

Longitudinal Study of American Youth

2011 Study

Please read each item and mark the box or write your answer. When you have finished the questionnaire, please put it in the postage-paid return envelope and mail it. If you have any questions or concerns about this questionnaire, please call me directly at any time at 800-984-5271. Thank you for your kind assistance in this study.

Jon D. Miller

The first set of questions asks about changes that may have occurred to you since you completed the previous LSAY questionnaire in [MONTH], [YEAR]. You may be able to skip a substantial portion of this initial portion of the questionnaire, depending on what things have changed in your life since our previous survey. Please pay careful attention to the **directional instructions in green**.

1. First, have you completed any additional educational degree or program since [MONTH], [YEAR]?

No **Please go to Question 2 on page 3.**

Yes **Please continue on this page.**

Space is provided for you to describe up to three educational institutions from which you may have earned a degree, diploma, or certificate. If you have received a degree at only one institution since you completed your LSAY questionnaire in [YEAR], please complete the first set of boxes below. If you have completed more than one degree since completing your LSAY survey in [YEAR], please enter the most recent degree in the boxes below and then use the other boxes as needed.

What degree, diploma, or certificate did you earn most recently?		
Enter the name, city, and state of the institution granting this degree		
Enter the month and year in which this degree was awarded	Month:	Year:
Enter your major field or fields of study for this degree		
Were you a full-time student in this program?	<input type="checkbox"/> Full time or mostly full-time <input type="checkbox"/> Part-time or mostly part time <input type="checkbox"/> Sometimes full time; sometimes part-time	
Please think about your experiences related to this degree and assign a letter – A, B, C, D, or F – for each of the following:		
		Grade
The quality of my academic program in my major field		
The accessibility of faculty in my major field		
The quality of preparation for my current occupation		
The quality of my program as preparation for additional study		
The opportunity to meet and work with other students in my major field		

If you have completed only one degree, please go to Question 2 on page 3.

If you earned a second degree, diploma, or certificate, please enter the information about the second degree and institution in the boxes below.

What degree, diploma, or certificate did you earn at this institution?		
Enter the name, city, and state of the institution granting this degree		
Enter the month and year in which this degree was awarded	Month:	Year:
Enter your major field or fields of study for this degree		
Were you a full-time student in this program?	<input type="checkbox"/> Full time or mostly full-time <input type="checkbox"/> Part-time or mostly part time <input type="checkbox"/> Sometimes full time; sometimes part-time	
Please think about your experiences related to this degree and assign a letter – A, B, C, D, or F – for each of the following:		Grade
The quality of my academic program in my major field		
The accessibility of faculty in my major field		
The quality of preparation for my current occupation		
The quality of my program as preparation for additional study		
The opportunity to meet and work with other students in my major field		

If you earned only two new degrees, please go to Question 2 on page 3.

If you earned a third degree, diploma, or certificate, please enter the information about the third degree and institution in the boxes below.

What degree, diploma, or certificate did you earn at this institution?		
Enter the name, city, and state of the institution granting this degree		
Enter the month and year in which this degree was awarded	Month:	Year:
Enter your major field or fields of study for this degree		
Were you a full-time student in this program?	<input type="checkbox"/> Full time or mostly full-time <input type="checkbox"/> Part-time or mostly part time <input type="checkbox"/> Sometimes full time; sometimes part-time	
Please think about your experiences related to this degree and assign a letter – A, B, C, D, or F – for each of the following:		Grade
The quality of my academic program in my major field		
The accessibility of faculty in my major field		
The quality of preparation for my current occupation		
The quality of my program as preparation for additional study		
The opportunity to meet and work with other students in my major field		

Please continue with Question 2 on page 3.

2. Are you currently enrolled in any educational program that you have not completed yet?

- No **Please go to Question 3 on the next page.**
- Yes **Please continue on this page.**

Please enter the name of the school and the city and state in which it is located.

Name of School	City	State

Are you enrolled as a full-time student or a part-time student?

- Full-time
- Part-time

What degree or certificate do you expect to earn at the completion of your current program?

