



YEAR 2014

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
○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

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:
 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
 10 years old
 11 years old
 12 years old or older
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	
○0	○0
○1	○1
○2	○2
○3	○3
○4	○4
○5	○5
○6	○6
○7	○7
○8	○8
○9	○9

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

Age	
○0	○0
○1	○1
○2	○2
○3	○3
○4	○4
○5	○5
○6	○6
○7	○7
○8	○8
○9	○9

10. Which of the following people live with you most of the time? (**MARK ALL THAT APPLY**)
 Mother
 Father
 Foster parent or guardian
 Grandparent(s), aunt(s), uncle(s)
 Stepparent(s)
 Brother(s), stepbrother(s)
 Sister(s), stepsister(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
 Foster parent or guardian
 Brother(s) or sister(s)
 Grandmother
 Grandfather
 Other adult(s)
 No one
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
14. Do you take medicine to help you concentrate better in school?
 No
 Yes

15. How tall are you without your shoes on?
Directions:
Write your height in the shaded blank boxes. Fill in the matching circle below each number.

(Example)

Height	
Feet	Inches
5	7
③	⑩
④	①
●	②
⑥	③
	④
	⑤
	⑥
	●
	⑧
	⑨
	⑩
	⑪

Height	
Feet	Inches
③	⑩
④	①
⑤	②
⑥	③
	④
	⑤
	⑥
	⑦
	⑧
	⑨
	⑩
	⑪

16. How much do you weigh without your shoes on?
Directions:
Write your weight in the shaded blank boxes. Fill in the matching circle below each number.

(Example)

Weight		
Pounds		
1	5	2
①	①	①
●	②	①
②	②	●
③	③	③
	④	④
	●	⑤
	⑥	⑥
	⑦	⑦
	⑧	⑧
	⑨	⑨

Weight		
Pounds		
①	①	①
②	②	②
③	③	③
	④	④
	⑤	⑤
	⑥	⑥
	⑦	⑦
	⑧	⑧
	⑨	⑨

The next questions ask about your feelings in the past 4 weeks.	Never or Almost Never	Sometimes	Always or Almost Always
17. How often did you feel really sad?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. How often did you feel really worried?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. How often did you feel afraid?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. How often did you have trouble relaxing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. How often did you feel nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next questions ask about your relationships in the past 4 weeks.	Never or Almost Never	Sometimes	Always or Almost Always
22. Do you get along well with people of different races, cultures and religions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Do you listen to other students' ideas?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Do you control your anger when you have a disagreement with a friend?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Do you follow the rules when you are at a park, theater, or sports event?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Do you respect other points of view, even if you disagree?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much time do you spend on a school day (<u>before</u> and <u>after</u> school):	No Time	1/2 hour or less	About one hour	About two hours	More than two hours
27. Online on a computer (not for school work), tablet, phone, watching TV, or playing computer/video games?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Doing school work at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Physically playing, exercising, or playing sports?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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PLEASE ANSWER YES <u>OR</u> NO TO THESE QUESTIONS:	YES	NO
30. I feel safe in my school.	<input type="radio"/>	<input type="radio"/>
31. I feel safe in my neighborhood.	<input type="radio"/>	<input type="radio"/>
32. I get along well with my parent (foster parent, guardian) most of the time.	<input type="radio"/>	<input type="radio"/>
33. Most kids at this school obey the teachers.	<input type="radio"/>	<input type="radio"/>
34. There is an adult present where I go after school.	<input type="radio"/>	<input type="radio"/>
35. 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"/>
36. Fighting is a problem in this school.	<input type="radio"/>	<input type="radio"/>
37. I often talk to my parent (foster parent, guardian) about how things are going at school.	<input type="radio"/>	<input type="radio"/>
38. My parent (foster parent, guardian) know <u>where I am</u> most of the time when I am <u>NOT</u> in school.	<input type="radio"/>	<input type="radio"/>
39. My parent (foster parent, guardian) 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"/>
40. My parent (foster parent, guardian) ask me if I've gotten my homework done.	<input type="radio"/>	<input type="radio"/>
41. Do any of your friends smoke cigarettes?	<input type="radio"/>	<input type="radio"/>
42. Do any of your friends drink alcohol?	<input type="radio"/>	<input type="radio"/>
43. This year, have you been in a physical fight at school?	<input type="radio"/>	<input type="radio"/>
44. This year, have you been in a physical fight in your neighborhood?	<input type="radio"/>	<input type="radio"/>
45. During the past 30 days, have you been bullied at school?	<input type="radio"/>	<input type="radio"/>
46. Do you know places where students your age can buy cigarettes?	<input type="radio"/>	<input type="radio"/>
47. Do you know places where students your age can <u>get</u> alcohol without paying for it?	<input type="radio"/>	<input type="radio"/>
48. During the past year, have you seen or heard adults in your home hurting each other?	<input type="radio"/>	<input type="radio"/>
49. 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"/>



