



2020-2021

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 circle] INCORRECT: [checkmark in circle], [X in circle], [dot in circle], [circle with dot]

3/8" SPINE PERF

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

45. 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

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

- Yes
- No

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

- Yes
- No

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

- Easy
- Hard
- I'm not sure

49. Do any of your friends smoke cigarettes?

- Yes
- No

50. Do you know places where students your age can buy cigarettes?
- Yes
 - No
51. 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
52. 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(s) (with them knowing)
 - From other adult(s) (without them knowing)
 - From a vending machine
 - From a website or online
 - From a store cashier or clerk
53. 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)
54. Have you ever used an E-cigarette, Juul, or Vape device?
- Yes
 - No
55. Is it easy or hard for someone your age to get E-cigarettes, Juul, or Vape products?
- Easy
 - Hard
 - I'm not sure
56. Have you ever had a drink of alcohol, (beer, wine, or liquor) more than just a sip?
- Yes
 - No
57. Is it easy or hard for someone your age to get alcohol (beer, wine, or liquor)?
- Easy
 - Hard
 - I'm not sure
58. Do any of your friends drink alcohol?
- Yes
 - No
59. Do you know places where students your age can get alcohol without paying for it?
- Yes
 - No
60. 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
61. Have you ever smoked marijuana (pot, weed)?
- Yes
 - No
62. Is it easy or hard for someone your age to get marijuana (pot, weed)?
- Easy
 - Hard
 - I'm not sure
63. During this school year, have you had lessons in school about the risks of using: (**MARK ALL THAT APPLY.**)
- Tobacco
 - Vape device or Juul
 - Alcohol
 - Marijuana
 - Other illegal drugs
 - Prescription drugs without a prescription
64. Have your parents told you **NOT** to: (**MARK ALL THAT APPLY.**)
- Smoke cigarettes
 - Use vape device or Juul
 - 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
77. Smoke one or more packs of cigarettes a day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78. Try one or two drinks of alcohol (beer, wine, liquor)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79. Drink one or two drinks of alcohol nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80. Try marijuana (pot, weed) once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
81. Smoke marijuana (pot, weed) every week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82. Regularly use prescription drugs without a prescription to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83. Sniff glue or spray cans once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84. Sniff glue or spray cans every week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HOW OFTEN HAVE YOU DONE ANY OF THE FOLLOWING:	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
85. Played the lottery or scratch-off tickets?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86. Bet on fantasy sports teams?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87. Bet on individual sports teams?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
88. Played cards for money?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
89. Bet on a challenge (dare, fight, race, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90. Played Bingo for money?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
91. Bet on dice games such as craps?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
92. Gambled on the Internet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
93. Bet on games of personal skill such as pool, darts, or basketball?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
94. Bet on video games?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- No one
- Your parent(s) or guardian(s)
- Your grandparent(s)
- Your brother(s), sister(s), or other relatives
- Your friend(s)
- Your friends' parent(s)
- Your teacher
- Another adult in your school, besides teachers
- Another adult in your neighborhood
- An adult in your church, synagogue, or other place of worship

96. 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)