- GED or equivalent
- Associate degree
- Baccalaureate or other four-year degree
- Master's degree (MA, MS, MBA, MPH, or other master's)
- Doctoral degree (Ph.D., Ed.D., D.Sc. or similar)
- Professional degree (medicine, law, dentistry, architecture, or similar)

Other advanced degree

Please describe:

I do not expect to get a degree from this program or institution

What is your major field or area in this program?

Please think about your experiences in this program and assign a letter grade – A, B, C, D, or F – for each of the following:

	Grade
The quality of my academic program in my major field	
The accessibility of faculty in my major field	
The quality of preparation for my current occupation	
The quality of my program as preparation for additional study	
The opportunity to meet and work with other students in my major field	

When you complete this program, do you think that you will: **Please check one box.**

- Stay in your current job
- Stay with your current employer but seek promotion to a better job
- Try to get a new job to more fully use your new skills
- Too early to tell – not sure
- Don't think that I will complete this program

3. Has there been any change in the number of children in your family since [MONTH], [YEAR]?

No **Please go to Question 4 below.**

Yes

To update your record, please describe any change(s) in the box below.

4. Has there been any change in your military service status since completing your LSAY survey in [MONTH], [YEAR]?

No **Please go to Question 5 below.**

Yes

To update your record, please describe any change in the box below.

5. Has there been any change in your health status since [MONTH], [YEAR]?

No **Please go to Question 6 on the next page.**

Yes

In the box below, please indicate how your health has changed since [MONTH][YEAR].

How would you rate your personal health today? If 10 stands for perfect health and zero stands for serious health problems, how would you rate your health on a zero-to-10 scale?

Serious problems							Perfect health			
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Are you currently: **(Please check one box for each row)**

	Yes	No
working for pay full-time or part-time, excluding self-employment	<input type="checkbox"/>	<input type="checkbox"/>
self-employed on a full-time or part-time basis	<input type="checkbox"/>	<input type="checkbox"/>
serving on active duty in the Armed Services	<input type="checkbox"/>	<input type="checkbox"/>
serving in an apprenticeship program or government training program	<input type="checkbox"/>	<input type="checkbox"/>
keeping house (that is, full-time homemaker)	<input type="checkbox"/>	<input type="checkbox"/>
holding a job, but on temporary layoff from work or waiting to report	<input type="checkbox"/>	<input type="checkbox"/>
looking for work	<input type="checkbox"/>	<input type="checkbox"/>
retired, disabled, or not seeking work at the present time	<input type="checkbox"/>	<input type="checkbox"/>

If you are currently employed (excluding self-employment), please describe your current job (or the job at which you spent the most hours if you have more than one job). Include your job title and a short description of your duties, in the box below.

If you are employed (excluding self-employment), please describe your employer's main business or industry in the box below; that is, what does your employer make or do?

If you are employed (excluding self-employment), in what year did you begin your current job?

If you are currently employed (excluding self-employed), please indicate how satisfied you are with your current job. If zero means that you are very dissatisfied with your job and 10 means that you are completely satisfied with your job, please rate your satisfaction with your job using the scale below.

Very dissatisfied									Completely satisfied	
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are currently employed (excluding self-employed), please indicate how interesting you find your current job. If zero means that your job is boring and not interesting and 10 means that your job is very interesting, please rate how interesting you find your current job.

Boring and not interesting									Very interesting	
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are currently employed (excluding self-employed), please indicate how much your current job encourages thinking and creativity. If zero means that your current job does not encourage thinking and creativity at all and 10 means that your current job strongly encourages thinking and creativity, please rate how much your current job encourages thinking and creativity.

Does not encourage thinking/creativity						Strongly encourages thinking/creativity				
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are currently employed (excluding self-employed), please indicate how much your current job allows time for family and leisure activities? If zero mean that your current job does not allow time for family or leisure activities and 10 means that your job provide adequate time for family or leisure activities, please rate how much your current job allows time for family or leisure time.

