

# Longitudinal Study of American Youth

## 2014 Study

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

Jon D. Miller

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

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

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

Yes **Please continue on this page.**

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

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

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

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

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

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

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

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

**Please continue with Question 2 on page 3.**

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

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

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

Name of School	City	State

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

- Full-time
- Part-time

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

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

Other advanced degree

**Please describe:**

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

What is your major field or area in this program?

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

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

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

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

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

- Yes
- No **Please go to Question 4 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. Has there been any change in your military service status since completing your LSAY survey in [MONTH], [YEAR]?

- No **Please go to Question 6 below.**
- Yes

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

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

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

7. **If you are not currently employed, skip to Question 10 on the next page; otherwise continue.**

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"/>

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

No **Please go to next question.**

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

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

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

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

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

a setting different from any of the above

10. **If you are currently self-employed**, please describe your current work and a short description of your role in this business in the box below. **If you are not self-employed, please skip to Question 16 on the next page.**

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

an incorporated firm of which you are the sole owner

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

an unincorporated business or firm

another form of organization

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

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

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

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

a setting different from any of the above

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

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

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

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

No

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

16. **IF YOU ARE NOT CURRENTLY EMPLOYED OR SELF-EMPLOYED, please skip to Question 20 on the next page; otherwise, please continue with the questions below.**

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

No

Yes **Please describe the licensure requirement or license(s) required for this work in the box below.**

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

No

Yes **Please describe the certificate(s) or degree(s) required for this work in the box below.**

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

No

Yes **Please describe the apprenticeship, internship, residency, or period of supervised performance required for this work in the box below.**

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

Yes

No

Not sure

**Please skip to Question 23 on bottom of the next page.**

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

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

- No **Please skip to Question 23 on this page.**
- Yes **Please describe the kind of job that you would like to have if you were to obtain part-time or full-time employment in the box below.**

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

- Full-time
- Part-time
- Not sure

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

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

What field and degree?

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

23. In recent years, we have asked you a series of questions about your educational activities and your employment. One of the major issues concerning Generation X is the impact of the Great Recession on the lives of young adults in our generation. The following sets of questions concern some possible negative effects of the Great Recession. We need your answers to these questions even if you did not personally suffer major negative effects.

Please note that the Great Recession started in December of 2007 and technically ended in June of 2009, but many of the effects have been longer lasting for individuals, such as the loss of a job or mortgage. We realize that we are asking you to recall events from the last six years and urge you to make your best estimate. Please check one box in each row. If a question does not apply to you, please check the **Does not apply** box.

<b>Since the beginning of 2008, have you ...</b>	<b>Yes</b>	<b>No</b>	<b>Does not Apply</b>
Lost a job due to the Great Recession?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experienced a significant reduction in hours of work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experienced difficulty in making rent or mortgage payments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had a mortgage that was foreclosed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experienced a loss of health insurance or other benefits from your job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deferred or postponed the purchase of a home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had to use savings to meet regular living expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enrolled in additional education/training courses to improve job skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deferred or postponed medical visits or procedures due to costs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



(Please check on box in each row)

Since the beginning of 2008, have you been able to ...	Yes	No	Does not Apply
Maintain steady employment at the level you want to work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Save money for college expenses for your children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contribute to a retirement plan other than Social Security?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buy or make mortgage payments toward the purchase of a home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pay for health insurance or health services as you need them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buy a new automobile or similar vehicle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take personal or family vacations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. In 2009, we asked you about the amount of student debt that you may have incurred since high school. Given the economic turmoil of recent years, we would like to update the record regarding the level of student debt originally incurred and still owed by young adults in Generation X. Please include any new loans you may have taken in recent years.

First, please indicate in the boxes below (in whole thousands of dollars) the total amount of student loans you took out since leaving high school. If you have not had any student loans, please enter zero in all four lines.

Second, please indicate (in whole thousands of dollars) any amounts still owed on these loans.

Total amount of student loans borrowed for undergraduate study	,000
Total amount of student loans borrowed for graduate or professional study	,000
Total amount of student loans borrowed for other educational programs	,000
Total amount of student loans currently owed or unpaid	,000

25. Over the years, we have asked you about your health in general terms and about major health events, but as you reach or approach 40 years of age, we would like to ask you to provide some information about various conditions that you may have had in the past or that are continuing or chronic health problems for you.

First, 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"/>

26. Has a doctor ever told you that you have asthma?

- No **Please go to Question 27**  
 Yes

▶ At what age were you first diagnosed as having asthma?

**Please enter age ▶**

▶ Do you currently take any prescription medicines for asthma?

- Yes  
 No

27. Has a doctor ever told you that you have diabetes?

No **Please go to Question 28**

Yes

▶ Do you have Type 1 or Type 2 diabetes?

Type 1 (childhood and continuing)

Type 2 (adult onset)

Not sure

▶ Do you presently take any medicines for diabetes?

Yes

No

28. Has a doctor ever told you that you have high blood pressure or hypertension?

No **Please go to Question 29**

Yes

▶ Do you presently take any medicines for high blood pressure?

Yes

No

▶ During the last two years, have you had your blood tested for its cholesterol level?

