

Longitudinal Study of American Life

2017 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 us directly at any time at 800-984-5271. Thank you for your kind assistance in this study.

Jon D. Miller and Jacqui Smith

The first set of questions asks about your current work status and about changes in your life since you completed the previous LSAL questionnaire in [MONTH], [YEAR]. Please pay careful attention to the **directional instructions in green.**

1. Are you currently:

Please check one box for each row

	Yes	No
working for pay at a full-time or part-time job, 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"/>

2. **If you are currently employed, please continue with this question; otherwise please skip to Question 3.**

If you are currently employed (excluding self-employment), please describe your current job (or the job at which you spend 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?

3. Are you currently self-employed?

- No **Please go to Question 5 below.**
- Yes **Please continue.**

Please describe the nature of your work or business in the box below.

4. **If you are currently self-employed**, in what year did you begin your current business or self-employment?

5. **IF YOU ARE NOT CURRENTLY EMPLOYED OR SELF EMPLOYED**, please go to **Question 11 on the next page; otherwise, continue.**

Please think about your work on your current main job or your current self-employment, if that is your main job. Assume that your work ability at its best has a value of 10 points. How many points would you give your **current ability to work**? (0 means that you cannot work at all; 10 means your work ability is currently at its lifetime best.)

Unable to work	Please mark one box										Work ability at its best
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. Thinking about the **physical demands** of your job, how do you rate your current ability to meet those demands?

Unable to work	Please mark one box										Work ability at its best
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. Thinking about the **mental demands** of your job, how do you rate your current ability to meet those demands?

Unable to work	Please mark one box										Work ability at its best
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"/>	

8. Thinking about the **interpersonal demands** of your job, how do you rate your current ability to meet those demands?

Unable to work	Please mark one box										Work ability at its best
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. Please indicate how often you have the feelings or concerns described in each statement. **Please check one box for each statement.**

	Rarely	Some times	Often	Most of the time
My work schedule makes it difficult to fulfill personal responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because of my job, I don't have the energy to do things with my family or other important people in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job worries or problems distract me when I am not at work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My home life keeps me from getting work done on time on my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My family or personal life drains me of the energy I need to do my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am preoccupied with personal responsibilities while I am at work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My work leaves me enough time to attend to my personal responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My work gives me energy to do things with my family and other important people in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because of my job, I am in a better mood at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My personal responsibilities leave me enough time to do my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My family or personal life gives me energy to do my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am in a better mood at work because of my family or personal life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. How much do you agree or disagree with the following statement:-? “All things considered, I am satisfied with my job.”

Completely disagree											Completely agree
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. Have you completed an educational degree or program since [MONTH], [YEAR]?

- No **Please go to Question 16 on next page.**
- Yes

12. What degree or certificate did you earn?

- GED or equivalent **Please go to Question 16 on next page.**
- Associate degree
- Baccalaureate or other 4-year degree
- Master's degree (MA, MS, MBA, MPH, other master's)
- Doctoral degree (Ph.D., Ed.D., D.Sc., or similar)
- Professional degree (medicine, law, dentistry, architecture, or similar)
- Other advanced degree or certificate

Please describe ►

13. In the spaces below, please provide the name and location of the institution that granted your new degree or certificate and your major field of study.

Date awarded (month and year)	
Name of institution	
Major field	
Location: city	
Location: state	

14. Were you a full-time or part-time student in this program?

- Mostly full-time
 Mostly part-time
 Sometimes full-time, sometimes part-time

15. Please think about your experiences related to this degree 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	

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

- No **Please go to Question 22**
 Yes

17. Please enter the name of the school, and the city and state in which it is located in the boxes below.

Name of institution	
City	
State	

18. Are you enrolled as a full-time student or a part-time student in this program?

- Full-time
 Part-time

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

- GED or equivalent **Please go to Question 21 below.**
- Associate degree
- Baccalaureate or other 4-year degree
- Master's degree (MA, MS, MBA, MPH, other master's)
- Doctoral degree (Ph.D., Ed.D., D.Sc., or similar)
- Professional degree (medicine, law, dentistry, architecture, or similar)
- Other advanced degree or certificate
Please describe ►
- I do not expect to get a degree from this program or institution

