

**YEAR 2009**

**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: ✓✗○●

Thank you very much for being an important part of this study.

PLEASE DO NOT WRITE IN THIS AREA



SERIAL

1. What is the zip code for your home address? Please write in the numbers, then fill in the proper circles.

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
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input checked="" type="radio"/> 6
<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				
<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
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input 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 type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

2. Are you a:

- Boy
- Girl

3. Are you Hispanic or Latino?

- Yes
- No

4. Which one of these groups BEST describes you? (CHOOSE ONLY ONE)

- American Indian or Alaskan Native
- Asian
- Black or African American
- White/Caucasian
- Other \_\_\_\_\_

5. How old are you TODAY?

- 9 years old or younger
- 10 years old
- 11 years old
- 12 years old or older

6. 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

7. 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
<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2
<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

8. What is your father'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
<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2
<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

9. Does your mother work?

- Yes
- No
- No mother living at home

10. Does your father work?

- Yes
- No
- No father living at home

11. Which of the following best describes your family and the place where you live?

- My family owns the place where we live (with or without a loan or mortgage)
- My family rents the place where we live
- Other

12. Mark all of the following people who live with you most of the time. (MARK ALL THAT APPLY)

- Mother
- Father
- Grandparent(s)
- Stepparent(s)
- Siblings(s)
- Non-family member(s)

13. 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

14. 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 (before and after school):</i>	No Time	1/2 hour or less	About one hour	About two hours	More than two hours
15. On-line 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"/>
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"/>

<b>PLEASE ANSWER YES <u>OR</u> NO TO THESE QUESTIONS:</b>	YES	NO
18. I feel safe in my school.	<input type="radio"/>	<input type="radio"/>
19. I ride the bus to school.	<input type="radio"/>	<input type="radio"/>
20. I feel safe in my neighborhood.	<input type="radio"/>	<input type="radio"/>
21. A lot of kids at this school smoke cigarettes.	<input type="radio"/>	<input type="radio"/>
22. A lot of kids at this school drink alcohol.	<input type="radio"/>	<input type="radio"/>
23. I get along well with my parents most of the time.	<input type="radio"/>	<input type="radio"/>
24. Most kids at this school obey the teachers.	<input type="radio"/>	<input type="radio"/>
25. Kids at this school feel safe on their school bus.	<input type="radio"/>	<input type="radio"/>
26. There is an adult where I go after school.	<input type="radio"/>	<input type="radio"/>
27. 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"/>
28. Fighting is a problem in this school.	<input type="radio"/>	<input type="radio"/>
29. I often talk to my parents about how things are going at school.	<input type="radio"/>	<input type="radio"/>
30. 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"/>
31. 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"/>
32. My parents ask me if I've gotten my homework done.	<input type="radio"/>	<input type="radio"/>
33. My parents tell me when I'm doing a good job.	<input type="radio"/>	<input type="radio"/>

PLEASE DO NOT WRITE IN THIS AREA



SERIAL

3/8" SPINE PERF

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 PLEASE ANSWER YES <u>OR</u> NO TO THESE QUESTIONS:		52 YES	NO
51	34. Do any of your friends smoke cigarettes?	<input type="radio"/>	<input type="radio"/>
50	35. Do any of your friends drink alcohol?	<input type="radio"/>	<input type="radio"/>
49	36. This year, have you been in a physical fight at school?	<input type="radio"/>	<input type="radio"/>
48	37. Do you know places where students your age can buy cigarettes?	<input type="radio"/>	<input type="radio"/>
47	38. Do you know places where students your age can <u>get</u> alcohol without paying for it?	<input type="radio"/>	<input type="radio"/>
46	39. Do you know places where students your age can <u>buy</u> alcohol?	<input type="radio"/>	<input type="radio"/>
45	40. 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"/>
44	41. During the past year, have you seen or heard adults in your home hurting each other?	<input type="radio"/>	<input type="radio"/>
43	42. Have you ever stolen (not borrowed) something that didn't belong to you?	<input type="radio"/>	<input type="radio"/>
42	43. Have you ever damaged or destroyed something that didn't belong to you on purpose?	<input type="radio"/>	<input type="radio"/>
41	44. Do you belong to a gang?	<input type="radio"/>	<input type="radio"/>