PLEASE ANSWER YES OR NO TO THESE QUESTIONS:	YES	NO
50. Have you ever stolen (not borrowed) something that didn't belong to you?	<input type="radio"/>	<input type="radio"/>
51. Have you ever, <u>purposefully</u> , damaged or destroyed something that didn't belong to you?	<input type="radio"/>	<input type="radio"/>
52. Teachers in my school treat students with respect.	<input type="radio"/>	<input type="radio"/>
53. Have you hit anyone in the past month with the intention of hurting them?	<input type="radio"/>	<input type="radio"/>
54. Has your parent (foster parent, guardian) spoken to at least two of your friends in the past month?	<input type="radio"/>	<input type="radio"/>
55. During the past 30 days, have you lied to your parent (foster parent, guardian) about where you were or what you were doing?	<input type="radio"/>	<input type="radio"/>
56. If you break your parents' rules, will you definitely be punished?	<input type="radio"/>	<input type="radio"/>
57. If you break the school rules, will you definitely be punished?	<input type="radio"/>	<input type="radio"/>

Mark <u>ONE</u> answer in each row:	Never or Almost Never	Some-times	Always or Almost Always
58. My parent (foster parent, guardian) show me they are proud of me:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59. My parent (foster parent, guardian) take an interest in my activities:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60. My parent (foster parent, guardian) listen to me when I talk to them:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61. I can count on my parent (foster parent, guardian) to be there when I need them:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
62. My parent (foster parent, guardian) and I talk about the things that really matter:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
63. I am comfortable sharing my thoughts and feelings with my parent (foster parent, guardian):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How many days in the past 7 days did you eat:	0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
64. Breakfast	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65. Dinner with your parent (foster parent, guardian)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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These questions ask about food you ate or drank in the past 7 days at home, at school, at restaurants, or anywhere else. Mark <u>ONE</u> answer in each row:	0 times in 7 days	1 to 3 times in 7 days	4 to 6 times in 7 days	1 time per day	2 times per day	3 times per day	4 or more times per day
66. In the past 7 days, you ate fruit:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
67. In the past 7 days, you ate green salad:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68. In the past 7 days, you ate other vegetables (not counting carrots, potatoes, or green salad):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
69. In the past 7 days, you drank soda:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70. In the past 7 days, you drank milk:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE ANSWER THE FOLLOWING QUESTIONS:

- | | |
|---|---|
| <p>71. Have you ever smoked most of a cigarette (more than a few puffs)?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>72. Is it easy or hard for someone your age to get cigarettes?</p> <p><input type="radio"/> Easy</p> <p><input type="radio"/> Hard</p> <p><input type="radio"/> I'm not sure</p> <p>73. Is it easy or hard for someone your age to get alcohol (beer, wine, or liquor)?</p> <p><input type="radio"/> Easy</p> <p><input type="radio"/> Hard</p> <p><input type="radio"/> I'm not sure</p> <p>74. Is it easy or hard for someone your age to get marijuana (weed or pot)?</p> <p><input type="radio"/> Easy</p> <p><input type="radio"/> Hard</p> <p><input type="radio"/> I'm not sure</p> <p>75. How old were you the first time you smoked a cigarette?</p> <p><input type="radio"/> I've never smoked</p> <p><input type="radio"/> 6 years old or younger</p> <p><input type="radio"/> 7 years old</p> <p><input type="radio"/> 8 years old</p> <p><input type="radio"/> 9 years old</p> <p><input type="radio"/> 10 years old</p> <p><input type="radio"/> 11 years old or older</p> | <p>76. If you wanted to get cigarettes, <u>MARK ALL THE PLACES</u> you could get them.</p> <p><input type="radio"/> From my friends or other kids I know</p> <p><input type="radio"/> From my brothers, sisters, or cousins</p> <p><input type="radio"/> From my parents (<u>with</u> them knowing)</p> <p><input type="radio"/> From my parents (<u>without</u> them knowing)</p> <p><input type="radio"/> From other adults (<u>with</u> them knowing)</p> <p><input type="radio"/> From other adults (<u>without</u> them knowing)</p> <p><input type="radio"/> From a vending machine</p> <p><input type="radio"/> From a store cashier or clerk</p> <p>77. Does anybody living in your home smoke cigarettes or tobacco? (<u>MARK ALL THAT APPLY</u>)</p> <p><input type="radio"/> No one</p> <p><input type="radio"/> Mother or Stepmother</p> <p><input type="radio"/> Father or Stepfather</p> <p><input type="radio"/> Brother(s) or Stepbrothers(s)</p> <p><input type="radio"/> Sister(s) or Stepsister(s)</p> <p><input type="radio"/> Other household member(s)</p> <p>78. Have you ever had a drink of alcohol, (wine, beer, liquor) more than just a sip?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
|---|---|

PLEASE DO NOT WRITE IN THIS AREA



SERIAL

79. 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

80. Have you ever smoked marijuana (pot, weed)?
- Yes
 - No

81. During this school year, I have had lessons in school about the risks of: **(MARK ALL THAT APPLY)**.
- Using tobacco
 - Using alcohol
 - Using marijuana
 - Using illegal drugs
 - Using prescription drugs without a prescription

82. My parents have told me **NOT** to: **(MARK ALL THAT APPLY)**.
- Smoke cigarettes
 - 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 PAST YEAR	ONCE OR TWICE A MONTH	ONCE OR TWICE A WEEK	ALMOST EVERY DAY
83. Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84. Cigars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85. 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"/>
86. Alcohol (beer, wine coolers, liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87. Marijuana (pot, weed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
88. Inhalants (sniffing glue, sprays, gasoline)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
89. 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"/>
90. 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"/>
91. Other prescription drugs to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
92. Dactyls (rubes, dacks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
93. 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"/>

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HOW MUCH DO PEOPLE RISK HARMING THEMSELVES IF THEY:	NO RISK	A LITTLE RISK	A LOT OF RISK	DON'T KNOW
94. Smoke one or more packs of cigarettes a day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
95. Try one or two drinks of alcohol (beer, wine, liquor)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
96. Drink one or two drinks of alcohol nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
97. Try marijuana once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
98. Smoke marijuana every week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
99. Regularly use prescription drugs, 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"/>

102. If you were bullied at school during the past year, which of the following happened? (**MARK ALL THAT APPLY**)
- I didn't know what to do
 - I talked or fought back and got in trouble
 - I reported it to an adult and they did something about it
 - I reported it to an adult and nothing really happened
 - I have not been bullied at school in the past year
103. How many times in the past year has your parent (foster parent, guardian) taken you to a museum, concert, or sports event?
- 0
 - 1
 - 2
 - 3 or more
104. On how many of the past 7 days did you spend at least one hour doing a physical activity that made your heart beat fast and made you breathe hard (such as running, jogging, soccer, dancing, swimming, tennis, biking)?
- 0 days
 - 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 7 days

105. How often do you wear a seat belt?
- Never
 - Hardly ever
 - About half the time
 - Usually
 - Always
106. On an average school night, how many hours of sleep do you get?
- 4 or less hours
 - 5 hours
 - 6 hours
 - 7 hours
 - 8 hours
 - 9 hours
 - 10 or more hours
107. I like to try new or exciting things, even if they are against the law.
- Yes
 - No
108. 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 team sports
 - Played cards for money or prizes
 - Played Bingo for money or prizes
 - Bet on games of skill, such as basketball (HORSE, GHOST)
 - Bet on video games
 - Played gambling games on the internet

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

PLEASE DO NOT WRITE IN THIS AREA



SERIAL

3/8" SPINE PERP