20. What is your major field or area in this program?

21. When you complete this program, do you think that you will:

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

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

- No **Please go to Question 25 on the next page**
- Yes

23. What is your current marital status? **[Check only one box]**

- First marriage or union
- Second or subsequent marriage or union
- Divorced
- Separated
- Spouse or partner deceased
- Other change **Please describe in box below ▼**

24. In what year did this change occur?

Year ►

25. **IF YOU ARE NOT CURRENTLY MARRIED OR LIVING WITH A PARTNER, please go to Question 27 below; otherwise, please continue.**

Overall, how enjoyable is the time that you spend with your spouse/partner?

Please check one box below.

- Extremely enjoyable
- Very enjoyable
- Somewhat enjoyable
- Not too enjoyable

26. In your free time, do you and your spouse/partner mostly do things together or separately?

Please check one box below.

- Most or all together
- Some together, some separately
- Most or all separately

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

- No **Please go to Question 28 below.**
- Yes. **Please continue.**

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

28. **IF YOU HAVE MINOR CHILDREN CURRENTLY LIVING AT HOME, did you ever ...**

Please check on box for each line	Yes	No	Does not apply
stop working at a job to stay home and care for your child or children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cut back on the number of hours worked at a job to care for your child/children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
work longer hours to meet the added expenses of having children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
switch to a different job that was less demanding or more flexible to be more available to your child/children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. **IF YOU HAVE MINOR CHILDREN CURRENTLY LIVING AT HOME AND YOU ARE CURRENTLY MARRIED OR LIVING WITH A PARTNER, did your spouse or partner ever ...**

Please check on box for each line	Yes	No	Does not apply
stop working at a job to stay home and care for your child or children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cut back on the number of hours worked at a job to care for your child/children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
work longer hours to meet the added expenses of having children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
switch to a different job that was less demanding or more flexible to be more available to your child/children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. Have you joined a military service or completed military service since [MONTH],[YEAR]?

- No **Please go to Question 31 below.**
 Yes

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

31. Has there been any change in your health status since [MONTH], [YEAR]?
Please describe the change in the box below.

32. **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 health 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"/>

33. **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.

Serious health 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"/>

34. Please read the list below and indicate whether or not any of these are current or ongoing problems that have lasted twelve months or longer. If the problem is happening to you, please indicate how upsetting it has been. Check the answer that is most like your current situation.

	No, didn't happen	Yes, but not upsetting	Yes, somewhat upsetting	Yes, very upsetting
Ongoing health problems (in yourself)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ongoing physical or emotional problems (in spouse, partner, or child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ongoing problems with alcohol or drug use in family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ongoing difficulties at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ongoing financial strain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ongoing housing problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ongoing problems in a close relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helping at least one sick, limited, or frail family member or friend on a regular basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. How difficult is it for you or your family to meet monthly payments on your or your family's bills?

Please check one box below.

- Not at all difficult
- Not very difficult
- Somewhat difficult
- Very difficult
- Completely difficult

36. Now that you have reached mid-life, 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 of work and the future is uncertain.
- have trouble finding a good job today so that long-term plans make no sense.

37. **IF YOUR PARENTS AND YOUR SPOUSE'S/PARTNER'S PARENTS ARE NO LONGER ALIVE, please go to Question 38 on the next page; otherwise continue.**

Some Generation X adults report that they have, or expect to have, some responsibility for the care of their parents or parents' health care in the years ahead. Recognizing that it is difficult to know exactly what your future obligations might be in this regard, please indicate how likely you think each of the following potential outcomes are in your family:

	Very likely	Possible	Not likely	Not sure
A parent may need to move into our house and be cared for by me and my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A parent may -need to move in with one of my brothers or sisters and be cared for in their home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A parent may need to move into <u>a</u> skilled nursing facility or similar retirement facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A parent may need to move into a memory care facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. Today, there is a good deal of discussion nationally about health insurance. As a part of this policy discussion, it is important to understand the level of health insurance coverage held by young adults in mid-life – you and the other members of Generation X. Please indicate if you currently have health insurance coverage for you and your family.

