



YEAR 2000

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 THIS BOOKLET. We want to be sure that everyone's answers are private. When you are done, all of the booklets 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 one 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 booklet. 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 about 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 booklet over and you may work on something else. When everyone has finished, you will bring your booklet up and put it 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

- 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 ANSWER THE FOLLOWING QUESTIONS:

1. Are you a:

- ☐ Boy
☐ Girl

2. How old are you today?

- ☐ 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 _____

Mixed: 3a. If you had to pick one:

- ☐ White
☐ Black or African American
☐ Hispanic or Latino
☐ Asian
☐ Other _____

4. Describe your grades this year:

- ☐ Mostly A's
☐ Mostly B's
☐ Mostly C's
☐ Mostly D's or F's

5. Do you live with both your parents?
(Stepparents count as parents)

- ☐ Yes
☐ No

6. Not counting yourself, how many brothers and sisters do you have living at home with you?
(Including stepbrothers and stepsisters)

- ☐ None
☐ One
☐ Two
☐ Three
☐ Four
☐ Five or more

7. Does your mother have a job that pays?

- ☐ Yes
☐ No
☐ No mother at home

8. Does your father have a job that pays?

- ☐ Yes
☐ No
☐ No father at home

About how much time do you spend on a SCHOOL DAY:	No Time	1/2 hour or less	About one hour	About two hours	More than two hours
9. Watching TV?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Playing computer or video games?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Doing school work at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Hanging out with friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100

©

PLEASE ANSWER YES OR NO TO THESE QUESTIONS:

Mark one answer only please	YES	NO
31. Do any of your friends smoke cigarettes?	<input type="radio"/>	<input type="radio"/>
32. If a friend had some cigarettes and gave you one, do you think you would smoke it?	<input type="radio"/>	<input type="radio"/>
33. Do any of your friends drink alcohol?	<input type="radio"/>	<input type="radio"/>
34. If a friend had some alcohol and wanted to share it, do you think you would drink some?	<input type="radio"/>	<input type="radio"/>
35. Do any of the kids at school smoke marijuana (pot, weed)?	<input type="radio"/>	<input type="radio"/>
36. Do any of your friends smoke marijuana?	<input type="radio"/>	<input type="radio"/>
37. If a friend had some marijuana and gave you some, do you think you would smoke some?	<input type="radio"/>	<input type="radio"/>
38. This year, have you been in a fight at school?	<input type="radio"/>	<input type="radio"/>
39. Do you know places where students your age can buy cigarettes?	<input type="radio"/>	<input type="radio"/>
40. Do you know places where students your age can buy alcohol?	<input type="radio"/>	<input type="radio"/>
41. During this school year, have you taken part in a program at school called D.A.R.E.?	<input type="radio"/>	<input type="radio"/>
42. Have you ever had any other drug education in your classes in school besides D.A.R.E.?	<input type="radio"/>	<input type="radio"/>
43. Have one or both of your parents come to school to meet with your teacher this year for any reason?	<input type="radio"/>	<input type="radio"/>

PLEASE ANSWER THE FOLLOWING QUESTIONS:

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

- ☐ Easy
- ☐ Hard
- ☐ I'm not sure

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

- ☐ Easy
- ☐ Hard
- ☐ I'm not sure

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

- ☐ Easy
- ☐ Hard
- ☐ I'm not sure

47. Is it easy or hard for someone your age to get crack or cocaine?

- ☐ Easy
- ☐ Hard
- ☐ I'm not sure

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

- ☐ Yes
- ☐ No

49. Have you ever smoked a cigar? (more than a few puffs)

- ☐ Yes
- ☐ No

50. Have you ever used chewing tobacco, snuff or dip? (such as Skoal, Happy Days, Red Man)

- ☐ Yes
- ☐ No

51. How old were you the first time you smoked a cigarette?

- ☐ Never smoked
- ☐ 6 years old or younger
- ☐ 7 years old
- ☐ 8 years old
- ☐ 9 years old
- ☐ 10 years old
- ☐ 11 years old or older

52. 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 or other adults (with them knowing)
- ☐ From my parents or other adults (without them knowing)
- ☐ From a vending machine
- ☐ From a store cashier or clerk

53. During the past 7 days, on how many days were you in a room or in a car with someone who was smoking cigarettes?

- ☐ 0 days
- ☐ 1 or 2 days
- ☐ 3 or 4 days
- ☐ 5 or 6 days
- ☐ 7 days

PLEASE CONTINUE TO ANSWER THE FOLLOWING QUESTIONS:

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

- ☐ Yes
☐ No

55. How old were you the first time you had a drink of alcohol, (wine, beer, or liquor) more than just a sip?

- ☐ Never drank
☐ 6 years old or younger
☐ 7 years old
☐ 8 years old
☐ 9 years old
☐ 10 years old
☐ 11 years old or older

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

- ☐ Yes
☐ No

57. Have you ever used crack or cocaine?

- ☐ Yes
☐ No

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

- ☐ Yes
☐ No

59. How often do you wear a seat belt?

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

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

- ☐ Yes
☐ No

61. Most of my friends are:

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

62. I like to try new or exciting things, even if they are illegal.

- ☐ Yes
☐ No

63. Please say if you AGREE or DISAGREE with this statement:

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

- ☐ Agree
☐ Disagree

NEXT IS A LIST OF DRUGS. REMEMBER THAT YOUR ANSWERS ARE PRIVATE. PLEASE MARK THE ANSWER THAT COMES CLOSEST TO SHOWING HOW OFTEN YOU HAVE EVER USED EACH ONE:

Mark one answer only	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
64. Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65. Cigars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66. Chewing tobacco (dip, snuff)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
67. Alcohol (beer, wine, coolers, liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68. Marijuana (pot, weed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
69. DOWNERS, Prescription and street drugs (ludes, tranqs, barbs, sedatives)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70. UPPERS, Prescription and street drugs (speed, meth, crank, diet pills)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
71. Inhalants (huffing, glue, sprays, gasoline)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72. Dactyls (rubes, wagon wheels)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73. Hallucinogens (acid, LSD, trip, shrooms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74. Crack (rock, fry)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75. Powder cocaine (snow, toot, blow)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76. Over-the-counter drugs <u>to get high</u> (cough syrup, robo, antihistamines)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**FOR EACH DRUG THAT YOU USED AT LEAST ONCE IN THE PAST YEAR,
PLEASE ANSWER THE FOLLOWING QUESTIONS:**

During the past year I felt that I:	NOT USED IN PAST YEAR	YES	NO	NEVER USED
77. Needed or was dependent on cigarettes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78. Needed or was dependent on alcohol.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HOW MUCH DO YOU THINK OTHER PEOPLE HURT THEIR BODIES OR THEIR LIVES WHEN THEY:

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

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