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
〇 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: ☒ ☒ ☒
**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)

<table>
<thead>
<tr>
<th>ZIP CODE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 9 7 1 6</td>
<td>0 0 0 0 0</td>
</tr>
<tr>
<td>0 0 0 0 0</td>
<td>0 0 0 0 0</td>
</tr>
<tr>
<td>• 1 1 1 • 1</td>
<td>1 1 1 1 1</td>
</tr>
<tr>
<td>2 2 2 2 2</td>
<td>2 2 2 2 2</td>
</tr>
<tr>
<td>3 3 3 3 3</td>
<td>3 3 3 3 3</td>
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<tr>
<td>4 4 4 4 4</td>
<td>4 4 4 4 4</td>
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<tr>
<td>5 5 5 5 5</td>
<td>5 5 5 5 5</td>
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<tr>
<td>6 6 6 6 6</td>
<td>6 6 6 6 6</td>
</tr>
<tr>
<td>7 7 7 7 7</td>
<td>7 7 7 7 7</td>
</tr>
<tr>
<td>8 8 8 8 8</td>
<td>8 8 8 8 8</td>
</tr>
<tr>
<td>9 9 9 9 9</td>
<td>9 9 9 9 9</td>
</tr>
</tbody>
</table>

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
   - Native Hawaiian or Pacific Islander
   - 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

12. Do you agree or disagree that doing your school work was more difficult during the COVID-19 pandemic than before the pandemic started?
    - Strongly Agree
    - Agree
    - Not Sure
    - Disagree
    - Strongly disagree

13. During the COVID-19 pandemic, how often was your mental health not good (poor mental health includes stress, anxiety, feeling sad, and feeling worried)?
    - Never
    - Rarely
    - Sometimes
    - Most of the time
    - Always

14. During the COVID-19 pandemic, did you see a doctor, nurse, or other healthcare professional using a computer, phone, tablet, or other device?
    - Yes
    - No
### HOW MUCH TIME DO YOU SPEND ON A SCHOOL DAY (BEFORE AND AFTER SCHOOL):

<table>
<thead>
<tr>
<th>Activity</th>
<th>No Time</th>
<th>An hour or less</th>
<th>One to two hours</th>
<th>Two to five hours</th>
<th>More than five hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. Online on a computer (not for school work), tablet, phone, or watching TV?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>16. Playing video games?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>17. Doing school work at home?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>18. Physically playing, exercising, or playing sports?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>19. Reading for pleasure (not for school)?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

### 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:

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. I feel safe in my school most of the time.</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>22. I feel safe in my neighborhood most of the time.</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>23. I get along well with my parent(s) (foster parent, guardian) most of the time.</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>24. Most kids at this school obey the teachers.</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>25. The bad behavior of some kids in this school (talking, fighting) keeps teachers from teaching the other kids who want to learn.</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>26. Fighting is a problem in this school.</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>27. I often talk to my parent(s) (foster parent, guardian) about how things are going at school.</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>28. My parent(s) (foster parent, guardian) knows where I am most of the time when I am NOT in school.</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>29. My parent(s) (foster parent, guardian) knows what I am doing most of the time when I am NOT in school.</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
### 48. How many days in the past 7 days did you eat breakfast?
- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

### 49. In the past month, was there any day when you went hungry because there wasn’t enough food at home?
- Yes
- No

### 50. Have you ever smoked most of a cigarette (more than a few puffs)?
- Yes
- No

### 51. Is it easy or hard for someone your age to get cigarettes?
- Easy
- Hard
- I’m not sure

### 52. Do any of your friends smoke cigarettes?
- Yes
- No
53. Do you know places where students your age can buy cigarettes?
- Yes
- No

54. 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

55. 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)