Please check one box in each row	Yes	No	Not Applicable
I have health insurance coverage for myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have health insurance coverage for my spouse or partner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have health insurance coverage for my child/children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. **If you did not check “Yes” to any of the three questions above, please go to Question 40 below; otherwise continue.**

Please indicate the source of the health insurance coverage for you and other members of your family (if applicable). **Please check all boxes that are appropriate.**

I/we have health insurance	Individuals covered		
	Myself	Spouse/Partner	Child/Children
provided by my employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
provided by my spouse/partner’s employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
that I buy directly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
through a state or federal health insurance exchange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
through Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
through Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
through the Child Health Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
from another source (Please describe below ▼)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. How often do you read a printed newspaper?

- Every day
- A few times a week
- Once a week
- Less than once a week
- Never **Please go to Question 42 on the next page.**

41. What printed newspaper do you read most often?

42. How often do you read an online newspaper?

- Every day
- A few times a week
- Once a week
- Less than once a week
- Never **Please go to Question 44 below.**

43. What online newspapers do you read most often?

Most often	
Next most often	
Other	

44. Do you ever read any **science or health magazines**? Please enter the names of any science or health magazines (up to 3) that you read most of the time. For each magazine you list, please check the Paper or Online box, or both boxes if you read both the paper and online editions. **If you do not read any science or health magazines, please go to Question 45 below.**

	Name of science or health magazines	Paper	Online
1		<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>

45. Are there any **other magazines** that you read regularly, that is, most of the time? Please enter the names of the magazines (up to 5) in the boxes below. For each magazine you list, please check the Paper or Online box, or both boxes if you read both the paper and online editions. **If you do not read any other magazines, please go to Question 46 below.**

	Name of magazines	Paper	Online
1		<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>

46. Altogether, on an average day, about how many hours would you say that you watch television?

Please enter number of hours in box ►
Please enter number of minutes in box ►

47. About how many of those hours – if any – are news reports or news shows?

Please enter number of hours in box ►
Please enter number of minutes in box ►

48. If you watch any science or nature television shows regularly or periodically, please enter the name of the show in the boxes below (or the channel if you cannot remember the name) and how often you watch each show. **If you do not watch any science or nature television shows, please go to Question 49.**

Name of science or nature television show	Times watched per month

49. **During the last year**, did you use (visit in-person or online) a public library?

- No **Please go to Question 50 below.**
 Yes **Please continue below.**

About how many times did you use a public library (in-person or online) during the last year?

Enter number ►

50. Have you used the Internet **during the last three months** to send an email or for any other purpose?

- No **Please go to Question 52 on the next page.**
 Yes

51. **During the last three months**, how often have you done 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 an activity 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 the last three months that you ...	Number of times
Used the Internet to get a weather forecast.	
Used the Internet to get a sports score.	
Used the Internet to look for directions or for a map.	
Used the Internet to look for medical or health information.	
Used the Internet to read movie or theatre reviews.	
Used the Internet to buy a book.	
Used the Internet to buy an item of clothing.	
Watched a video report on an Internet news site.	
Received a video by email from someone else.	
Sent a digital picture or pictures to someone else.	
Printed information from the Internet.	
Sent an email to other members of your family or good personal friends.	
Sent an email to other persons for business or work-related reasons.	
Sent an email to a company or corporation to complain about a product or service.	
Sent an email to a public official about a public policy issue.	

52. When you read news stories, you see certain sets of words and terms. We are interested in how many people recognize certain kinds of terms and would like to ask you a few brief questions in that regard. First, when you read or hear the term **molecule**, 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 53 below.**

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

53. Next, when you see or hear the term **total solar eclipse**, 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 54 below.**

In the box below, please describe what you understand the term **total solar eclipse** to mean.

54. Which of the following statements best describes the relationship between the Sun and the Earth?

- The Sun goes around the Earth once each day
- The Sun goes around the Earth once each month
- The Sun goes around the Earth once each year
- The Earth goes around the Sun once each day
- The Earth goes around the Sun once each month
- The Earth goes around the Sun once each year

55. The following questions are short quiz-type questions such as what you might see on a television show. For each statement, please indicate if you think that it is definitely true, probably true, probably false, or definitely false. If you don't know or aren't sure, please check the "not sure" box.

