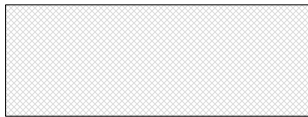


YEAR 2016



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: ✓ ✕ ○ ●

63
62
61
60
59
58
57
56
55
54
53
52
51
50
49
48
47
46
45
44
43
42
41
40
39
38
37
36
35
34
33
32
31
30
29
28
27
26
25
24
23
22
21
20
19
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1

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					ZIP CODE				
1	9	7	1	6					
0	0	0	0	0	0	0	0	0	0
●	1	1	●	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	●	6	6	6	6	6
7	7	●	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	●	9	9	9	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)
 - Left the family for some other reason

8. Which of the following people live with you most of the time? (MARK ALL THAT APPLY)
- Mother(s)
 - Father(s)
 - Foster parent(s)
 - Guardian(s)
 - Grandparent(s), aunt(s), uncle(s)
 - Stepparent(s)
 - Brother(s), stepbrother(s)
 - Sister(s), stepsister(s)
 - Non-family member(s)

9. 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(s)/step-mother(s)
 - Father(s)/step-father(s)
 - Foster parent(s)
 - Guardian(s)
 - Brother(s) or sister(s)
 - Grandmother(s)
 - Grandfather(s)
 - Other adult(s)
 - No one

10. 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

11. How many times has your family moved since you started Kindergarten?
- We have not moved
 - 1 time
 - 2 times
 - 3 or more times

12. Do you take medicine to help you concentrate better in school?
- No
 - Yes

13. 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
<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input type="radio"/> 1
<input checked="checked" type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3
	<input type="radio"/> 4
	<input type="radio"/> 5
	<input type="radio"/> 6
	<input checked="checked" type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 11

Height	
Feet	Inches
<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input type="radio"/> 1
<input type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3
	<input type="radio"/> 4
	<input type="radio"/> 5
	<input type="radio"/> 6
	<input type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 11

14. 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
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input checked="checked" type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input checked="checked" type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4
	<input checked="checked" type="radio"/> 5	<input type="radio"/> 5
	<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

Weight		
Pounds		
<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"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4
	<input type="radio"/> 5	<input type="radio"/> 5
	<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

How much time do you spend on a school day (<u>before</u> and <u>after</u> school):	No Time	An hour or less	One to two hours	Two to five hours	More than five hours
15. 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"/>
16. Doing school work at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Physically playing, exercising, or playing sports?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Reading for pleasure (not for school)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 19. Outside of school, what kinds of activities do you participate in : (MARK ALL THAT APPLY)**
- Sports
 - Church youth group
 - Youth organizations such as 4-H, YMCA, et cetera
 - Service activities
 - Music lessons or band participation
 - Gymnastics, zumba, ballet or other dance
 - Boxing, kick-boxing, Karate or other martial arts
 - Other lessons
 - Other organized activities

PLEASE DO NOT WRITE IN THIS AREA



SERIAL

63
62
61
60
59
58
57
56
55
54
53
52
51
50
49
48
47
46
45
44
43
42
41
40
39
38
37
36
35
34
33
32
31
30
29
28
27
26
25
24
23
22
21
20
19
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1

53
52
51
50
49
48
47
46
45
44
43
42
41
40
39
38
37
36
35
34
33
32
31
30
29
28
27
26
25
24
23
22
21
20
19
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1