Allows no time for family/leisure activity						Allows adequate time for family/leisure activities				
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. **If you are currently employed,** do you supervise or have responsibility for the work of other individuals?

No **Please go to next question.**

Yes **Please indicate the number of persons that you supervise directly or indirectly ►**

8. **If you are currently employed,** do you work: **(Please select one box)**

at a location(factory, office, store, shop, etc.) outside your home Miles from home:

from an office or shop associated with or located in your home

from your car or vehicle in an out-of-office or mobile office situation

a setting different from any of the above Please describe:

9. **If you are currently self-employed,** please describe your current work and a short description of your role in this business in the box below. **If you are not self-employed, please skip to Question 15 on the next page.**

10. **If you are currently self-employed,** is your self-employment organized as: **Please check one box.**

an incorporated firm of which you are the sole owner

an incorporated firm or partnership in which you are one of multiple owners

an unincorporated business or firm

another form of organization Please describe:

11. **If you are currently self-employed**, do you work: **(Please select one box)**

- at a location(factory, office, store, shop, etc.) outside your home Miles from home:
- from an office or shop associated with or located in your home
- from your car or vehicle in an out-of-office or mobile office situation
- a setting different from any of the above Please describe:

12. **If you are self-employed**, in what year did you begin your current business?

13. **If you are currently self-employed**, please indicate how satisfied you are with being self-employed. If zero means that you are very dissatisfied and 10 means that you are completely satisfied, please rate your satisfaction with being self-employed using the scale below.

Very dissatisfied					Completely satisfied					
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. **If you are currently self-employed**, do you employ or have responsibility for the work of other individuals?

- No
- Yes **Please indicate the number of persons that you employ or supervise ►**

15. **IF YOU ARE NOT CURRENTLY EMPLOYED OR SELF-EMPLOYED**, please skip to Question 19 on the next page; otherwise, please continue with the question below.

Does your current work (employed or self-employed) require a license (local, state, or federal)?

- No
- Yes **Please describe the licensure requirement or license(s) required for this work in the box below.**

16. Does your current job/work require a specific certificate or degree to be employed in this field?

- No
- Yes **Please describe the certificate(s) or degree(s) required for this work in the box below.**

17. Does initial employment in this field require an apprenticeship, internship, residency, or similar period of supervised performance prior to formally entering this field?

- No
- Yes **Please describe the apprenticeship, internship, residency, or period of supervised performance required for this work in the box below.**

18. Do you expect to remain in this kind of job or field of work for the next five years?

- Yes
- No
- Not sure

Please skip to Question 22 on bottom on this page.

19. **IF YOU ARE NOT CURRENTLY EMPLOYED OR SELF-EMPLOYED, Please answer the following questions:**

Thinking about the next five years, do you have any plans to seek full-time or part-time employment?

- No **Please skip to Question 22 on this page.**
- Yes **Please describe the kind of job that you would like to have if you were to obtain part-time or full-time employment in the box below.**

20. Would you prefer to work full-time or part-time in this job?

- Full-time
- Part-time
- Not sure

21. Do you think that you have the education and skills needed for this kind of position now or would you need additional education or training?

- I have the education and skills for that kind of work.
- I would need to update or refresh my skills, but I have the basic credentials for the job.
- I would need to take some additional courses.
- I would need to obtain or complete an additional degree.

What field and degree?

- I am not sure how much training or education I would need for this kind of position.

22. Most of the participants in the LSAY are approaching or have just reached their 40th birthday. We are interested in whether you have thought about how you want to spend the next two or three decades and, if so, what kinds of plans you may have thought about. In general, would you say that you: **Check one box for each line**

Yes No

- have thought a good deal about your future work plans.
- have developed a tentative work and retirement plan.
- make regular contributions to a retirement plan other than Social Security.
- talk to a financial planner or consultant periodically.
- have thought about your future work and retirement plan, but have not taken any steps.
- are thinking about changing your field or work and the future is uncertain.
- have enough trouble finding a good job today that long-term plans make no sense.

