

Longitudinal Study of American Life

2015 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 and Jacqui Smith

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

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

No **Please go to Question 2 below.**

Yes **Please continue on this page.**

Please describe your most recent degree in the boxes below.

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 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	

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 this question on the next 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., Sc.D., or similar)
- Professional degree (medicine, law, dentistry, architecture, or similar)
- Other advanced degree
- I do not expect to get a degree from this program or institution

What is your major field or area in this program?

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
- Do not think that I will complete this program

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

- No **Please go to Question 4 on next page.**
- Yes **Please continue below.**

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

- Married, in civil union, or in a committed relationship
- Divorced
- Separated
- Spouse or partner deceased
- Other

Please describe the change in your marital status in the box below.

In what year did this change occur?

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

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

Yes

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

5. 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"/>

6. **If you are currently employed, please continue with this question; otherwise please skip to Question 7.**

Do you currently have more than one job?

Yes ► How many jobs (full-time or part-time) do you have?

No

Please enter number of jobs in box ►

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?

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"/>

7. Are you currently self-employed?

- No Please go to Question 11 below.
- Yes Please continue.

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

If you are not self-employed, please skip to Question 11 below.

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

9. 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 your self-employment.

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"/>

10. If you are currently self-employed, do you employ other individuals in your business or self-employment?

- No
- Yes Please indicate the number of persons that you currently employ ►

11. IF YOU ARE NOT CURRENTLY EMPLOYED OR SELF-EMPLOYED, please continue below; otherwise, go to Question 12 on the next page.

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

- No Please skip to Question 12 on the next page.
- Yes Please describe in the box below the kind of job that you would like to have.

12. One of the major issues concerning some members of Generation X has been the funding of the education of their children after high school. Do you have responsibility for the funding of college for any children?

- No **Please skip to Question 15 on the next page.**
 Yes **Please provide the information requested below for each child for whom you are responsible.**

	Child A	Child B	Child C	Child D	Child E
Year of birth for each child					
Gender of each child					
For each child, 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"/>
Vocational and technical training without formal degree	<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"/>
Not sure at this point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Thinking about the post-high school years of schooling for these children, do you feel that you are:

Please check one box below

<input type="checkbox"/>	Primarily responsible for providing financial support for your children's education
<input type="checkbox"/>	Partially responsible but each child should provide some support through work, loans or scholarships
<input type="checkbox"/>	Not responsible for the costs of your children's education
<input type="checkbox"/>	The costs of your children's education will be covered by other sources (family, trusts, savings)

14. What do you think will be the total financial contribution that you would need to make?

Please estimate the total financial responsibility you expect for the post-high school education of your child or children ►

\$

Thinking about this level of needed resources, do you think that you ...

	Yes	No	Not sure
have adequate resources to provide this level of support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
have a plan for savings that will provide this level of support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
will be able to borrow to provide the needed support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
will need for your child/children to win scholarships or grants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
will need for your child/children to take loans to provide the needed funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
will get financial support from other family members for these expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
do not have a plan to reach the level of support needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. 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"/>

16. What is the most important health or medical matter that you think about? This could be a problem or condition that affects you or a member of your family.

Please name or describe in this box ►

17. Thinking about the health issue that you just described, how many times have you done each of the following activities **during the last 12 months**? If you have not done an activity, please enter 0 and go to the next item.

	Number of times in last year
Talked to a doctor about this disease or condition.	
Looked for information about this disease or condition in a public library.	
Read a newspaper or magazine article about this disease or condition.	
Looked for information about this disease or condition on the Internet.	
Talked to other members of my family about this disease or condition.	
Prayed for relief on this matter.	
Talked to friends or co-workers about this disease or condition.	
Printed or saved an article from the Internet about this disease or condition.	
Read or participated in a blog about this disease or condition.	
Read a book about this disease or condition.	
Attended a discussion or lecture about this disease or condition.	

18. Are you currently a member of any group or organization that is concerned primarily about this disease or condition?

- Yes
 No
 Not sure

19. If you wanted to get more information about the disease or condition that you described earlier, how much would you trust **health information** from each of the sources? Please use a zero-to-10 scale, with zero meaning that you would not trust health information from that source and 10 meaning that you would definitely trust health 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 health story on your local television news.		<input type="checkbox"/>
Advice from your doctor.		<input type="checkbox"/>
A story 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 story in the <i>New York Times</i> or other national newspaper		<input type="checkbox"/>
A brochure from your local hospital or doctor's office.		<input type="checkbox"/>
A Wikipedia article on the Internet.		<input type="checkbox"/>
Information from a group like the American Heart Association.		<input type="checkbox"/>
Information on the National Institutes of Health web site.		<input type="checkbox"/>
A member of your family who has had the same disease.		<input type="checkbox"/>
Information on WebMD or a similar Internet site.		<input type="checkbox"/>
A health story on National Public Radio (NPR)		<input type="checkbox"/>
A PBS/NOVA or Discovery Channel science show		<input type="checkbox"/>
A television commercial from a pharmaceutical company.		<input type="checkbox"/>
A health story in your local newspaper.		<input type="checkbox"/>
A blog used by people with a similar disease or condition.		<input type="checkbox"/>
A friend who has had the same disease.		<input type="checkbox"/>
Advice from your local pharmacist.		<input type="checkbox"/>

