

YEAR 2012

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 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

- 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: ✓✗○●

PLEASE DO NOT WRITE IN THIS AREA



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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 |
| <input type="radio"/> 0 | <input type="radio"/> 0 | <input type="radio"/> 0 | <input type="radio"/> 0 | <input type="radio"/> 0 |
| <input checked="" type="radio"/> 1 | <input type="radio"/> 1 | <input checked="" type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 |
| <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 |
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| <input type="radio"/> 7 | <input type="radio"/> 7 | <input checked="" type="radio"/> 7 | <input type="radio"/> 7 | <input type="radio"/> 7 |
| <input type="radio"/> 8 | <input type="radio"/> 8 | <input type="radio"/> 8 | <input type="radio"/> 8 | <input type="radio"/> 8 |
| <input type="radio"/> 9 | <input checked="" type="radio"/> 9 | <input type="radio"/> 9 | <input type="radio"/> 9 | <input type="radio"/> 9 |

| ZIP CODE | | | | |
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| <input type="radio"/> 0 | <input type="radio"/> 0 | <input type="radio"/> 0 | <input type="radio"/> 0 | <input type="radio"/> 0 |
| <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 |
| <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 |
| <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 |
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| <input type="radio"/> 8 | <input type="radio"/> 8 | <input type="radio"/> 8 | <input type="radio"/> 8 | <input type="radio"/> 8 |
| <input type="radio"/> 9 | <input type="radio"/> 9 | <input type="radio"/> 9 | <input type="radio"/> 9 | <input type="radio"/> 9 |

2. Are you a:

- Boy
- Girl

3. Do you get a free or reduced cost 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
-
-
-
-

7. 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)

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

| Age | |
|-------------------------|-------------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="radio"/> 0 | <input type="radio"/> 0 |
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| <input type="radio"/> 7 | <input type="radio"/> 7 |
| <input type="radio"/> 8 | <input type="radio"/> 8 |
| <input type="radio"/> 9 | <input type="radio"/> 9 |

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

| Age | |
|-------------------------|-------------------------|
| <input type="text"/> | <input type="text"/> |
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| <input type="radio"/> 6 | <input type="radio"/> 6 |
| <input type="radio"/> 7 | <input type="radio"/> 7 |
| <input type="radio"/> 8 | <input type="radio"/> 8 |
| <input type="radio"/> 9 | <input type="radio"/> 9 |

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:

| <i>How much time do you spend on a school day (<u>before</u> and <u>after</u> school):</i> | No Time | 1/2 hour or less | About one hour | About two hours | More than two hours |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 14. Online on a computer, watching TV, or playing computer/video games? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. Doing school work at home? | <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"/> |

| PLEASE ANSWER YES <u>OR</u> NO TO THESE QUESTIONS: | YES | NO |
|---|-----------------------|-----------------------|
| 17. I feel safe in my school. | <input type="radio"/> | <input type="radio"/> |
| 18. I ride the bus to school. | <input type="radio"/> | <input type="radio"/> |
| 19. I feel safe in my neighborhood. | <input type="radio"/> | <input type="radio"/> |
| 20. A lot of kids at this school smoke cigarettes. | <input type="radio"/> | <input type="radio"/> |
| 21. A lot of kids at this school drink alcohol. | <input type="radio"/> | <input type="radio"/> |
| 22. I get along well with my parents most of the time. | <input type="radio"/> | <input type="radio"/> |
| 23. Most kids at this school obey the teachers. | <input type="radio"/> | <input type="radio"/> |
| 24. Kids at this school feel safe on their school bus. | <input type="radio"/> | <input type="radio"/> |
| 25. There is an adult where I go after school. | <input type="radio"/> | <input type="radio"/> |
| 26. 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"/> |
| 27. Fighting is a problem in this school. | <input type="radio"/> | <input type="radio"/> |
| 28. I often talk to my parents about how things are going at school. | <input type="radio"/> | <input type="radio"/> |
| 29. My parents know <u>where I am</u> most of the time when I am <u>NOT</u> in school. | <input type="radio"/> | <input type="radio"/> |
| 30. My parents know <u>what I am doing</u> most of the time when I am <u>NOT</u> in school. | <input type="radio"/> | <input type="radio"/> |
| 31. My parents ask me if I've gotten my homework done. | <input type="radio"/> | <input type="radio"/> |
| 32. My parents tell me when I'm doing a good job. | <input type="radio"/> | <input type="radio"/> |

