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DELAWARE 5TH GRADE STUDENT ASSENT AND SURVEY INSTRUCTIONS

We, at the University of Delaware are studying what students think about, know about, and do about violence, cigarettes, alcohol and drugs. To learn these things, we are asking 5th graders in all the Delaware schools these questions. This study includes parts of a much larger study asking other students across the country the same questions. We are doing this to find out what kinds of programs students need most and what kinds they don't need. **THIS IS NOT A TEST.** This is research, so there are no right or wrong answers. **It is very important that you answer each question truthfully. The best answer you can give us is the one that is true for you.**

DO NOT PUT YOUR NAME ON THESE PAPERS. We want to be sure that everyone's answers are private. When you are done, all of the papers will be put in a big box at the front of the room. Then we will mix them up, so no one will know which paper was filled out by you. Your teacher will not know, your classmates will not know, and even you will not be able to find your own paper. The answers will be important to us only when we know what **all** 5th graders in Delaware are thinking and doing about topics we are asking in the questions. We will keep your responses secret because if the study is to be helpful it is important that you answer each question truthfully.

You don't have to answer any questions you don't want to. Anything you don't want to answer, just leave blank. There is no penalty if you choose not to fill out the questionnaire or any part of it.

Below you will see marking instructions. I will explain these to you. Unless the question says otherwise, mark only **one answer for each question.** When you are finished, turn your papers over and you may work on something else. When everyone has finished, you will bring them up and put them in the box so we can mix them up.

****REMEMBER, this isn't a test, so there are no right or wrong answers. We need TRUE ANSWERS.** Work quickly, so you can finish. If you don't find an answer that fits exactly, choose the one that comes closest. If it's something you just don't understand, raise your hand for help. If it's something you just don't know, leave it blank and go on to the next question.

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

MARKING INSTRUCTIONS	
<ul style="list-style-type: none"> • 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: <input type="radio"/>	INCORRECT: <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

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PLEASE DO NOT WRITE IN THIS AREA



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1. Are you a Boy
2. How old are you?
9 years old or younger
10 years old
11 years old
12 years old or older
3. Would you say you are:
White
Black or African-American
Hispanic or Latino
Asian
Other
4. Do you like school?
Yes
5. Do you live with both your parents? (Stepparents count as parents)
Yes
6. How many brothers and sisters do you have living at home with you?
None
One
Two
Three
Four
Five or more
7. How would you describe your overall grade average this year?
Excellent (mostly A's)
Very Good (mostly B's)
Average (mostly C's)
Below average (mostly D's)
Poor (mostly F's)

8. Does your mother work at a job outside the home?
Yes
No
No mother at home
9. Does your father work at a job outside the home?
Yes
No
No father at home
10. About how much time EACH DAY do you spend watching TV?
No time
About half an hour or less
About an hour
About 2 hours
More than 2 hours
11. About how much time EACH DAY do you spend playing computer or video games?
No time
About half an hour or less
About an hour
About 2 hours
More than 2 hours
12. Besides at school, about how much time EACH DAY do you spend hanging out with your friends?
No time
About half an hour or less
About an hour
About 2 hours
More than 2 hours
13. About how much time EACH DAY
No time
About half an hour or less
About an hour
About 2 hours
More than 2 hours

PLEASE ANSWER YES OR NO TO THESE STATEMENTS

	YES	NO
14. I feel safe in my neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>
15. I feel safe in my school.	<input type="checkbox"/>	<input type="checkbox"/>
16. I stay away from certain parts of the school to avoid trouble.	<input type="checkbox"/>	<input type="checkbox"/>
17. I get along well with other kids at school.	<input type="checkbox"/>	<input type="checkbox"/>
18. I worry about getting attacked or robbed before or after school.	<input type="checkbox"/>	<input type="checkbox"/>
19. A lot of kids at school smoke cigarettes.	<input type="checkbox"/>	<input type="checkbox"/>
20. A lot of kids at school drink alcohol.	<input type="checkbox"/>	<input type="checkbox"/>
21. I get along well with my parents.	<input type="checkbox"/>	<input type="checkbox"/>
22. I get along well with my teachers.	<input type="checkbox"/>	<input type="checkbox"/>
23. Most kids at this school obey the teachers.	<input type="checkbox"/>	<input type="checkbox"/>
24. Kids at this school feel safe on their school bus.	<input type="checkbox"/>	<input type="checkbox"/>
25. Kids at this school are well-behaved in class.	<input type="checkbox"/>	<input type="checkbox"/>
26. Kids pick on other kids a lot when the teacher is not watching.	<input type="checkbox"/>	<input type="checkbox"/>
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="checkbox"/>	<input type="checkbox"/>
28. Kids in this school are well-behaved -- even when the teachers are not watching them.	<input type="checkbox"/>	<input type="checkbox"/>
29. Fighting is a problem in this school.	<input type="checkbox"/>	<input type="checkbox"/>
30. I often talk to my parents about how things are going at school.	<input type="checkbox"/>	<input type="checkbox"/>

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PLEASE ANSWER YES OR NO TO THESE QUESTIONS