26	25	24	23	22 DO YOU AGREE OR DISAGREE THAT:	21 STRONGLY AGREE	20 AGREE	19 NEITHER	18 DISAGREE	17 STRONGLY DISAGREE
20	19	18	17	45. The school rules are fair.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16	15	14	13	46. 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"/>
12	11	10	9	47. Your parents' rules are fair.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	7	6	5	48. 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"/>

During the past 30 days, mark all of the following things that have happened TO YOU and who was involved:

By:	Parents	Siblings	Boyfriend/ Girlfriend	Friends	Other Kids at School	Other Kids in Neighborhood
49. Name-calling, threats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. Shoving, pushing, slapping, punching, kicking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

51. Is it easy or hard for someone your age to get cigarettes?

- Easy
- Hard
- I'm not sure

52. Is it easy or hard for someone your age to get alcohol (beer, wine, or liquor)?

- Easy
- Hard
- I'm not sure

53. Is it easy or hard for someone your age to get marijuana (weed or pot)?

- Easy
- Hard
- I'm not sure

54. Have you ever smoked most of a cigarette (more than a few puffs)?

- Yes
- No

55. 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

56. 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

57. 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)

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 CONTINUE TO ANSWER THE FOLLOWING QUESTIONS:**

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

58. Have you ever had a drink of alcohol (wine, beer, liquor) more than just a sip?

- Yes
- No

59. 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

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

- Yes
- No

61. How many computers does your family have at home?

- 0
- 1
- 2
- 3 or more

62. How often do you wear a seat belt?

- Never
- Hardly ever
- About half the time
- Usually
- Always

63. Do you usually take any medicine to help you concentrate better in school?

- No, I don't
- Yes, I do

64. I like to try new or exciting things, even if they are against the law.

- Yes
- No

65. How many books are in your home that you can read?

- 0
- 1 to 9
- 10 to 19
- 20 or more

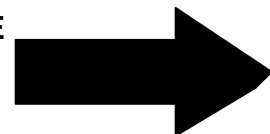
Mark <u>ALL</u> that apply in each row:	Using Tobacco	Using Alcohol	Using Marijuana	Using Illegal Drugs
66. My parents told me about the risks of:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
67. My parents told me not to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68. During this school year, I have had lessons in school about the risks of:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**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
69. Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70. Cigars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
71. Chewing tobacco, snuff, dip (Skoal, Red Man)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72. Alcohol (beer, wine, coolers, liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73. Marijuana (pot, weed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74. Inhalants (sniffing glue, sprays, gasoline)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75. 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"/>
76. 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"/>
77. Other prescription drugs to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78. Dactyls (rubes, dacks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79. Hallucinogens (acid, LSD, trip, shrooms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80. Cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
81. 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**



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

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

<b>HOW MUCH DO PEOPLE RISK HARMING THEMSELVES IF THEY:</b>	<b>NO RISK</b>	<b>A LITTLE RISK</b>	<b>A LOT OF RISK</b>	<b>DON'T KNOW</b>
<b>82. Smoke one or more packs of cigarettes a day?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>83. Drink one or two drinks of alcohol (beer, wine, liquor)?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>84. Take one or two drinks of alcohol nearly every day?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>85. Try marijuana once or twice?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>86. Smoke marijuana every week?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>87. Try cocaine or crack once or twice?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>88. Use prescription drugs regularly without a prescription to get high?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>89. Sniff glue or spray cans once or twice?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>90. Sniff glue or spray cans every week?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

38" SPINE PERF

**THE END**

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

8



DE Mark Reflex® EW-225618-12:654321 ED99

PLEASE DO NOT WRITE IN THIS AREA



**SERIAL**