PLEASE DO NOT WRITE IN THIS AREA



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| PLEASE ANSWER YES <u>OR</u> NO TO THESE QUESTIONS: | | YES | NO |
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| 53 | | | |
| 52 | | | |
| 51 | 33. Do any of your friends smoke cigarettes? | <input type="radio"/> | <input type="radio"/> |
| 50 | | | |
| 49 | 34. Do any of your friends drink alcohol? | <input type="radio"/> | <input type="radio"/> |
| 48 | | | |
| 47 | 35. This year, have you been in a physical fight at school? | <input type="radio"/> | <input type="radio"/> |
| 46 | | | |
| 45 | 36. This year, have you been in a physical fight in your neighborhood? | <input type="radio"/> | <input type="radio"/> |
| 44 | | | |
| 43 | 37. During the past 30 days, have kids at school threatened or made fun of you in a hurtful way? | <input type="radio"/> | <input type="radio"/> |
| 42 | | | |
| 41 | 38. Do you know places where students your age can buy cigarettes? | <input type="radio"/> | <input type="radio"/> |
| 40 | | | |
| 39 | 39. Do you know places where students your age can <u>get</u> alcohol without paying for it? | <input type="radio"/> | <input type="radio"/> |
| 38 | | | |
| 37 | | | |
| 36 | 40. Do you know places where students your age can <u>buy</u> alcohol? | <input type="radio"/> | <input type="radio"/> |
| 35 | | | |
| 34 | 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"/> |
| 33 | | | |
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| 31 | 42. During the past year, have you seen or heard adults in your home hurting each other? | <input type="radio"/> | <input type="radio"/> |
| 30 | | | |
| 29 | 43. Have you ever stolen (not borrowed) something that didn't belong to you? | <input type="radio"/> | <input type="radio"/> |
| 28 | | | |
| 27 | 44. Have you ever damaged or destroyed something that didn't belong to you on purpose? | <input type="radio"/> | <input type="radio"/> |
| 26 | | | |
| 25 | | | |
| 24 | 45. Do you belong to a gang? | <input type="radio"/> | <input type="radio"/> |
| 23 | | | |
| 22 | 46. Have you hit anyone in the past month with the intention of hurting them? | <input type="radio"/> | <input type="radio"/> |
| 21 | | | |
| 20 | 47. Has your parent lost their temper with you more than once in the past week? | <input type="radio"/> | <input type="radio"/> |
| 19 | | | |
| 18 | 48. Has your parent spoken to at least two of your friends in the past month? | <input type="radio"/> | <input type="radio"/> |
| 17 | | | |
| 16 | 49. During the past 30 days, have you lied to your parents about where you were or what you were doing? | <input type="radio"/> | <input type="radio"/> |
| 15 | | | |
| 14 | | | |

| DO YOU AGREE OR DISAGREE THAT: | | STRONGLY AGREE | AGREE | NEITHER | DISAGREE | STRONGLY DISAGREE |
|---------------------------------------|--|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------|
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| 10 | 50. If you break the school rules, you will definitely be punished. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9 | | | | | | |
| 8 | 51. If you break your parents' rules, you will definitely be punished. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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REMEMBER: ALL OF YOUR ANSWERS ARE PRIVATE.

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**)

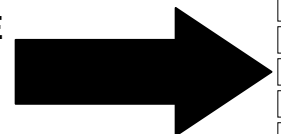
- No one
- Mother or Stepmother
- Father or Stepfather
- Brother(s) or Stepbrothers(s)
- Sister(s) or Stepsister(s)
- Other household member(s)

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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 |
|--|-----------------------|------------------------------|--------------------------|-----------------------|-----------------------|-----------------------|
| 74. Cigarettes | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 75. Cigars | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 76. 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"/> |
| 77. Alcohol (beer, wine coolers, liquor) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 78. Marijuana (pot, weed) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 79. Inhalants (sniffing glue, sprays, gasoline) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 80. Prescription painkillers (Codeine, OxyContin, Percocet) to get high | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 81. Ritalin, Adderall, Strattera, Concerta, or Cylert to get high | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 82. Other prescription drugs to get high | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 83. Dactyls (rubes, dacks) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 84. Hallucinogens (acid, LSD, trip, shrooms) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 85. Cocaine | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 86. Over-the-counter drugs to get high (3C, cough syrup, 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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