	YES	NO
31. Do any of the kids in your grade smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>
32. Do any of your friends smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>
33. If a friend had some cigarettes and gave you one, do you think you would smoke it?	<input type="checkbox"/>	<input type="checkbox"/>
34. Do any of the kids in your grade drink alcohol (beer, wine, liquor)?	<input type="checkbox"/>	<input type="checkbox"/>
35. Do any of your friends drink alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
36. If a friend had some alcohol and wanted to share it, do you think you would drink some?	<input type="checkbox"/>	<input type="checkbox"/>
37. Do any of the kids at school smoke marijuana (pot, weed)?	<input type="checkbox"/>	<input type="checkbox"/>
38. Do any of your friends smoke marijuana?	<input type="checkbox"/>	<input type="checkbox"/>
39. If a friend had some marijuana and gave you some, do you think you would smoke some?	<input type="checkbox"/>	<input type="checkbox"/>
40. This year, have you been in a fight you didn't start at school?	<input type="checkbox"/>	<input type="checkbox"/>
41. Do you know places where students your age can buy cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>
42. Do you know places where students your age can buy alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
43. During the school year, have you taken part in a program at school called D.A.R.E.?	<input type="checkbox"/>	<input type="checkbox"/>
44. Have you ever had any other drug education in your classes in school besides D.A.R.E.?	<input type="checkbox"/>	<input type="checkbox"/>
45. Have one or both of your parents come to school to meet with your teacher this year?	<input type="checkbox"/>	<input type="checkbox"/>

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46. Would it be easy or hard for someone your age to get cigarettes?

- Easy
- Hard
- I'm not sure

47. Would it be easy or hard for someone your age to get alcohol (beer, wine or liquor)?

- Easy
- Hard
- I'm not sure

48. Would it be easy or hard for someone your age to get marijuana (weed or pot)?

- Easy
- Hard
- I'm not sure

49. Would it be easy or hard for someone your age to get crack or cocaine?

- Easy
- Hard
- I'm not sure

50. Have you ever smoked a cigarette? (more than just a few puffs)

- Yes

51. If YES: How old were you the first time you smoked a cigarette? (more than just a few puffs)

- 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

52. If you wanted to get cigarettes, where would you most likely get them? Mark all that apply.

- From my friends or other kids I know
- From my brothers, sisters, or cousins
- From my parents or other adults (with their knowledge)
- From my parents or other adults (without their knowledge)
- From a vending machine
- From a store cashier or clerk

53. Have you ever used smokeless tobacco or snuff (Dip, Skoal, Happy Days, Red Man)?

- Yes

54. Have you ever had more than just a sip of

- Yes
- No

55. If YES: How old were you the first time you had a drink (not just a few sips) of alcohol (wine, beer, liquor)?

- 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

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

- Yes
- No

57. Have you ever smoked any crack or cocaine?

- Yes
- No

58. Have you ever tried to get high from sniffing glue, gasoline, spray cans, or other sprays?

- Yes
- No

59. Do you take any medicine such as ritalin to help you concentrate better in school?

- Yes
- No

60. PLEASE SAY IF YOU AGREE OR DISAGREE WITH THIS STATEMENT:

People who break the law are almost always caught and punished?

- Agree
- Uncertain
- Disagree

61. How often do you wear a seat belt?

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

62. Most of the kids I hang out with are:

- Older than me
- About the same age as me
- Younger than me

PLEASE CONTINUE ON PAGE 7



BELOW IS A LIST OF DRUGS. REMEMBER THAT YOUR ANSWERS ARE ABSOLUTELY CONFIDENTIAL. PLEASE FILL IN THE ANSWER THAT COMES CLOSEST TO SHOWING HOW OFTEN YOU USE (OR HAVE EVER USED) EACH ONE

	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
63. Cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. Smokeless tobacco (chew, snuff)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65. Alcohol (beer, wine, coolers, liquor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66. Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. Prescription drug DOWNERS (ludes, tranqs, barbs, sedatives)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68. Prescription drug UPPERS (Speed, meth, crank, diet pills)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. Inhalants (huffing, glue, sprays, gasoline)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. Dactyls (rubes, wagon wheels)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71. Hallucinogens (acid, LSD, trip shrooms)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72. Crack (rock, fry)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73. Powder cocaine (snow, toot, blow)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74 Over-the-counter drugs <u>to get high</u> (cough syrup, robo, antihistamines)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR EACH DRUG THAT YOU USED AT LEAST ONCE IN THE PAST YEAR, PLEASE ANSWER YES OR NO TO THE FOLLOWING QUESTIONS:

During the past year I felt that I needed or was dependent on:	NOT USED IN PAST YEAR	YES	NO
75. Cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77. Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78. Inhalants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79. Other drug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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HOW MUCH DO YOU THINK THAT OTHER PEOPLE HURT THEMSELVES (THEIR BODIES OR THEIR LIVES) WHEN THEY:

	NONE	A LITTLE	A LOT	DON'T KNOW
80. Smoke one or more packs of cigarettes a day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81. Try one or two drinks of alcohol (beer, wine, liquor)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82. Take one or two drinks of alcohol nearly every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83. Try marijuana once or twice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84. Smoke marijuana every week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85. Try cocaine or crack once or twice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86. Use cocaine or crack every week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87. Sniff glue or spray cans once or twice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88. Sniff glue or spray cans every week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DO YOU AGREE OR DISAGREE WITH THE FOLLOWING:

	DISAGREE	AGREE	DON'T KNOW
89. I would like to try rock climbing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90. I like wild parties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91. I like to be around people who party alot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92. I would like to try parachute jumping.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
93. I would like to try bungee jumping.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
94. I like to have new or exciting experiences, even if they are illegal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**THAT'S THE END!
THANK YOU!!**

PLEASE DO NOT WRITE IN THIS AREA



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