

Longitudinal Study of American Youth

2010 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 name of 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 your job or work status changed since [month, year].

- No **Please go to Question 5 below.**
- Yes **Please describe the change in your job or work status in the box below.**

4. Are you currently: **Please check all of the boxes that apply.**

- working for pay at a full-time or part-time job, including self employed
- serving on active duty in the Armed Services **Go to Question 5 below.**
- serving in an apprenticeship program or government training program **Go to Question 5 below.**
- keeping house (that is, full-time homemaker) **Go to Question 5 below.**
- holding a job, but on temporary layoff from work or waiting to report **Go to Question 5 below.**
- looking for work **Go to Question 5 below.**
- none of the above **Go to Question 5 below.**

If you are currently employed, 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, 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 self-employed, please describe your business or firm.

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

5. Has your marital status changed since [MONTH], [YEAR]?

- No **Please go to Question 6 on the next page.**
- Yes **Please continue with the question below.**

What is your current marital status? **Please check only one box.**

- Married or in a civil union
- Divorced
- Separated
- Spouse or partner deceased
- Other change

Please describe:

In what year did this change occur?

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

No **Please go to Question 7 below.**

Yes

To update your record, please list in the box below the age of each child currently living with you.

	Youngest	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8	Child 9
Current age									

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

No **Please go to Question 8 below.**

Yes **Please complete the question below.**

In the boxes below, please indicate the month and year that you joined or completed military service.

	Month	Year
Entered or enrolled in military service		
Completed active duty military service		

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

No **Please go to Question 9 below.**

Yes **Please complete the question below.**

In the box below, please indicate how your health has changed since your previous questionnaire in [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"/>

9. Thinking about all aspects of your life, how happy are you? If zero means that you are very unhappy and 10 means that you are very happy, please rate your happiness.

Very unhappy										Completely happy
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"/>

10. **If you are currently employed (including 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"/>

11. Thinking about the city or community in which you now live, how satisfied are you with the quality of life in this community? If zero means that you are very dissatisfied with your community and 10 means that you are completely satisfied with your community, please rate your satisfaction with your current community.

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"/>

12. Consumers face a lot of choices every day and have to make decisions that may affect themselves and their families. Some of those decisions involve food, nutrition, and issues involving food. The next few questions ask about your involvement with food selection and preparation and about your thoughts about some of the issues associated with food today.

First, **how many times during a typical month** do you do each of the following activities? If you have not done an activity, please enter zero and go on to the next item.

	Number of times per month
Shop for food for myself or my family	
Watch a cooking show on the Food Network or another television channel	
Talk to a friend about food or cooking	
Eat a meal in a good restaurant	
Look for food or cooking information on the Internet	
Cook for and entertain guests in my home	
Send or receive a recipe by email	
Read a magazine article about food or cooking	
Join with other adults in a group cooking experience	

13. How many meals do you prepare in a typical week, including breakfast, lunch, and dinner? (If you prepare a meal for three people, it would count as one meal for this purpose. If you do not prepare any meals, please enter a zero in the box).

Number of meals prepared in a typical week ►

14. In grocery stores and in various media reports, some products are referred to as **organic food**. When you see or read the term **organic food** 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 15 below.**

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

15. In regard to **organic foods**, would you say that you: **Please check one.**

- Strongly prefer to buy organic foods when they are available.
- Sometimes buy organic foods, but not all of the time.
- Rarely buy organic foods.
- Never buy organic foods.
- Haven't thought much about buying or using organic foods.

16. In regard to **organic foods**, 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.

17. How often do your friends or family ask you for information or your views about organic foods?

Please check one.

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

18. In newspaper and magazine articles, you may see the term **genetically modified food**. When you see or read the term **genetically modified food** 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 19 below.**

In the box below, please describe what you understand **genetically modified foods** to mean.

19. If you wanted to get more **information about genetically modified foods**, 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 food information from that source and 10 meaning that you would definitely trust food 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 other cable channel.		<input type="checkbox"/>
A cooking show on television		<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 Food and Drug Administration.		<input type="checkbox"/>
A program or exhibit in a science museum.		<input type="checkbox"/>
An interview with an agriculture professor at a university in your state.		<input type="checkbox"/>
Information from <i>Consumers Reports</i> .		<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"/>
A report from the U.S. Department of Agriculture.		<input type="checkbox"/>
A television commercial from a food company such as Kraft.		<input type="checkbox"/>
A story in your local newspaper.		<input type="checkbox"/>

20. In regard to the usefulness and safety of genetically modified foods, please indicate if you think that each of the following statements is definitely true, probably true, probably false, or definitely false. If you are not sure, please check the Not Sure box.