	Definitely True	Probably True	Probably False	Definitely False	Not sure
The center of the Earth is very hot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nuclear power plants destroy the ozone layer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The continents on which we live have been moving their location for millions of years and will continue to move in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The greenhouse effect causes the Earth's temperature to rise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lasers work by focusing sound waves.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the entire universe, it is likely that there are thousands of planets like our own on which life could have developed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrons are smaller than atoms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The universe began with a huge explosion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

56. Last August 21st, large parts of the United States experienced a total solar eclipse.

Please check one box on each line.

Thinking back to last August, did you:

	Yes	No
watch the total solar eclipse personally in the town or area in which you live?	<input type="checkbox"/>	<input type="checkbox"/>
watch the total solar eclipse personally at a different location?	<input type="checkbox"/>	<input type="checkbox"/>
see the total solar eclipse on television, your computer, or a similar device?	<input type="checkbox"/>	<input type="checkbox"/>

57. **IF YOU WATCHED THE ECLIPSE AT A LOCATION OTHER THAN YOUR HOME AREA,** please enter the name of the state and nearest city to the place you watched the total solar eclipse.

State where viewed:

Nearest city:

58. Regardless of whether you viewed the eclipse in person or not, how many times did **you** do each of the following activities **since August 21** – the day of the total solar eclipse? If you did not do a listed activity, please enter “0” in that box.

	Number of times
Talked to my friends or co-workers about solar eclipses or the solar system.	
Looked for information about solar eclipses or the solar system at a public library (in person or online).	
Read a story about solar eclipses or the solar system in a newspaper or magazine (print or online).	
Looked for information about solar eclipses or the solar system on the Internet.	
Printed or saved an Internet article or report about solar eclipses or the solar system.	
Read a book (print or electronic) about solar eclipses or the solar system.	
Talked to my children about the solar eclipse or the solar system. (If you do not have minor children living in your home, please enter “0” in the box.)	
Talked with other members of my family about the solar eclipse or the solar system.	
Attended or streamed a lecture about solar eclipses or the solar system.	
Watched a television show about the solar eclipse or the solar system.	
Watched a video on YouTube about the solar eclipse or the solar system.	
Visited a planetarium or science center/museum to learn about solar eclipses or the solar system.	
Read or contributed to a blog on the solar eclipse or the solar system.	
Listened to a podcast about the solar eclipse or about the solar system.	

59. **IF YOU REPORTED DOING ANY OF THE ACTIVITIES LISTED ABOVE**, please use the scale below to indicate how satisfied you are with the information that you found about the solar eclipse or the solar system. If you did not do any of the activities listed in Question 58, please go to Question 60 below.

Very dissatisfied	Completely satisfied																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> <td style="text-align: center;">7</td> <td style="text-align: center;">8</td> <td style="text-align: center;">9</td> <td style="text-align: center;">10</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	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"/>	
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"/>													

60. Please look at the color image that was included in the envelope with this questionnaire. In the box below, please describe what you believe the image to be.

61. Would you say that this image is: **Please check one box.**
- A picture of the surface of the planet Saturn.
 - A picture of forest fires in California.
 - A picture of the surface of the Sun.
 - An x-ray image of the black hole at the center of the Milky Way.
 - A computer-generated image used in a Hollywood science fiction movie.
 - I am not sure what it is.
62. Would you say that the Sun is a planet, a star, or something else? **Please check one box.**
- A planet.
 - A star.
 - Something else.
63. Which of the following three statements do you agree with the most? **Please check one box.**
- The Sun will keep shining forever.
 - At some time in the future, the Sun will stop shining and never shine again.
 - At some time in the future, the Sun will stop shining, but eventually it will receive new energy and start shining again.
64. Do you think that the size of the universe is getting bigger in size, smaller in size, or remaining the same in size? **Please check one box.**
- Getting bigger in size.
 - Getting smaller in size.
 - Remaining the same in size.
65. In regard to understanding the Sun or the Universe, 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
66. How often do your friends or family ask you for information or your views about the Sun, the universe, or similar kinds of scientific topics?
- Please check one box.**
- Frequently
 - Occasionally
 - Rarely
 - Never