23. In March of 2011, Japan experienced a tsunami and a nuclear power plant at Fukushima was damaged. How closely have you followed this story in the news?

- Very closely.
- Moderately closely.
- Occasionally.
- Just a little bit.
- Not at all.

24. Thinking about the Fukushima incident and the follow-up discussions about it, please indicate the number of times that you have done each of the following activities since the initial crisis in March. If you have not done an activity, please enter zero and go to the next item.

	Number of times
Talked to my friends or co-workers about Fukushima.	
Read a newspaper or magazine article about Fukushima or nuclear power.	
Found information about Fukushima or nuclear power in a public library.	
Found information about Fukushima or nuclear power on the Internet.	
Talked to other members of my family about Fukushima or nuclear power.	
Watched a TV news show or documentary about Fukushima or nuclear power.	
Listened to a discussion of Fukushima or nuclear power on the radio.	
Searched for information about Fukushima on Google/Yahoo/Bing	
Read a blog or listserv on Fukushima or nuclear power.	
Posted a comment about Fukushima or nuclear power on a blog/listserv.	
Printed or saved an Internet article or report about nuclear power.	
Read a book about nuclear power	
Attended a discussion or lecture about nuclear power.	
Learned more about nuclear power from a science center or museum.	
Sent a letter or email to a public official about Fukushima or nuclear power.	

25. In regard to **nuclear power**, would you say that you: **Please check one.**

- Substantially better informed than most of your friends.
- Slightly better informed than most of your friends.
- About as informed as most of your friends.
- Slightly less well informed than most of your friends.
- Substantially less well informed than most of your friends.
- I'm not sure.

26. How often do your friends or family ask you for information or your views about **nuclear power**?

- Frequently.
- Occasionally.
- Rarely.
- Never.

27. In newspaper and magazine articles, you see the term **radiation**. When you see or read the term **radiation** do you have a clear understanding of what it means, a general sense of what it means, or little understanding of what it means?

- Clear understanding
- General sense
- Little understanding **Please go to Question 28 below.**

In the box below, please describe what you understand **radiation** to mean.

28. If you wanted to get more **information about nuclear power**, how much would you trust information from each of the sources listed below? Please use a zero-to-10 scale, with zero meaning that you would not trust nuclear power information from that source and 10 meaning that you would definitely trust nuclear power information from that source. If you are not sure, please check the Not Sure box and do not enter a number.

	Enter 0-10	Not Sure
A story on your local television news.		<input type="checkbox"/>
A story on national network television news (ABC, CBS, NBC)		<input type="checkbox"/>
A story in a weekly news magazine (<i>Time</i> , <i>Newsweek</i> , etc.).		<input type="checkbox"/>
A report on a cable newscast on CNN or MSNBC.		<input type="checkbox"/>
A report on a cable newscast on the Fox Network.		<input type="checkbox"/>
A story in the <i>New York Times</i> or the <i>Wall Street Journal</i> .		<input type="checkbox"/>
A Wikipedia article on the Internet.		<input type="checkbox"/>
A speech by President Obama.		<input type="checkbox"/>
A report from the National Academy of Engineering.		<input type="checkbox"/>
A presentation, program, or exhibit in a science museum.		<input type="checkbox"/>
An interview with a science professor at a university in your state.		<input type="checkbox"/>
Information on a National Institutes of Health web site.		<input type="checkbox"/>
A friend or a member of your family.		<input type="checkbox"/>
A story on National Public Radio (NPR).		<input type="checkbox"/>
A PBS/NOVA or Discovery Channel science show		<input type="checkbox"/>
Information on a U.S. Department of Energy web site.		<input type="checkbox"/>
A television commercial from an energy company.		<input type="checkbox"/>
A video on YouTube.		<input type="checkbox"/>
A story in your local newspaper.		<input type="checkbox"/>

29. Now, please think about the current discussion about global climate change in the media in the last year. Would you say that you have been following the global climate change issue:

- very closely
- moderately closely
- occasionally
- just a little bit
- not at all

30. How concerned are you about global climate change? Please use the following zero to 10 scale, with zero meaning that you are not at all concerned about climate change and 10 meaning that you are very concerned about climate change.

