



YEAR 2020

DELAWARE 5TH GRADE STUDENT ASSENT AND SURVEY INSTRUCTIONS

This survey is part of a study the University of Delaware conducts 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: [solid black circle] INCORRECT: [checkmark in circle], [X in circle], [half-filled circle], [circle with dot]

3/8" SPINE PERF

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				
1	9	7	1	6
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ZIP CODE				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Are you a:

- Boy
- Girl

3. Are you Hispanic or Latino?

- No
- Yes, I am Mexican, Mexican American or Chicano
- Yes, I am Puerto Rican
- Yes, I am Cuban or Cuban American
- Yes, I am some other Hispanic or Latino

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. 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

7. During an average week, do you live in more than one home (please do not include sleepovers):

- Yes
- No

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. How many times has your family moved since you started kindergarten?

- We have not moved
- 1 time
- 2 times
- 3 or more times

10. Do you take medicine to help you concentrate better in school?

- Yes
- No

11. Do you have your own cell phone?

- Yes
- No

HOW MUCH TIME DO YOU SPEND ON A SCHOOL DAY (BEFORE AND AFTER SCHOOL):	No Time	An hour or less	One to two hours	Two to five hours	More than five hours
12. 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"/>
13. Doing school work at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Physically playing, exercising, or playing sports?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Reading for pleasure (not for school)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. What kinds of organized activities do you participate in outside of regular school hours (after school, on the weekends, or during summer break): (MARK ALL THAT APPLY.)

- Sports
- Religious youth group
- Youth organizations such as 4-H, YMCA, Boys & Girls Club, PAL, Scouting, etc.
- Community service or volunteer work
- Music lessons or band participation
- Gymnastics, Zumba, ballet, or other dance
- Boxing, kickboxing, karate, or other martial arts
- Other lessons (such as art, horseback riding, skating, swimming, etc.)
- Gaming club
- Community center activities
- Other organized activities
- None

PLEASE ANSWER YES OR NO TO THESE QUESTIONS:	YES	NO
17. I feel safe in my school most of the time.	<input type="radio"/>	<input type="radio"/>
18. I feel safe in my neighborhood most of the time.	<input type="radio"/>	<input type="radio"/>
19. I get along well with my parent(s) (foster parent, guardian) most of the time.	<input type="radio"/>	<input type="radio"/>
20. Most kids at this school obey the teachers.	<input type="radio"/>	<input type="radio"/>
21. 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"/>
22. Fighting is a problem in this school.	<input type="radio"/>	<input type="radio"/>
23. I often talk to my parent(s) (foster parent, guardian) about how things are going at school.	<input type="radio"/>	<input type="radio"/>
24. My parent(s) (foster parent, guardian) knows <u>where I am</u> most of the time when I am NOT in school.	<input type="radio"/>	<input type="radio"/>
25. My parent(s) (foster parent, guardian) knows <u>what I am doing</u> most of the time when I am NOT in school.	<input type="radio"/>	<input type="radio"/>

PLEASE DO NOT WRITE IN THIS AREA



SERIAL

PLEASE ANSWER YES OR NO TO THESE QUESTIONS:	YES	NO
26. There is an adult present where you go after school.	<input type="radio"/>	<input type="radio"/>
27. Your parent(s) (foster parent, guardian) asks you if you've gotten your homework done.	<input type="radio"/>	<input type="radio"/>
28. This year, have you been in a physical fight at school?	<input type="radio"/>	<input type="radio"/>
29. This year, have you been in a physical fight in your neighborhood?	<input type="radio"/>	<input type="radio"/>
30. During the past 30 days, have you been bullied at school?	<input type="radio"/>	<input type="radio"/>
31. During the past 30 days, have you been bullied in your neighborhood?	<input type="radio"/>	<input type="radio"/>
32. During the past 30 days, have you been bullied through texting, Instagram, Facebook, Snapchat, etc.?	<input type="radio"/>	<input type="radio"/>
33. During the past year have you seen or heard adults in your home hurting each other?	<input type="radio"/>	<input type="radio"/>
34. During the past 30 days, have you been hit by an adult with the intention of hurting you?	<input type="radio"/>	<input type="radio"/>
35. 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"/>
36. In the past month, have you stolen (not borrowed) something?	<input type="radio"/>	<input type="radio"/>
37. In the past month, have you damaged or destroyed something on purpose that didn't belong to you?	<input type="radio"/>	<input type="radio"/>
38. Teachers in your school treat students with respect.	<input type="radio"/>	<input type="radio"/>
39. Have you hit anyone in the past month with the intention of hurting them?	<input type="radio"/>	<input type="radio"/>
40. 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"/>
41. During the past 30 days, have you lied to your parent(s) (foster parent, guardian) about where you were or what you were doing?	<input type="radio"/>	<input type="radio"/>
42. If you break your parents' rules, will you definitely be punished?	<input type="radio"/>	<input type="radio"/>
43. If you break the school rules, will you definitely be punished?	<input type="radio"/>	<input type="radio"/>