	Definitely True	Probably True	Probably False	Definitely False	Not sure
When it comes to food, anything natural is always better than anything modified by scientists.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ordinary tomatoes, the ones we normally eat, do not have genes, whereas genetically modified tomatoes do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For centuries, farmers have modified crops and animals through the use of cross-fertilization and selective breeding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genetically modified plants almost always require more pesticide than non-genetically modified plants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The modification of plants to reduce the level of saturated fats is a beneficial use of genetic modification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One of the possible negative consequences of the genetic modification of plants is that it may reduce the amount of variation in wild species.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. In regard to **genetically modified foods**, would you say that you are:

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.

22. How often do your friends or family ask you for information or your views about genetically modified foods?

Please check one.

- Frequently
- Occasionally
- Rarely
- Never

23. The next set of questions concern a Hubble Space Telescope picture that Professor Miller sent you with an invitation to participate in this year's LSAY survey. Please look at the picture before answering the questions that follow. If you do not have your copy, you can see one online at www.lsay.org/Hubblepic . Or, if you do not have online access, you can request another copy from the LSAY office at 800-984-5271.

First, in the box below, please indicate what you believe the object in the picture to be.

24. Would you say that this image is: **Please check one box.**

- Another solar system that is forming planets.
- A cosmic dust cloud in which thousands of new stars are forming.
- A star that has exploded and is collapsing to become a white dwarf.
- A galaxy similar to our own galaxy.
- A comet that is spinning off frozen matter as it moves through space.
- I am not sure what it is.

25. Please indicate if each of the following statements applies to you.

	Yes	No
This is the first Hubble image that I have looked at carefully.	<input type="checkbox"/>	<input type="checkbox"/>
I have seen Hubble images or similar images in books and magazines.	<input type="checkbox"/>	<input type="checkbox"/>
I have seen Hubble images at planetariums and science museums.	<input type="checkbox"/>	<input type="checkbox"/>
I have seen Hubble or similar images on science television shows.	<input type="checkbox"/>	<input type="checkbox"/>
I have seen Hubble or similar images at various sites on the Internet.	<input type="checkbox"/>	<input type="checkbox"/>
I own some books that include Hubble images or similar images.	<input type="checkbox"/>	<input type="checkbox"/>

26. Please read each of the sentences below and indicate to what extent you agree or disagree with that statement. Please use a zero-to-10 scale, where 0 means you completely disagree and 10 means that you completely agree. You may choose any number from 0 to 10.

	Enter 0 to 10
When I see images like this, I am reminded of the vastness of the universe.	
Images like this show how small and fragile planet Earth is in the context of the Universe.	
The size and complexity of the Universe proves the greatness of God's creation.	
It is very likely that there is intelligent life at many places in the Universe.	
Images like this show how much progress science has made in understanding the Universe.	
When I see images like this, I wonder about the significance of humans in the Universe.	
Seeing images like this makes me want to learn more about the nature of the Universe.	
The Federal Government spends too much money on projects like the Hubble Telescope.	

27. If you wanted to get more **information about Hubble images or the nature of the Universe**, 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 information from that source and 10 meaning that you would definitely trust 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 other cable channel.		<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"/>
Information on a NASA web site.		<input type="checkbox"/>
A program or exhibit in a science museum or a planetarium.		<input type="checkbox"/>
A story on National Public Radio (NPR).		<input type="checkbox"/>
A PBS/NOVA or Discovery Channel science show.		<input type="checkbox"/>
A lecture by a leader of your church or religious group.		<input type="checkbox"/>
A story on the Weather Channel.		<input type="checkbox"/>
A story in your local newspaper.		<input type="checkbox"/>
A lecture from a professor of astronomy from a university.		<input type="checkbox"/>

28. In regard to **understanding the meaning of Hubble images**, 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

29. How often do your friends or family ask you for information or your views about the meaning of Hubble images or similar scientific topics?

Please check one box.

- Frequently
- Occasionally
- Rarely
- Never

30. During the last year, have you had one or more children age 18 or younger living in your home on a regular basis?

- No **Go to Question 35 on page 16.**
- Yes **Go to Question 31 on the next page.**

31. In this section, we ask about some of the activities that you have engaged in with your minor child or children during the last year. We are primarily interested in how parents work with their children in learning about science and related topics, but some of the questions will ask about other kinds of parent-child activities. We do not need to know the name of each of your children, but it would be helpful to know their age, gender, and grade in school as a means of identifying the same child across various questions and responses. In the response table below, please use as many columns as needed to list each child age 18 or below that normally lives in your home.