PLEASE ANSWER YES <u>OR</u> NO TO THESE QUESTIONS:		YES	NO
20.	I feel safe in my school.	<input type="radio"/>	<input type="radio"/>
21.	I feel safe in my neighborhood.	<input type="radio"/>	<input type="radio"/>
22.	I get along well with my parent(s) (foster parent, guardian) 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.	There is an adult present where I go after school.	<input type="radio"/>	<input type="radio"/>
25.	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"/>
26.	Fighting is a problem in this school.	<input type="radio"/>	<input type="radio"/>
27.	I often talk to my parent(s) (foster parent, guardian) about how things are going at school.	<input type="radio"/>	<input type="radio"/>
28.	My parent(s) (foster parent, guardian) knows <u>where I am</u> most of the time when I am <u>NOT</u> in school.	<input type="radio"/>	<input type="radio"/>
29.	My parent(s) (foster parent, guardian) knows <u>what I am doing</u> most of the time when I am <u>NOT</u> in school.	<input type="radio"/>	<input type="radio"/>
30.	My parent(s) (foster parent, guardian) asks me if I've gotten my homework done.	<input type="radio"/>	<input type="radio"/>
31.	Do any of your friends smoke cigarettes?	<input type="radio"/>	<input type="radio"/>
32.	Do any of your friends drink alcohol?	<input type="radio"/>	<input type="radio"/>
33.	This year, have you been in a physical fight at school	<input type="radio"/>	<input type="radio"/>
34.	This year, have you been in a physical fight in your neighborhood?	<input type="radio"/>	<input type="radio"/>
35.	During the past 30 days, have you been bullied at school?	<input type="radio"/>	<input type="radio"/>
36.	Do you know places where students your age can buy cigarettes?	<input type="radio"/>	<input type="radio"/>
37.	Do you know places where students your age can <u>get</u> alcohol without paying for it?	<input type="radio"/>	<input type="radio"/>
38.	During the past year, have you seen or heard adults in your home hurting each other?	<input type="radio"/>	<input type="radio"/>
39.	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	
40. In the past month, have you stolen (not borrowed) something?	<input type="radio"/>	<input type="radio"/>	53
41. In the past month, have you <u>purposefully</u> damaged or destroyed something that didn't belong to you?	<input type="radio"/>	<input type="radio"/>	52
42. Teachers in my school treat students with respect.	<input type="radio"/>	<input type="radio"/>	51
43. Have you hit anyone in the past month with the intention of hurting them?	<input type="radio"/>	<input type="radio"/>	50
44. Has your parent(s) (foster parent, guardian) spoken to at least two of your friends' in the past month?	<input type="radio"/>	<input type="radio"/>	49
45. 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"/>	48
46. If you break your parents' rules, will you definitely be punished?	<input type="radio"/>	<input type="radio"/>	47
47. If you break the school rules, will you definitely be punished?	<input type="radio"/>	<input type="radio"/>	46
48. My parent(s) (foster parent, guardian) shows me they are proud of me.	<input type="radio"/>	<input type="radio"/>	45
49. My parent(s) (foster parent, guardian) listens to me when I talk to them.	<input type="radio"/>	<input type="radio"/>	44
50. I can count on my parent(s) (foster parent, guardian) to be there when I need them.	<input type="radio"/>	<input type="radio"/>	43
51. I am comfortable sharing my thoughts and feelings with my parent(s) (foster parent, guardian).	<input type="radio"/>	<input type="radio"/>	42
			41
			40
			39
			38
			37
			36
			35
			34
			33
			32
			31
			30
			29
			28
			27
			26
			25
			24
			23
			22

52. 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

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

- No one
- My parent, stepparent, or guardian
- 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)

53
52
51
50
49
48
47
46
45
44
43
42
41
40
39
38
37
36
35
34
33
32
31
30
29
28
27
26
25
24
23
22
21
20
19
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1

63
62
61
60
59
58
57
56
55
54
53
52
51
50
49
48
47
46
45
44
43
42
41
40
39
38
37
36
35
34
33
32
31
30
29
28
27
26
25
24
23
22
21
20
19
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1

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
54. 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"/>
55. 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"/>
56. 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"/>
57. 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"/>

PLEASE ANSWER THE FOLLOWING QUESTIONS:

58. Have you ever smoked most of a cigarette (more than a few puffs)?
 Yes
 No
59. Is it easy or hard for someone your age to get cigarettes?
 Easy
 Hard
 I'm not sure
60. Is it easy or hard for someone your age to get alcohol (beer, wine, or liquor)?
 Easy
 Hard
 I'm not sure
61. Is it easy or hard for someone your age to get marijuana (weed or pot)?
 Easy
 Hard
 I'm not sure
62. 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

63. Have you ever used an E-cigarette or Vaped?
 Yes
 No
64. Is it easy or hard for someone your age to get E-cigarettes or Vape products?
 Easy
 Hard
 I'm not sure
65. 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
66. 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)
67. Have you ever had a drink of alcohol (wine, beer, liquor), more than just a sip?
 Yes
 No

PLEASE DO NOT WRITE IN THIS AREA



SERIAL

68. 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

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

- Yes
- No

70. 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

71. 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
72. Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73. E-cigarette or Vape	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74. Cigars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75. 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"/>
76. Alcohol (beer, wine coolers, liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
77. Marijuana (pot, weed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78. Inhalants (sniffing glue, sprays, gasoline)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79. 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"/>
80. 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"/>
81. Other prescription drugs to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82. Dactyls (rubes, dacks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83. 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"/>

63
62
61
60
59
58
57
56
55
54
53
52
51
50
49
48
47
46
45
44
43
42
41
40
39
38
37
36
35
34
33
32
31
30
29
28
27
26
25
24
23
22
21
20
19
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1