44. How many days in the past 7 days did you eat breakfast?

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

45. In the past month, was there any day when you went hungry because there wasn't enough food at home?

- Yes
- No

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

- Yes
- No

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

- Easy
- Hard
- I'm not sure

48. Do any of your friends smoke cigarettes?

- Yes
- No

49. Do you know places where students your age can buy cigarettes?
- Yes
 - No
50. 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
51. If you wanted to get cigarettes, **MARK ALL THE PLACES WHERE** you could get them.
- From my friend or other kid I know
 - From my brother(s), sister(s), or cousin(s)
 - From my parent(s) (with them knowing)
 - From my parent(s) (without them knowing)
 - From other adult (with them knowing)
 - From other adults (without them knowing)
 - From a vending machine
 - From a website or online
 - From a store cashier or clerk
52. 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)
53. Have you ever used an E-cigarette or Vaped?
- Yes
 - No
54. Is it easy or hard for someone your age to get E-cigarettes or Vape products?
- Easy
 - Hard
 - I'm not sure
55. Have you ever had a drink of alcohol, (wine, beer, liquor) more than just a sip?
- Yes
 - No
56. Is it easy or hard for someone your age to get alcohol (beer, wine, or liquor)?
- Easy
 - Hard
 - I'm not sure
57. Do any of your friends drink alcohol?
- Yes
 - No
58. Do you know places where students your age can get alcohol without paying for it?
- 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 drank 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
60. Have you ever smoked marijuana (pot, weed)?
- Yes
 - No
61. Is it easy or hard for someone your age to get marijuana (pot, weed)?
- Easy
 - Hard
 - I'm not sure
62. During this school year, have you had lessons in school about the risks of using: (**MARK ALL THAT APPLY.**)
- Tobacco
 - Alcohol
 - Marijuana
 - Other illegal drugs
 - Prescription drugs without a prescription
63. Have your parents told you **NOT** to: (**MARK ALL THAT APPLY.**)
- Smoke cigarettes
 - Drink alcohol
 - Use marijuana
 - Use other illegal drugs
 - Use prescription drugs without a prescription

HOW MUCH DO PEOPLE RISK HARMING THEMSELVES IF THEY:	NO RISK	A LITTLE RISK	A LOT OF RISK	DON'T KNOW
76. Smoke one or more packs of cigarettes a day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
77. Try one or two drinks of alcohol (beer, wine, liquor)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78. Drink one or two drinks of alcohol nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79. Try marijuana (pot, weed) once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80. Smoke marijuana (pot, weed) every week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
81. Regularly use prescription drugs without a prescription to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82. Sniff glue or spray cans once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83. Sniff glue or spray cans every week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

84. Do you ever feel sad, empty, hopeless, angry, or anxious?

- Yes
- No

85. When you feel sad, empty, hopeless, angry, or anxious, how often do you get the kind of help you need?

- I do not feel sad, empty, hopeless, angry, or anxious
- Never
- Rarely
- Sometimes
- Most of the time
- Always

86. If you had a personal problem, who would you most likely talk to? (SELECT ONLY ONE RESPONSE.)

- No one
- My parent(s), guardian(s)
- 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)

87. Which of the following people would you say give you a lot of support and encouragement? (MARK ALL THAT APPLY.)

- No one
- My parent(s), guardian(s)
- 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)

