- Sister(s)
- Friends
- Boyfriend/girlfriend
- Other kids at school
- Other kids in neighborhood
- Other adults at home

53. Mark all of the following who have hit, slapped, kicked, pushed, pinched, choked or shoved you to hurt you in the past month: (MARK ALL THAT APPLY)
- Mother
- Father
- Step-parent
- Brother(s)
- Sister(s)
- Friends
- Boyfriend/girlfriend
- Other kids at school
- Other kids in neighborhood
- Other adults at home
- Other adults in neighborhood

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

54. Is it easy or hard for someone your age to get cigarettes?
- Easy
- Hard
- I'm not sure

55. Is it easy or hard for someone your age to get alcohol (beer, wine, or liquor)?
- Easy
- Hard
- I'm not sure

56. Is it easy or hard for someone your age to get marijuana (weed or pot)?
- Easy
- Hard
- I'm not sure

57. Have you ever smoked most of a cigarette (more than a few puffs)?
- Yes
- No

58. 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

59. 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

60. 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)

REMEMBER: ALL OF YOUR ANSWERS ARE PRIVATE.
61. Have you ever had a drink of alcohol, (wine, beer, liquor) more than just a sip?
   ○ Yes
   ○ No

62. 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

63. Have you ever smoked marijuana (pot, weed)?
   ○ Yes
   ○ No

64. How many times in the past year have your parents taken you to a museum, concert or sports event?
   ○ 0
   ○ 1
   ○ 2
   ○ 3 or more

65. How often do you wear a seat belt?
   ○ Never
   ○ Hardly ever
   ○ About half the time
   ○ Usually
   ○ Always

66. Do you take medicine to help you concentrate better in school?
   ○ No
   ○ Yes

67. I like to try new or exciting things, even if they are against the law.
   ○ Yes
   ○ No

68. How many bathrooms are there in your house?
   ○ 0
   ○ 1
   ○ 2
   ○ 3
   ○ 4 or more

69. How many books are in your home that you can read?
   ○ 0
   ○ 1 to 19
   ○ 20 to 49
   ○ 50 or more

---

Mark ALL that apply in each row:

<table>
<thead>
<tr>
<th></th>
<th>Using Tobacco</th>
<th>Using Alcohol</th>
<th>Using Marijuana</th>
<th>Using Illegal Drugs</th>
<th>Betting</th>
</tr>
</thead>
<tbody>
<tr>
<td>70. My parents told me about the risks of:</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>71. My parents told me not to be:</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>72. During this school year, I have had lessons in school about the risks of:</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>73. My parents disapprove of kids:</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th></th>
<th>NEVER</th>
<th>BEFORE, BUT NOT IN PAST YEAR</th>
<th>A FEW TIMES IN PAST YEAR</th>
<th>ONCE OR TWICE A MONTH</th>
<th>ONCE OR TWICE A WEEK</th>
<th>ALMOST EVERY DAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>74. Cigarettes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>75. Cigars</td>
<td></td>
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</tr>
<tr>
<td>76. Chewing tobacco, snuff, dip (Skoal, Red Man, Snus)</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>77. Alcohol (beer, wine coolers, liquor)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>78. Marijuana (pot, weed)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>79. Inhalants (sniffing glue, sprays, gasoline)</td>
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<td></td>
</tr>
<tr>
<td>80. Prescription painkillers (Codeine, OxyContin, Percocet) to get high</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>81. Ritalin, Adderall, Strattera, Concerta, or Cylert to get high</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>82. Other prescription drugs to get high</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>83. Dactyls (rubes, dacks)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>84. Hallucinogens (acid, LSD, trip, shrooms)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>85. Cocaine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>86. Over-the-counter drugs to get high (3C, cough syrup, antihistamines)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please continue to the last page.
<table>
<thead>
<tr>
<th>HOW MUCH DO PEOPLE RISK HARMING THEMSELVES IF THEY:</th>
<th>NO RISK</th>
<th>A LITTLE RISK</th>
<th>A LOT OF RISK</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>87. Smoke one or more packs of cigarettes a day?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>88. Drink one or two drinks of alcohol (beer, wine, liquor)?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>89. Take one or two drinks of alcohol nearly every day?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>90. Try marijuana once or twice?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>91. Smoke marijuana every week?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>92. Try cocaine or crack once or twice?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>93. Use prescription drugs regularly without a prescription to get high?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>94. Sniff glue or spray cans once or twice?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>95. Sniff glue or spray cans every week?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>96. Gamble once or twice a week?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

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

THE END