Not concerned					Very concerned					
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. How informed do you feel about global climate change? Please use the following zero to 10 scale, with zero meaning that you are not at all informed about climate change and 10 meaning that you are very well informed about climate change.

Not informed					Very well informed					
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. Thinking about the global climate change issue, how many times have you done each of the following activities **during the last month**. If you have not done an activity, please enter zero and go to the next item.

	Number of times
Talked to my friends or co-workers about climate change.	
Found information about climate change in a public library.	
Read a newspaper or magazine article about climate change.	
Found information about climate change on the Internet.	
Talked to other members of my family about climate change.	
Watched a television show or documentary about climate change.	
Listened to a discussion of climate change on the radio.	
Searched for information about climate change on Google/Yahoo/Bing	
Read a blog or listserv on climate change.	
Posted a message about climate change on a blog or listserv.	
Printed or saved an Internet article or report about climate change.	
Read a book about climate change.	
Attended a discussion or lecture about climate change.	
Learned more about climate change while visiting a science center or museum.	
Sent a letter or email to a public official about the climate change issue.	

33. In regard to **global climate change** would you say that you are: **Please check one box.**

- Substantially better informed than most of your friends
- Slightly better informed than most of your friends
- About as informed as most of your friends
- Slightly less well informed than most of your friends
- Substantially less well informed than most of your friends
- I'm not sure

34. If you wanted to get more **information about global climate change**, how much would you trust information from each of the sources? Please use a zero-to-10 scale, with zero meaning that you would not trust climate change information from that source and 10 meaning that you would definitely trust climate change information from that source. If you are not sure, please check the Not Sure box and do not enter a number.

	Enter 0-10	Not Sure
A story on your local television news.		<input type="checkbox"/>
A story on national network television news (ABC, CBS, NBC)		<input type="checkbox"/>
A story in a weekly news magazine (<i>Time</i> , <i>Newsweek</i> , etc.).		<input type="checkbox"/>
A report on a cable newscast on CNN or MSNBC.		<input type="checkbox"/>
A report on a cable newscast on the Fox Network.		<input type="checkbox"/>
A story in the <i>New York Times</i> or the <i>Wall Street Journal</i> .		<input type="checkbox"/>
A Wikipedia article on the Internet.		<input type="checkbox"/>
A report from the Intergovernmental Panel on Climate Change.		<input type="checkbox"/>
Information on a NASA or NOAA web site.		<input type="checkbox"/>
A speech by President Obama.		<input type="checkbox"/>
A presentation, program, or exhibit in a science museum.		<input type="checkbox"/>
Information on the Sierra Club web site.		<input type="checkbox"/>
A story on National Public Radio (NPR)		<input type="checkbox"/>
A PBS/NOVA or Discovery Channel science show		<input type="checkbox"/>
An interview with a science professor at a university in your state.		<input type="checkbox"/>
A report from your State Environmental Agency.		<input type="checkbox"/>
A story on the Weather Channel.		<input type="checkbox"/>
A television commercial from an energy company.		<input type="checkbox"/>
A video on YouTube		<input type="checkbox"/>
A story in your local newspaper.		<input type="checkbox"/>
A friend or member of your family.		<input type="checkbox"/>

35. How often do your friends or family ask you for information or your views about climate change or similar scientific issues?

Please check one box.

- frequently
- occasionally
- rarely
- never

36. Many of the issues that we have asked you about in this and previous surveys evoke strong feelings. Please read each of the sentences below carefully and indicate to what extent you agree or disagree with that statement, using a scale from 0 to 10 where 0 means you completely disagree and 10 means you completely agree. You may choose any number from 0 to 10. If you are not sure, please check the Not Sure box.

