

# Longitudinal Study of American Life

## 2016 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. 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. Have you completed an **educational degree or program** since [MONTH], [YEAR]?

- No **Please go to Question 6 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	

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

- No **Please go to Question 7 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 **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?

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

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

- No **Please go to Question 8 on next page.**
- Yes **Please continue below.**

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

- First marriage or union
- Second or subsequent marriage or union
- Divorced
- Separated
- Spouse or partner deceased
- Other change **Please describe:**

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

In what year did this change occur?

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

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

Yes

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

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

No **Please go to Question 10 below.**

Yes

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

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

No **Please go to Question 11 below.**

Yes

To update your record, please describe how your health status changed in the box below.

11. **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"/>

12. **In the last two years**, have you been a patient in a hospital overnight?

- No **Please go to Question 13 below.**
- Yes **Please continue below.**

**In the last two years**, how many different times were you a patient in a hospital overnight?

**Number of hospital admissions**

▶

13. **In the last two years**, have you had an outpatient surgery?

- No **Please go to Question 14 below.**
- Yes **Please continue below.**

**In the last two years**, how many different times have you had an outpatient surgery?

**Number of Outpatient surgeries**

▶

14. Aside from hospital stays or outpatient surgeries, **how many times in the last year** have you seen or talked with a medical doctor about your health, including emergency room visits, clinic visits, office visits, or home visits?

**Number of visits with a medical doctor during the last year**

▶

15. Do you have one or more doctors that you see regularly or periodically about your health?

- Yes
- No

16. **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											Very 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"/>		

17. **How often do you read a printed newspaper? Please go to Question 19 below.**

- Every day
- A few times a week
- Once a week
- Less than once a week
- Never

18. **What printed newspaper do you read most often?**

19. **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 21 below.**

20. **What online newspapers do you read most often?**

<b>Most often</b>	
<b>Next most often</b>	
<b>Other</b>	

21. 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 22 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"/>

22. 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 23 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"/>

23. 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 ►**


24. 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 ►**


25. If you watch any science or nature television show 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 26.**

Name of science or nature television show	Times watched per month

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

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

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

Enter number ►

27. **If you used a public library during the last year**, did you use any science or health-related public library books or materials?

- Yes  
 No

28. **During the last year**, did you buy any books (hard copy or digital)?

- No **Please go to Question 29 below.**  
 Yes

About how many books did you buy during last year?

Enter number ►

29. Regardless of whether you purchased, downloaded, or borrowed a book, **how many books did you read last year? If you did not read a book in the last 12 months, please enter zero.**

Enter number ►

30. If you read one or more books last year, were any of those books about science, mathematics, or technology (excluding computer and software manuals)?

- No **Please go to Question 31 on the next page.**  
 Yes

About how many books were about science, mathematics, or technology?

Enter number ►

31. If you read one or more books last year, were any of those books about health or medicine?

No **Please go to Question 32 below.**

Yes

About how many books were about health or medicine?

Enter number



32. If you read one or more books last year, were any of those books novels or works of fiction?

No **Please go to Question 33 below.**

Yes

About how many books were novels or fiction?

Enter number



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

No **Please go to Question 35 on the next page.**

Yes

34. **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 look for information about wars in Afghanistan or the Middle East.	
Used the Internet to look for information about global warming or climate change.	
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.	



35. As you may recall from previous LSAL questionnaires, we are interested in the support that individuals in Generation X like you receive from your extended family and the level of help or obligation that you may have in regard to your parents or other family members. The next few questions ask about your extended family and whether they live close to you or further away.

First, is one or both of your parents still alive?

- No **Please go to Question 36 below.**
- Yes, both of my parents are alive
- Yes, only my mother is alive
- Yes, only my father is alive

About how many miles away does your nearest parent live?

Enter number

miles

36. If you are married or have a partner, is one or both of your spouse/partner's parents alive?

- No **Please go to Question 37 below.**
- Yes, both parents are alive
- Yes, only his/her mother is alive
- Yes, only his/her father is alive

About how many miles away does your spouse/partner's nearest parent live?

Enter number

miles

37. How many times have you visited your parents or your spouse/partner's parents during the last year?

Enter number

38. How many times have your parents' or your spouse/partner's parents visited your home during the last year?

Enter number

39. Do you have any brothers who are still living?

- No **Please go to Question 42 on the next page.**
- Yes

About how many miles away does your nearest brother live?