20. In regard to **health** matters, would you say that you are:

- 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

21. How often do your friends or family ask you for information or advice on **health** matters?

- Frequently
- Occasionally
- Rarely
- Never

The next few questions ask about whether you and your family got a flu vaccination or engage in other early diagnostic tests that are preventive in nature.

22. First, have you had a flu shot this year?

- Yes
- No, but I plan to get one soon
- No and I do not plan to get one this year
- No and I have not decided about getting a flu shot this year.

23. During the **last three years**, have you had any of the following tests or procedures?

	Yes	No	Not sure
A test to determine the level of cholesterol in your blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A measurement of your blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A test for blood sugar or diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A test for colon cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A mammogram or test for breast cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A test for prostate cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A test for allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A vision test to determine the need for glasses or contact lens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. Below is a list of ways you might have felt or behaved. Please indicate how often you have felt this way **during the last week**.

	Number of days last week
I felt depressed.	
I felt that everything that I did was an effort.	
My sleep was restless.	
I was happy.	
I felt lonely.	
I enjoyed life.	
I felt sad.	
I could not get “going.”	
I had a lot of energy.	

25. Think of a ladder as representing where people stand in our society. At the top of the ladder are the people who are best off – those who have the most money, most education, and best jobs. At the bottom of the ladder are the people who are worst off – who have the least money, least education, and the worst jobs. Where would you place yourself on this ladder?

Bottom of ladder					Top of ladder					
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"/>

26. Over the years that you have participated in the LSAY, we have asked you several questions about scientific terms and ideas because we are interested in how you make sense of various kinds of words and terms that sometimes appear in the news or health information or other places. We would like to ask you a few brief questions in that regard.

First, some articles refer to the results of a **scientific study**. When you read or hear the term **scientific study** 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 27 below.**

In the box below, please describe what you think it means to **study something scientifically**.

27. Next, in articles and television news show, the term **DNA** is sometimes used. When you read or hear the term DNA, 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 on the next page.**

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

28. Next, 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 29 below.**

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

29. Next, when you read or hear the term **stem cell**, 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 30 below.**

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

30. Please think about this situation. Two scientists want to know if a certain drug is effective against high blood pressure. The first scientist wants to give the drug to 1000 people with high blood pressure and see how many of them experience lower blood pressure levels. The second scientist wants to give the drug to 500 people with high blood pressure, and not give the drug to another 500 people with high blood pressure, and see how many in both groups experience lower blood pressure levels. Which is the better way to test this drug?

- All 1000 get the drug
- 500 get the drug; 500 don't

In the box below, please explain why you think it is better to test the drug this way.

31. The following questions are short quiz-type questions such as you might see on a television game 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, just check the "not sure" box.

	Definitely True	Probably True	Probably False	Definitely False	Not sure
Nuclear power plants destroy the ozone layer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The earliest humans lived at the same time as the dinosaurs.	<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"/>
Human beings, as we know them today, developed from earlier species of animals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than half of human genes are identical to those of mice.	<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"/>
Antibiotics kill viruses as well as bacteria.	<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"/>
Global warming is increasing primarily because the level of direct radiation from the Sun is increasing.	<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"/>

32. Which travels faster: light or sound?

- Light
 Sound
 Both the same

33. Which of the following statements best describes the relationship of 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

34. Now, think about this situation. A doctor tells a couple that their genetic makeup means that they've got one in four chances of having a child with an inherited illness. Please indicate whether each of the four statements below is true or not.

	Yes	No
Does this mean that if their first three children are healthy, the fourth will have the illness?	<input type="checkbox"/>	<input type="checkbox"/>
Does this mean that if their first child has the illness, the next three will not?	<input type="checkbox"/>	<input type="checkbox"/>
Does this mean that each of the couple's children will have the same risk of suffering from the illness?	<input type="checkbox"/>	<input type="checkbox"/>
Does this mean that if they have only three children, none will have the illness?	<input type="checkbox"/>	<input type="checkbox"/>

35. **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		

36. **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	

37. **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 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 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.	

38. Do you currently live:

- With your parents
- In a rental apartment
- In a home that you are renting
- In a home that you own or are buying
- In a condominium that you own or are buying
- In military or employer-provided housing
- Another kind of housing **(Please describe below ▼)**

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]
[ADDRESS2]
[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!