	Enter 0-10	Not Sure
Science and technology are making our lives healthier, easier, and more comfortable.		<input type="checkbox"/>
If the present rate of coal and oil use continues, serious long-term environmental damage will occur.		<input type="checkbox"/>
Wind and solar energy are the best long-term solutions to our energy problem.		<input type="checkbox"/>
Science makes our way of life change too fast.		<input type="checkbox"/>
In the next 20 years, the conversion of green plants into fuels will significantly reduce our dependence on gas and oil.		<input type="checkbox"/>
There is not enough scientific evidence to support claims that the Earth is getting warmer.		<input type="checkbox"/>
The primary human activity that causes global warming is the burning of fossil fuels such as coal and oil.		<input type="checkbox"/>
The dangers of global warming are being over emphasized for political reasons.		<input type="checkbox"/>
Because of science and technology, there will be more opportunities for the next generation.		<input type="checkbox"/>
Most scientists want to work on things that will make life better for the average person.		<input type="checkbox"/>
We are already in the first stages of global warming and climate change.		<input type="checkbox"/>
Nuclear power plants destroy the ozone layer.		<input type="checkbox"/>
We depend too much on science and not enough on faith.		<input type="checkbox"/>
One of the bad effects of science is that it breaks down people's ideas of right and wrong.		<input type="checkbox"/>
We should build more nuclear power plants to reduce the use of coal and oil.		<input type="checkbox"/>
The best long-term solution to the energy problem is to reduce our use of fuels and electricity and adjust our life style appropriately.		<input type="checkbox"/>
On balance, the world is better off because of science.		<input type="checkbox"/>

37. People have frequently noted that scientific research has produced both beneficial and harmful consequences. How would you assess the balance between the beneficial and harmful results of scientific research?

- Beneficial results substantially greater than harms
- Beneficial results slightly greater than harms
- Beneficial and harmful results about equal
- Harmful results slightly greater than benefits
- Harmful results substantially greater than benefits
- I don't know enough about the benefits and risks to make a judgment.

38. In the current debate over the use of nuclear reactors to generate electricity, there is broad agreement that there are some risks and some benefits associated with nuclear power. How would you assess the balance between the benefits and the risks associated with nuclear power?

- The benefits of nuclear power have substantially exceeded its risks.
- The benefits of nuclear power have slightly exceeded its risks.
- The benefits and risks of nuclear power are about equal.
- The risks of nuclear power have slightly exceeded its benefits.
- The risks of nuclear power have substantially exceeded its benefits.
- I don't know enough about the benefits and risks to make a judgment.

39. There are a lot of issues in the news, and it is hard to keep up with every area. For each of the items below, please indicate if you are very interested, moderately interested, or not at all interested.

Please check one box in each row.	Very Interested	Moderately Interested	Not at all interested
International and foreign policy issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Issues about global climate change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Issues about new scientific discoveries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic issues and business conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Issues about the use of new inventions and technologies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Issues about new medical discoveries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Issues about space exploration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Issues about environmental quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Issues about agriculture and the food supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Issues about the supply and cost of energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local school issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Issues about the use of nuclear power to generate electricity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. Now, for each issue, please indicate if you are very well informed, moderately well informed, or poorly informed.

Please check one box in each row.

	Very Well Informed	Moderately Informed	Poorly Informed
International and foreign policy issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Issues about global climate change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Issues about new scientific discoveries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic issues and business conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Issues about the use of new inventions and technologies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Issues about new medical discoveries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Issues about space exploration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Issues about environmental quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Issues about agriculture and the food supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Issues about the supply and cost of energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local school issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Issues about the use of nuclear power to generate electricity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41. Although we have asked about changes in your marital status each year, we need to update our record periodically. Are you currently: **Please check only one box.**

- Married or living with a partner in a similar arrangement
- Divorced **Go to Question 47 on page 17.**
- Separated **Go to Question 47 on page 17.**
- Spouse or partner deceased **Go to Question 47 on page 17.**
- Never been married **Go to Question 47 on page 17.**

42. As you may have noticed in the recent **The Generation X Report**, we are interested in the structure, size, and dynamics of families in Generation X. We asked some questions about your spouse/partner in our 2007 survey and we asked several questions about your children in the 2010 questionnaire. To provide an adequate description of family life in Generation X, we need to ask you a few additional questions about your spouse/partner. We hold all information provided by you in strict confidence and we have not lost any data to any hacker or other unauthorized person in 25 years.