Enter number

miles

40. During the last year, how many times have you visited that brother at his home?

Enter number

41. During the last year, how many times has that brother visited your home?

Enter number

42. Do you have any sisters who are still living?

No **Please go to Question 45 below.**

Yes

About how many miles away does  
your nearest sister live?

Enter number

 miles

43. During the last year, how many times have you visited that sister at her home?

Enter number



44. During the last year, how many times has that sister visited your home?

Enter number



45. If you or your immediate family were to experience a family or medical emergency and needed help for a few days, how likely do you think that it is that one or more of your extended family – parents, brothers, sisters – would be able to come to your home and help?

Very likely

Possible

Doubtful

Very unlikely

Not sure

46. Some Generation X adults report that they have, or expect to have, financial responsibility for some of the living and medical expenses of their parents now or in the years ahead. Other Generation X adults report that their parents are financially independent and provide some support for your generation or for their grandchildren. If you indicated in your earlier responses that one or more of your parents or your spouse/partner's parents are alive, would you say that you expect to:

have substantial responsibility for your parents' medical or living expenses in the future,

have only minor expenses related to your parents' medical and living expenses,

have no financial responsibilities for your parents' medical or living expenses in the future,

or, is it unclear what your future responsibilities might be in this regard?

None of my parents or my spouse/partner's parents are alive.

47. Do you expect to:

receive substantial financial resources from your parents for your use or your children's use (if you have children),

receive some financial resources from your parents for your use or your children's use (if you have children).

receive no financial resources from your parents, or

is it unclear what kind of resources you might receive in the future?

48. 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"/>
The 2016 Presidential election	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

49. 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"/>
The 2016 Presidential election	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

50. Now, we would like to ask you a few questions about the 2016 presidential election. First, would you say that you followed the 2016 presidential election:

- Very closely,
- Moderately closely,
- Occasionally, or
- Not much at all.

51. Were you registered and eligible to vote in the 2016 presidential election?

- Yes
- No **Please go to Question 53.**
- Not sure **Please go to Question 53.**

52. Were you registered to vote at your current address or somewhere else?

- Yes, registered at my current address. **Please go to Question 53 below.**
- No **Please indicate the city and state in which you were registered for the 2016 election ▼**

City:	State:
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53. In regard to the 2016 presidential election, please indicate whether or not you did each of the following activities:

	Yes	No
Voted in a Republican or Democratic primary election or caucus.	<input type="checkbox"/>	<input type="checkbox"/>
Voted in the November 8 election at my normal polling place.	<input type="checkbox"/>	<input type="checkbox"/>
Voted in the November election by absentee ballot or early vote.	<input type="checkbox"/>	<input type="checkbox"/>
Contributed money to one or more of the candidates.	<input type="checkbox"/>	<input type="checkbox"/>
Worked in a campaign.	<input type="checkbox"/>	<input type="checkbox"/>
Wore a button or displayed a bumper sticker or yard sign for a candidate.	<input type="checkbox"/>	<input type="checkbox"/>

54. Thinking back to the 2016 presidential election, please indicate how often you did each of the following activities during calendar year 2016. If you did not do an activity, please enter a zero and go to the next item.

	Number of times
Read a newspaper story about the candidates or the election	
Read a magazine article about the candidates or the election	
Read an online news story about the presidential election	
Listened to an NPR report on the presidential election	
Listened to a talk radio show about the presidential election	
Attended a meeting or rally on behalf of one of the presidential candidates	
Sent an email to someone about one of the presidential candidates	
Received an email from someone about one of the presidential candidates	
Talked to a friend about the presidential election	
Visited the Web site of one or more of the candidates	
Printed or saved information about a candidate or issue from the Internet	
Discussed the presidential candidates with people at work or school	
Discussed the presidential candidates with people from my church or synagogue	
Tried to convince another person to vote for a specific candidate	
Read or posted information on a blog about one or more of the candidates	
Listened to a podcast about the election or one or more of the candidates	
Looked for information about the election in a public library in person or online	
Received literature from a candidate in the mail or delivered to my home	
Received a telephone call on behalf of a candidate	

55. If you voted in the 2016 presidential election, did you vote for:

- Hillary Clinton
- Donald Trump
- Gary Johnson
- Jill Stein
- Someone else
- I did not vote for president in 2016