	Child A	Child B	Child C	Child D	Child E
Please enter the current age of each child ►					
Please indicate if each child is a boy (B) or girl (G) ►					
Please indicate the current grade in school if enrolled ►					
For each child listed, please indicate the highest level of education that you expect this child to complete.	Please check one box for each child				
Less than high school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High school diploma or GED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Associate degree (AA or AS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baccalaureate or other four-year degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Master's degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctorate (Ph.D., Ed.D. Sc.D.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional degree in law, medicine, or similar field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For each child listed, how you would feel if that child completed less education than you indicated in the question above?	Please check one box for each child				
I would be OK with it if the child is happy with their life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would be slightly disappointed, but would accept it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would be disappointed and encourage more education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would be very disappointed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the last year (12 months) how many times did you (and/or your spouse/partner) visit each of the following places with each child?	Please complete all questions in each column for each child				
A zoo or aquarium.					
A planetarium.					
A natural history museum.					
A science museum or center.					
A botanical garden or arboretum.					
An art museum.					
A national park.					
A public library.					

32. **If you have a child or children living in your home who have not yet entered first grade**, please re-enter the age and gender of each pre-school child (you do not have to maintain the same letter designation for each child) and respond to the questions below.

If you do not have a pre-school child in your home, please go to the next page.

	Child A	Child B	Child C
Please enter the current age of each child ►			
Please indicate if each child is a boy (B) or girl (G) ►			
In a typical week, about how many hours do you or your spouse/partner spend doing each of the following activities with each child?	Please enter responses for each child		
Reading to or helping each child learn to read.			
Doing athletic activities or physical exercise with this child.			
Watching Sesame Street, Dinosaur Train, The Cat in the Hat, or similar child television shows.			
Watching television shows other than those listed above.			
Playing a musical instrument or singing.			
Playing board games or number games.			
Playing with Lego's or similar construction toys.			
During the last year (12 months) how many times did you or your spouse/partner do each of the following activities with each child?	Please enter responses for each child		
Take a trip or vacation to another city.			
Fly in an airplane.			
Look at stars at night.			
Go walking or hiking in a wooded or nature area.			
Please indicate if each child has access to or uses each of the following toys or items.	Please check one box for each child		
Lego's or similar construction toys.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A hand-held calculator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A computer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Video games.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An iPod or similar device.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A telescope.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A microscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. **If you have a child or children living in your home who are enrolled in grades 1 through 6**, please re-enter the age and gender of each child below (you do not have to maintain the same letter designation for each child) and respond to the questions below.

If you do not have an elementary school child in your home, please go to the next page.

	Child A	Child B	Child C
Please enter the current age of each child ▶			
Please indicate if each child is a boy (B) or girl (G) ▶			
Please indicate the current grade in school if enrolled ▶			
During the current school year, about how many times <i>in a typical month</i> have you or your spouse/partner done each of the following activities with each child?	Please enter responses for each child		
Watched a science television show together.			
Talked about a science TV show that you watched together.			
Helped with science homework.			
Helped with math homework.			
Helped with homework in another subject.			
Played a musical instrument or sang.			
Talked about any problems or issues involving school.			
Talked about the importance of doing well in school.			
Attended a school event together.			
Please indicate if each child uses each of the following toys or items?	Please check all that apply for each child		
Lego's or similar construction toys.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A hand-held calculator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A computer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Video games.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An iPod or similar device.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A telescope.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A microscope.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A cell phone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For each child listed, please indicate the kind of school that he or she currently attends.	Please check one box for each child		
A public school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A charter school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A private church-related school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A private non-church-related school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another kind of school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34. **If you have a child or children living in your home who are enrolled in grades 7 through 12**, please re-enter the age and gender of each child below (you do not have to maintain the same letter designation for each child) and respond to the questions below.

If you do not have a secondary school child in your home, please go to the next page.

	Child A	Child B	Child C
Please enter the current age of each child ▶			
Please indicate if each child is a boy (B) or girl (G) ▶			
Please indicate the current grade in school if enrolled ▶			
During the current school year, about how many times <i>in a typical month</i> have you or your spouse/partner done each of the following activities with each child?	Please enter responses for each child		
Watched a science television show together.			
Talked about a science TV show that you watched together.			
Helped with science homework.			
Helped with math homework.			
Helped with homework in another subject.			
Played a musical instrument or sang.			
Talked about any problems or issues involving school.			
Talked about the importance of doing well in school.			
Attended a school event together.			
Talked about attending college.			
Visited a college or university campus as a possible choice.			
Talked about the math courses that each child is taking.			
For each child, please check a box if you expect that child to complete a calculus course in high school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please indicate the career or occupation that you would most like to see each child listed follow as an adult.			
Child A:			
Child B:			
Child C:			
For each child listed, please indicate the kind of school that he or she currently attends.	Please check one box for each child		
A public school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A charter school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A private church-related school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A private non-church-related school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another kind of school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. If you have any children who are currently enrolled in a post-high school vocational program, community college, senior college, or graduate or professional school (regardless of whether they live in your home or not), please enter the age and gender of each child and respond to each of the questions below.