What is the age of your spouse/partner?	_____ years
How many years have you been living with your spouse/partner?	_____ years

43. Please indicate whether your spouse/partner completed each of the levels of education listed below.

	Yes	No
A high school diploma or GED certificate.	<input type="checkbox"/>	<input type="checkbox"/>
An associate degree.	<input type="checkbox"/>	<input type="checkbox"/>
A baccalaureate.	<input type="checkbox"/>	<input type="checkbox"/>
A masters' degree.	<input type="checkbox"/>	<input type="checkbox"/>
A professional degree (medicine, law, architecture, etc.).	<input type="checkbox"/>	<input type="checkbox"/>
A Ph.D. or other doctorate.	<input type="checkbox"/>	<input type="checkbox"/>
Other advanced degree (Please describe: _____)	<input type="checkbox"/>	<input type="checkbox"/>

44. Is your spouse/partner currently enrolled in any educational program?

- No **Please go to Question 45 below.**
 Yes **Please indicate in the box below the kind of program in which your spouse/partner is enrolled (Please include field of study and degree expected, if a degree is expected)**

45. Is your spouse/partner currently: **(Please check one box for each row)**

	Yes	No
working for pay full-time or part-time, excluding self-employment	<input type="checkbox"/>	<input type="checkbox"/>
self-employed on a full-time or part-time basis	<input type="checkbox"/>	<input type="checkbox"/>
serving on active duty in the Armed Services	<input type="checkbox"/>	<input type="checkbox"/>
serving in an apprenticeship program or government training program	<input type="checkbox"/>	<input type="checkbox"/>
keeping house (that is, full-time homemaker)	<input type="checkbox"/>	<input type="checkbox"/>
holding a job, but on temporary layoff from work or waiting to report	<input type="checkbox"/>	<input type="checkbox"/>
looking for work	<input type="checkbox"/>	<input type="checkbox"/>
retired, disabled, or not seeking work at the present time	<input type="checkbox"/>	<input type="checkbox"/>

If your spouse/partner is currently employed or self-employed, please describe his or her job title and a short description of his or her duties in the box below.

If your spouse/partner is employed, please describe his or her employer's main business or industry in the box below; that is, what does his or her employer make or do? If your spouse/partner is self-employed, please describe his or her business or firm.

46. **If your spouse/partner is currently employed,** does he or she work: **(Please select one box)**

- at a location(factory, office, store, shop, etc.) outside your home
 from an office or shop associated with or located in your home
 from your car or vehicle in an out-of-office or mobile office situation
 a setting different from any of the above

Miles from home:

Please describe:

47. **In a typical week**, how many hours do you spend doing the following activities? If you live with a spouse/partner, please estimate the number of hours that he or she does each of the same activities. If you or your spouse/partner do not do an activity, please enter zero in the response box.

	Number of hours in a typical week	
	Self	Spouse/Partner
Working (for pay or self employed)		
Commuting to and from work		
Exercising (including walking for exercise)		
Reading a newspaper, magazine, or book		
Using the Internet at home		
Watching television at home		
Food shopping, cooking, cleaning, laundry		
Yard and garden work		
Doing volunteer work in your community		

48. **In a typical week**, how many times do **you** do each of the following activities? If you do not do an activity, please enter zero in the response box.

	Number of times in a typical week
Visit a friend or relative who does not live with you normally	
Talk on the phone with a friend or relative who does not live with you	
Pray	
Attend a church or religious meeting or activity	
Attend a group or organization meeting other than religious	
Use public transportation	

49. **During the last year**, approximately how many times – if any – did **you** do each of the following activities? If you did not do an activity, please enter zero in the response box.