67. If you wanted to get more **information about the Sun 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 report on your local television news.		<input type="checkbox"/>
A report on national network news (ABC, CBS, NBC, Fox).		<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"/>
Information from a group like the National Academy of Sciences.		<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 report on National Public Radio (NPR).		<input type="checkbox"/>
A PBS/NOVA or Discovery Channel science show.		<input type="checkbox"/>
A talk by a leader of a church or religious group.		<input type="checkbox"/>
A podcast on this subject.		<input type="checkbox"/>
A report on the Weather Channel.		<input type="checkbox"/>
A report in your local newspaper.		<input type="checkbox"/>
A television interview with a professor of astronomy from a university.		<input type="checkbox"/>

68. 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"/>
Issues about the use of nuclear power to generate electricity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local school issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women's issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

69. 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"/>
Issues about the use of nuclear power to generate electricity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local school issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women's issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

70. We are faced with many problems in this country. For each of the areas or problems listed below, please indicate whether you think that the federal government is spending too much money on it, about the right amount, or too little. If you are not sure how much money the government is spending or how much they should be spending, you can check the Not Sure box.

Please check one box in each row.	Too Little	About Right	Too Much	Not sure
Exploring space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improving health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supporting scientific research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improving education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helping older people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improving national defense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helping low-income persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encouraging non-fossil energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supporting medical research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

72. Thinking about the space program, some people have argued that the cost of the space program has exceeded its benefits, while other people have argued that the benefits of the space program have exceeded its cost. Which of the following statements best express your own view?

- The cost of the space program substantially exceeds its benefits.
- The cost of the space program slightly exceeds its benefits.
- The cost and benefits of the space program are about equal.
- The benefits of space exploration slightly exceed its cost.
- The benefits of space exploration substantially exceed its cost.
- I don't know enough about the cost and benefits to make a judgment.

73. Do you usually think of yourself as a Democrat, a Republican, an Independent, or what?

- Democrat
- Republican
- Independent
- Other party
- No preference
- Don't know

74. In talking about politics, the expressions "liberal" and "conservative" are often used. Please think of a scale from 0 to 10 where 0 means very liberal and 10 means very conservative. Where would you locate yourself on this scale? If you are not sure, you may check the "Not sure" box below.

Liberal					Conservative					
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"/>

Not sure

75. **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		
Play a musical instrument		
Doing volunteer work in your community		

76. **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	
Buy a meal at a fast-food restaurant	

77. **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 an art museum	
Visited an art gallery or shop that is not a part of a museum	
Visited a natural history museum	
Visited a zoo or aquarium	
Visited a science center or science 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 or musical play.	
Attended a symphony or opera performance.	
Attended a ballet or dance performance.	
Attended other live music performances (jazz, blues, rock, etc.)	
Watched a movie in a theatre	
Watched a movie on your television or other device	
Streamed a talk or lecture (a TED talk or similar event)	
Streamed a live sports event (game, fight, etc.)	
Used Skype, Facetime or similar software to make calls.	

Thank you for your help.

We would like to send you a check, a money order, or an electronic Amazon Card for \$50 as an appreciation of your time. Please check your preference:

- Check. Please update your mailing address below.
- Money Order. Please update your mailing address below.
- Electronic Amazon Card. Please update your email address below.
- I prefer to donate this amount to the continuation of the LSAL Study.

Current mailing address. We have the following address as your home address. If this is incorrect, please enter your new address in the boxes below.

[FIRST][LAST]
[ADDRESS1]
[CITY], [STATE] [ZIP]

- 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	

Current email address. If you requested an electronic Amazon Card, we will email it to the following address:

[insert participant email address]

If that email address is not correct or you would prefer that we send the honorarium to another email address, please enter a new email address in the box below.

New email address ►

Best contact for questions about your responses. Sometimes one of our data staff needs to reach you to clarify a response that you provided on this questionnaire. If we need to reach you with this kind of question, would you prefer to receive the inquiry by email or by phone?

- Email (to address provided above).
- Telephone. The best number to reach me is ►

Thank you for participating in the LSAL!

This is the image send to each print respondent and the image shown to each online participant.