If you do not have any children in post-secondary study, please go to Question 36 on the next page.

	Child A	Child B	Child C
Please enter the current age of each child ►			
Please indicate if each child is a boy (B) or girl (G) ►			
For each child, please indicate the kind of post-secondary school in which he or she is now enrolled.	Please check one box for each child		
A vocational, journeyman, or certificate program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A community college program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A 4-year college program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A master's level program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A doctoral level program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A professional program (law, medicine, or similar).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another kind of post-high school program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For each child enrolled in a post-secondary program, please indicate in the box below the field or area of the program in which he or she expects to obtain a degree.			
Child A:			
Child B:			
Child C:			
How do you feel about each child's choice of a major field?	Please check one box for each child		
Very satisfied – great choice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Satisfied – good choice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixed feelings – some positive and some negative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slightly disappointed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very disappointed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36. **If you have any children who you have not included in any of the previous tables (regardless of whether they live in your home or not), please enter the age and gender of each child and respond to each of the questions below.**

If you do not have any children that were not reported previously, please go to next page.

	Child A	Child B	Child C
Please enter the current age of each child ►			
Please indicate if each child is a boy (B) or girl (G) ►			
For each child listed, please indicate the highest level of education that he or she has completed to date.	Please check one box for each child		
Has not completed high school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A high school diploma or GED.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A vocational, journeyman, or certificate program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A community college program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A 4-year college program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A master's level program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A doctoral level program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A professional program (law, medicine, or similar).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another kind of post-high school program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using the same letter designation used above (A, B, C), please indicate the current occupation of each child. If a child is not currently employed, please indicate "not employed" in the space below.			
Child A:			
Child B:			
Child C:			
How do you feel about each child's choice of a career field?	Please check one box for each child		
Very satisfied – great choice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Satisfied – good choice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixed feelings – some positive and some negative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slightly disappointed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very disappointed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. **In a typical week**, how many hours do you spend doing the following activities? If you do not do an activity, please enter zero in the response box.

	Number of hours in a typical week
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	
Doing volunteer work in your community	

38. **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	

39. **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.	

40. As a part of our effort to monitor and describe the life of Generation X, we are interested in how you participate in public affairs. The following three questions ask about your participation in various public policy discussions and political events in your city, your state, and nation. We realize that many LSAY participants may not have engaged in all or any of these activities. Please check the boxes that apply to you and then go to the next page to verify the information about the address that we should use to send your check.

During the last two years, have you done any of the follow activities?

	Yes	No
Attended a meeting of your local school board.	<input type="checkbox"/>	<input type="checkbox"/>
Talked to a member of your local school board about a school matter.	<input type="checkbox"/>	<input type="checkbox"/>
Voted in an election for your local school board.	<input type="checkbox"/>	<input type="checkbox"/>
Run for election to your local school board.	<input type="checkbox"/>	<input type="checkbox"/>
Attended a meeting of your city or town council.	<input type="checkbox"/>	<input type="checkbox"/>
Talked to a member of your city or town council about an issue or problem.	<input type="checkbox"/>	<input type="checkbox"/>
Voted in an election for your city or town council.	<input type="checkbox"/>	<input type="checkbox"/>
Run for election to your city or town council or other city/town office.	<input type="checkbox"/>	<input type="checkbox"/>

41. In regard to the elections held in early November, 2010, did you do any of the following activities?

	Yes	No
Volunteered in a campaign for a candidate for state office.	<input type="checkbox"/>	<input type="checkbox"/>
Contributed money to a candidate for state office.	<input type="checkbox"/>	<input type="checkbox"/>
Tried to persuade someone to vote for a candidate for state office.	<input type="checkbox"/>	<input type="checkbox"/>
Volunteered in a campaign for a candidate for Congress (House or Senate).	<input type="checkbox"/>	<input type="checkbox"/>
Contributed money to a candidate for Congress (House or Senate).	<input type="checkbox"/>	<input type="checkbox"/>
Tried to convince someone to vote for a candidate for Congress (House or Senate).	<input type="checkbox"/>	<input type="checkbox"/>
Voted in the November, 2010, election.	<input type="checkbox"/>	<input type="checkbox"/>

42. If you voted in the November, 2010, election, please indicate which party you supported in the following elections. If there was no election for Senator or Governor in your state in 2010, please check the No Race box for that row.

Office	Republican	Democrat	Other	No Race
Governor of your state	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative to U.S. Congress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member of U.S. Senate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 on the label 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!