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:** ☒❌🚫
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>
</tbody>
</table>

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.

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
- 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.

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.

The next questions ask about your feelings in the past 4 weeks.

17. How often did you feel really sad?

18. How often did you feel really worried?

19. How often did you feel afraid?

20. How often did you have trouble relaxing?

21. How often did you feel nervous?

How much time do you spend on a school day (before and after school):

22. Online on a computer (not for school work), tablet, phone, watching TV, or playing computer/video games?

23. Doing school work at home?

24. Physically playing, exercising, or playing sports?

25. Reading for pleasure (not for school)?

26. How often on average do you play violent video games, such as games that are rated M?

27. During an average week, do you participate in activities at: (MARK ALL THAT APPLY)

○ School clubs or activities
○ School intramural or intermural sports
○ Community center sports activities
○ Community center non-sports activities
○ Church youth groups or activities
○ Youth organizations such as 4-H, YMCA, et cetera
○ Community activities or service activities
○ Music lessons or band participation
○ Gymnastics, zumba, ballet or other dance
○ Boxing, kick-boxing, Karate or other martial arts
○ Other lessons or organized activities
<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>28. I feel safe in my school.</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>29. I feel safe in my neighborhood.</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>30. I get along well with my parent (foster parent, guardian) most of the time.</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>31. Most kids at this school obey the teachers.</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>32. There is an adult present where I go after school.</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>33. 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>
<td>✓</td>
</tr>
<tr>
<td>34. Fighting is a problem in this school.</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>35. I often talk to my parent (foster parent, guardian) about how things are going at school.</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>36. My parent (foster parent, guardian) knows where I am most of the time when I am NOT in school.</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>37. My parent (foster parent, guardian) knows what I am doing most of the time when I am NOT in school.</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>38. My parent (foster parent, guardian) asks me if I've gotten my homework done.</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>39. Do any of your friends smoke cigarettes?</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>40. Do any of your friends drink alcohol?</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>41. This year, have you been in a physical fight at school?</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>42. This year, have you been in a physical fight in your neighborhood?</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>43. During the past 30 days, have you been bullied at school?</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>44. Do you know places where students your age can buy cigarettes?</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>45. Do you know places where students your age can get alcohol without paying for it?</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>46. During the past year, have you seen or heard adults in your home hurting each other?</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>47. During this school year, have you had any lessons in school about making good decisions, setting goals, or resolving problems with other people?</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>
**PLEASE ANSWER YES OR NO TO THESE QUESTIONS:**

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>48. Have you ever stolen (not borrowed) something that didn't belong to you?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>49. Have you ever <strong>purposefully</strong> damaged or destroyed something that didn't belong to you?</td>
<td></td>
<td></td>
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<tr>
<td>50. Teachers in my school treat students with respect.</td>
<td></td>
<td></td>
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<tr>
<td>51. Have you hit anyone in the past month with the intention of hurting them?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>52. Has your parent (foster parent, guardian) spoken to at least two of your friends in the past month?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>53. During the past 30 days, have you lied to your parent (foster parent, guardian) about where you were or what you were doing?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>54. If you break your parents' rules, will you definitely be punished?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>55. If you break the school rules, will you definitely be punished?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Mark **ONE** answer in each row:

<table>
<thead>
<tr>
<th></th>
<th>Never or Almost Never</th>
<th>Sometimes</th>
<th>Always or Almost Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>56. My parent (foster parent, guardian) shows me they are proud of me:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>57. My parent (foster parent, guardian) takes an interest in my activities:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>58. My parent (foster parent, guardian) listens to me when I talk to them:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>59. I can count on my parent (foster parent, guardian) to be there when I need them:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60. My parent (foster parent, guardian) and I talk about the things that really matter:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>61. I am comfortable sharing my thoughts and feelings with my parent (foster parent, guardian):</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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62. **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

63. **If you had a personal problem, who would you most likely talk to?** *(Select only one response)*

- No one
- My parents
- My brother(s), sister(s) or other relatives
- My teacher(s)
- Other adult(s) in my school
- Other adult(s) outside of school
- My friend(s)
- My friends' parent(s)
- My grandparent(s)
Please answer the following questions:

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

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

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

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

73. 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

74. 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

75. 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 Stepbrother(s)
   ○ Sister(s) or Stepsister(s)
   ○ Other household member(s)

76. Have you ever had a drink of alcohol (wine, beer, liquor), more than just a sip?
   ○ Yes
   ○ No
77. 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
- 12 years old or older

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

79. During this school year, I have had lessons in school about the risks of using: (MARK ALL THAT APPLY).
- Tobacco
- Alcohol
- Marijuana
- Other illegal drugs
- Prescription drugs without a prescription

80. 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:

<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>81. Cigarettes</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>82. Cigars</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>83. Chewing tobacco, snuff, dip (Skoal, Red Man, Snus)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>84. Alcohol (beer, wine coolers, liquor)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>85. Marijuana (pot, weed)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>86. Inhalants (sniffing glue, sprays, gasoline)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>87. Prescription painkillers (Codeine, OxyContin, Percocet) to get high</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>88. Ritalin, Adderall, Strattera, Concerta, or Cylert to get high</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>89. Other prescription drugs to get high</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>90. Dactyls (rubes, dacks)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>91. 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>
### HOW MUCH DO PEOPLE RISK HARMING THEMSELVES IF THEY:

<table>
<thead>
<tr>
<th>Question</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>92. Smoke one or more packs of cigarettes a day?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>93. Try one or two drinks of alcohol (beer, wine, liquor)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>94. Drink one or two drinks of alcohol nearly every day?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>95. Try marijuana once or twice?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>96. Smoke marijuana every week?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>97. Regularly use prescription drugs, without a prescription, to get high?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>98. Sniff glue or spray cans once or twice?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99. Sniff glue or spray cans every week?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 100. How many times in the past year has your parent (foster parent, guardian) taken you to a museum, concert, or sports event? |         |               |               |            |
| 101. 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)? |         |               |               |            |
| 102. Which of the following people would you say give you a lot of support and encouragement? (MARK ALL THAT APPLY) |         |               |               |            |
| 103. How often do you wear a seat belt?                                  | Never   | Hardly ever   | About half the time | Usually |
| 104. On an average school night, how many hours of sleep do you get?    | 4 or less hours | 5 hours | 6 hours | 7 hours |
| 105. Which of the following are true for you? (MARK ALL THAT APPLY)     | I care about doing well in school. | My parent(s) cares about how I do in school. | I think it's important to help friends. | I think it's important to help other people, even if I don't know them. |
|                                                                           | I think it's important to not hurt other people. | I tell the truth, even when it isn't easy. | I try to plan ahead and make good decisions. | I have good role models in my family. |
|                                                                           | It's okay to do things you know are wrong, as long as it doesn't hurt anyone. | I want to get a good education. | I want to have a good career someday, even if I have to work hard to achieve it. | THE END |
|                                                                           | Thank you again for being an important part of this study. |            |            |            |