56. Have you ever used an E-cigarette, Juul, or Vape device?
- Yes
- No

57. Is it easy or hard for someone your age to get E-cigarettes, Juul, or Vape products?
- Easy
- Hard
- I'm not sure

58. Have you ever had a drink of alcohol, (beer, wine, or liquor) more than just a sip?
- Yes
- No

59. Is it easy or hard for someone your age to get alcohol (beer, wine, or liquor)?
- Easy
- Hard
- I'm not sure

60. Do any of your friends drink alcohol?
- Yes
- No

61. Do you know places where students your age can get alcohol without paying for it?
- Yes
- No

62. 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

63. Have you ever smoked marijuana (pot, weed)?
- Yes
- No

64. Is it easy or hard for someone your age to get marijuana (pot, weed)?
- Easy
- Hard
- I'm not sure

65. 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

66. 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
<table>
<thead>
<tr>
<th></th>
<th>NEVER</th>
<th>BEFORE, BUT NOT IN PAST YEAR</th>
<th>A FEW TIMES IN THE PAST YEAR</th>
<th>ONCE OR TWICE A MONTH</th>
<th>ONCE OR TWICE A WEEK</th>
<th>ALMOST EVERY DAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>67. Cigarettes</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>68. E-cigarette, J uul, or vape device (tobacco)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>69. Cigars, cigarillos, little cigars</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>70. Chewing tobacco, snuff, dip (Skoal, Red Man, Snus)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>71. Alcohol (beer, wine, liquor)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>72. Marijuana (pot, weed)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>73. Inhalants (sniffing glue, sprays, gasoline)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>74. Prescription pain medicine without a doctor’s order or differently than how a doctor told you to use it (Codeine, Vicodin, OxyContin, Percocet)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>75. Ritalin, Adderall, Strattera, Concerta, or Vyvanse to get high</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>76. Other prescription drugs to get high</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>77. Dactyls (rubes, dacks)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>78. Over-the-counter drugs to get high (3C, cough syrup, cough medicine, antihistamines, Lean)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>
### HOW MUCH DO PEOPLE RISK HARMING THEMSELVES IF THEY:

<table>
<thead>
<tr>
<th>Question</th>
<th>No Risk</th>
<th>A Little Risk</th>
<th>A Lot of Risk</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>79. Smoke one or more packs of cigarettes a day?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>80. Try one or two drinks of alcohol (beer, wine, liquors)?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>81. Drink one or two drinks of alcohol nearly every day?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>82. Try marijuana (pot, weed) once or twice?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>83. Smoke marijuana (pot, weed) every week?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>84. Regularly use prescription drugs without a prescription to get high?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>85. Sniff glue or spray cans once or twice?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>86. Sniff glue or spray cans every week?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

### HOW OFTEN HAVE YOU DONE ANY OF THE FOLLOWING:

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Before, But Not in Past Year</th>
<th>A Few Times in Past Year</th>
<th>Once or Twice a Month</th>
<th>Once or Twice a Week</th>
<th>Almost Every Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>87. Played the lottery or scratch-off tickets?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>88. Bet on fantasy sports teams?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>89. Bet on individual sports teams?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>90. Played cards for money?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>91. Bet on a challenge (dare, fight, race, etc.)?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>92. Played Bingo for money?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>93. Bet on dice games such as craps?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>94. Gambled on the Internet?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>95. Bet on games of personal skill such as pool, darts, or basketball?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>96. Bet on video games?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

97. 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

98. 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)
For questions 99 and 100, please imagine a ladder with steps numbered from zero at the bottom to ten at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.

99. Indicate on which step of the ladder you feel you personally stand right now.
   (Using the numbered bubbles below)

100. Indicate on which step of the ladder do you think you will stand about five years from now.
   (Using the numbered bubbles below)

101. In general, how would you rate your emotional health?
- Excellent
- Very Good
- Good
- Fair
- Poor

102. Do you ever feel sad, empty, hopeless, angry, or anxious?
- Yes
- No

103. 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

Please answer the questions to the best of your ability.

<table>
<thead>
<tr>
<th>Question</th>
<th>Definitely True</th>
<th>Probably True</th>
<th>Not Sure</th>
<th>Probably Not True</th>
<th>Definitely Not True</th>
</tr>
</thead>
<tbody>
<tr>
<td>104. When I was a child, there were relatives in my family who made me feel better if I was sad or worried.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>105. When I was a child, teachers, coaches, youth leaders, or ministers were there to help me.</td>
<td>○</td>
<td>○</td>
<td></td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>106. My family, neighbors, and friends talked often about making our lives better.</td>
<td>○</td>
<td>○</td>
<td></td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>107. When I felt really bad, I could almost always find someone I trusted to talk to.</td>
<td>○</td>
<td>○</td>
<td></td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

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