If you voted in the 2016 election, what were the major reasons that you voted for the candidate you indicated above? **Please enter your response in the box below.**

56. Thinking about the 2016 presidential election, please indicate which of the following statements apply to you:

	Yes	No
I made up my mind early and did not change it.	<input type="checkbox"/>	<input type="checkbox"/>
Most of my friends supported that same candidate that I supported.	<input type="checkbox"/>	<input type="checkbox"/>
Some groups or organizations that I belong to endorsed a specific candidate.	<input type="checkbox"/>	<input type="checkbox"/>
I was uncertain about which candidate to support at first, but reached a decision before Election Day.	<input type="checkbox"/>	<input type="checkbox"/>
I tend to vote for candidates from one political party.	<input type="checkbox"/>	<input type="checkbox"/>
My friends differ on political issues so we don't talk about politics too much.	<input type="checkbox"/>	<input type="checkbox"/>
I am more interested in local or state political issues than national issues.	<input type="checkbox"/>	<input type="checkbox"/>
I am not interested in partisan elections.	<input type="checkbox"/>	<input type="checkbox"/>

57. **If you voted in the 2016 presidential election**, please look at the list of issues below and, for each one, indicate how much, if any, that issue influenced your decision about who to vote for in 2016.

(Please check one box in each row)	Very Important Factor	Important Factor	Minor Factor	Not a Factor
The condition of the economy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The wars in Afghanistan, Syria, and the Middle East	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The candidates' views on immigration and illegal immigrants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The war on terrorism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The candidates' views on income differences in the U.S.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The candidates' views on gun control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The candidates' views on supporting scientific research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The candidates' views on abortion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The candidates' views on same-sex marriage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The candidates' views on environmental and climate issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The candidates' views on education issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The candidates' views on stem cell research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The candidates' views on Social Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The candidates' views on taxes and tax cuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The candidates' views on health insurance and health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The candidates' views on international trade agreements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The candidates' view on women's rights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The candidates' moral and religious values and beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The ability of the candidates to be commander-in-chief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The ability of the candidates to provide national leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

58. 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.

	<b>Enter 0 to 10</b>
If the present rate of fossil fuel use continues, serious long-term environmental damage will occur.	
Marriage is between a man and a woman and we should amend the Constitution to protect marriage.	
The Common Core curriculum is an unnecessary federal intervention in education and curriculum decisions should be made at the state and local levels.	
We depend too much on science and not enough on faith.	
It is important to avoid sending American troops into wars like Iraq and Afghanistan.	
Science and technology are making our lives healthier, easier, and more comfortable.	
The Bible is the actual word of God and is to be taken literally.	
New taxes should be imposed on the very rich and on Wall Street speculation and trading.	
The federal government should fund stem cell research on the same basis as other biomedical research.	
There is a personal God who hears the prayers of individual men and women.	
The economic policies of the Obama Administration – including the stimulus – helped the country recover from the Great Recession.	
The United States needs a larger standing army.	
Human beings were created by God as whole persons and did not evolve from earlier forms of life.	
The federal government should ban private ownership of automatic guns and assault weapons.	
The Affordable Care Act (Obamacare) has provided health insurance to millions of Americans and should be continued.	
It was a mistake to start the war in Iraq.	
Even if it brings no immediate benefits, scientific research which advances the frontiers of knowledge is necessary and should be supported by the federal government.	
The next President should appoint Supreme Court justices who will reverse the Roe versus Wade decision giving women the right to an abortion.	
The federal government must stop the flow of illegal immigrants into the United States and deport most of the illegal immigrants already here.	
To reduce greenhouse gases and to protect the environment, the United States needs to authorize and build more nuclear power plants.	
Federal law should mandate more fuel-efficient mileage standards for cars and trucks in the United States.	

59. 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.

<b>Please check one box in each row.</b>	<b>Too Little</b>	<b>About Right</b>	<b>Too Much</b>	<b>Not sure</b>
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"/>

60. 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.

61. Thinking about the space program, some people have argued that the cost of the space program have 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.



62. 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

63. 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

64. **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		

65. **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.

	<b>Number of times in a typical week</b>
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	

66. **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.

	<b>Number of times per year</b>
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.	
Watched a movie in a theatre	
Watched a movie on your television or other device	

## 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!

[First Last Blinded]