	Number of times per year
Visited a public library	
Visited an art museum	
Visited a natural history museum	
Visited a zoo or aquarium	
Visited a science center or museum	
Visited a botanical garden or arboretum	
Visited a planetarium	
Attended a professional sports game or event.	
Attended a high school, college, or amateur sports game or event.	
Attended a play, symphony, opera, or ballet performance.	
Contacted a public official on any issue involving science or technology.	
Contacted a public official on any other public policy issue.	

50. Finally, we want to ask you a few questions about how you and your family access and use the Internet.

If you do not use the Internet at all, please check the box to the right and skip to the final page to confirm your address for sending you a check.

Please indicate all of the ways that you access the Internet. **Please check one box for each row.**

	Yes	No
A telephone or DSL connection at home.	<input type="checkbox"/>	<input type="checkbox"/>
A television cable at home.	<input type="checkbox"/>	<input type="checkbox"/>
A dish service at home.	<input type="checkbox"/>	<input type="checkbox"/>
A telephone or DSL connection at work.	<input type="checkbox"/>	<input type="checkbox"/>
A high speed line at work.	<input type="checkbox"/>	<input type="checkbox"/>
My smart phone.	<input type="checkbox"/>	<input type="checkbox"/>
My iPad or other tablet.	<input type="checkbox"/>	<input type="checkbox"/>
My mobile computer.	<input type="checkbox"/>	<input type="checkbox"/>
A computer at my public library or school.	<input type="checkbox"/>	<input type="checkbox"/>
Another device (Please describe: _____)	<input type="checkbox"/>	<input type="checkbox"/>

51. **In a typical month**, how often do you do each of the following activities? If you have not done the activity at all, please enter a zero in the response box. If you have done it a large number of times, please make your best estimate of the number and enter it into the response box.

Estimated number of times in a typical month that you ...	Number of times
Send an email for work purposes	
Send an email for non-work purposes	
Look for weather information online	
Look for health or medical information online	
Read current news stories online	
Pay bills online	
Check your bank information online	
Get directions or print a map online	
Buy a book online	
Buy clothes online	
Make travel reservations online (air, train, hotel, etc.)	
Use Facebook	
Use Twitter	
Use Skype	
Look at You Tube	
Look for sports scores or information	
Download a movie or video online	
Send a digital picture or pictures to someone else over the Internet	
Print or save information from the Internet	

52. **In the last year**, how many times have you shared any of the following information on a social network like Facebook, Twitter, Flickr, or a similar site? If you have not done an activity, please enter zero in that box. If you do not have a child, please leave that box blank.

Estimated number of times in the last year that you shared ...	Number of times
A photo of yourself	
A photo of your house	
Vacation plans, stories, or pictures	
A parenting question or concern	
A funny story or accomplishment of your child (or children)	
Pictures of your children	
A video of yourself	
A video of your children	

53. Are you concerned about the privacy of your information when using:

	Very concerned	Somewhat concerned	Slightly concerned	Not concerned	Not sure
Credit cards online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online banking services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online medical records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social networks such as Facebook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Search engines such as Google	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instant messaging and online chats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell phone texting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

54. Do you allow your child (children) to post pictures, comments, or videos online?

Please check one.

- Yes.
 No.
 I do not have any minor children at home.

55. Have you ever talked to your child (children) about protecting his or her privacy online?

Please check one.

- Yes.
 No.
 I do not have any minor children at home.

Please verify address information on next page to assure prompt payment.

Thank you your help. We will mail your check within the next 10 days. Please check the mailing address below and check the appropriate box if it is correct. If it is incorrect, check that box and insert your correct mailing address below.

- The address above is correct.
- The address above is incorrect and my current mailing address is:

Name	
Street address	
Second address line if needed	
City, State, ZIPCODE	

Sometimes we need to ask a follow-up question or to clarify one of your responses. If you would prefer to be contacted by email, please check the box below and enter your email address.

- I prefer to be contacted by email at the address below:

My email address ►

If you would prefer that we contact you by telephone, please check the box below and the telephone number that you prefer for us to use in the box below.

- I prefer to be contacted by phone at the telephone number below:

My telephone number ►

Thank you for participating in the LSAY!