No

Yes and it was normal

Yes and it was higher than normal

29. Has a doctor ever diagnosed you with cancer or a malignant tumor?

No **Please go to Question 30**

Yes

▶ At what age were you first diagnosed with cancer?

**Please enter age ▶**

▶ What kind of cancer did the doctor diagnosis? **(Please describe in the box below ▼)**

30. Have you had any other diagnoses of cancer or malignant tumors?

No **Please go to Question 31**

Yes

▶ Please describe any additional cancer diagnoses you have had and your age at each diagnosis in the box below. **(Please describe in the box below ▼)**

31. During the last two years, have you had any screening tests for cancer (mammogram, pap smear, PSA, or other specific cancer test)?

- Yes
- No
- Not sure

32. Do you have any problems or difficulties with your vision?

- Yes
  - No
  - Not sure
- ▶ Do you wear glasses or contact lens to help with your vision?
- Yes, I wear them most of the time
  - Yes, I wear them occasionally as needed
  - No

33. Do you have any problems or difficulties with your hearing?

- Yes
  - No
  - Not sure
- ▶ Do you wear a hearing aid or similar device to improve your hearing?
- Yes
  - No

34. Do you have any other health or medical conditions that affect the quality of your life?

- Yes
  - No
- ▶ Please describe this health or medical problem in the box below. ▼

▶ At what age did this condition begin?

Please enter age ▶

35. Please estimate your current height in feet and inches.

feet

inches

--	--

36. Please estimate your weight in pounds.

pounds

37. During the last three years (since November or December or 2011), do you think that your weight has :

- Decreased by 10% or more
- Remained about the same
- Increased by 10% or more
- I'm not sure

38. Now, please think about the current discussion of the **Ebola** epidemic in Africa and the spread of the **Ebola** virus to other countries. Would you say that you have been following this issue:

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

39. In the last month, have you heard, seen, or read any news stories or other information about the **Ebola** epidemic?

- Yes
- No **Go to Question 41 below.**

Please describe the most informative story about **Ebola** that you have seen, heard, or read in the last month.

40. Was this information source: **Please check one box**

- Print (newspaper, magazine, book, brochure, or other print)
- Broadcast (radio or television)
- Electronic or online
- Conversation with a physician or other health provider
- Conversation with another person (not a health provider)
- Other

Please specify:

41. How **concerned** are you about **Ebola**? Please use the following zero to 10 scale, with zero meaning that you are not at all concerned about Ebola and 10 meaning that you are very concerned about Ebola.

<b>Not concerned</b>					<b>Very concerned</b>					
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"/>

42. How **informed** do you feel about **Ebola**? Please use the following zero to 10 scale, with zero meaning that you are not at all informed about Ebola and 10 meaning that you are very well informed about Ebola.

<b>Not informed</b>					<b>Very well informed</b>					
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"/>

43. In regard to **Ebola**, 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

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

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

45. How often do your friends or family ask you for information or your views about **Ebola** or similar health issues? **Please check one box**

- frequently
- occasionally
- rarely
- never

**Please go to the next page.**

46. Please If you wanted to get more **information about Ebola or viruses**, how much would you trust information from each of the sources? Please use a zero-to10 scale, with zero meaning that you would not trust Ebola information from that source and 10 meaning that you would definitely trust Ebola information from that source. If you are not sure, please check the Not Sure box and do not enter a number.

	Enter number	Not Sure
A story on your local television news.		<input type="checkbox"/>
A story on national network television news (ABC, CBS, NBC)		<input type="checkbox"/>
A story in a weekly news magazine ( <i>Time</i> , <i>Newsweek</i> , etc.).		<input type="checkbox"/>
A report on a cable newscast on CNN or MSNBC.		<input type="checkbox"/>
A report on a cable newscast on the Fox Network.		<input type="checkbox"/>
A story in the <i>New York Times</i> or the <i>Washington Post</i> .		<input type="checkbox"/>
A Wikipedia article on the Internet.		<input type="checkbox"/>
A report from the National Institutes of Health.		<input type="checkbox"/>
A report from the U.S. Centers for Disease Control (CDC).		<input type="checkbox"/>
A presentation, program, or exhibit in a science museum.		<input type="checkbox"/>
Your doctor.		<input type="checkbox"/>
Information on the WebMD web site.		<input type="checkbox"/>
A story on National Public Radio (NPR).		<input type="checkbox"/>
A PBS/NOVA or Discovery Channel science show		<input type="checkbox"/>
A conversation with a close friend.		<input type="checkbox"/>
Another member of your family.		<input type="checkbox"/>
A nurse from your County Health Department.		<input type="checkbox"/>
A story in your local newspaper.		<input type="checkbox"/>
A video on YouTube.		<input type="checkbox"/>

47. In regard to Ebola and the spread viral infections, please indicate if you think that each of the following statements are definitely true, probably true, probably false, or definitely false. If you are not sure, please check the Not Sure box.

	Definitely True	Probably True	Probably False	Definitely False	Not sure
Ebola can be passed from person to person by coughing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most viral infections can be treated successfully with a strong antibiotic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ebola can be passed to a healthy person only through exposure to blood or other body fluids from an infected person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To avoid catching Ebola, it is important to avoid crowds or public transportation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Viruses – including the Ebola virus – can change form or mutate, becoming either more or less dangerous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

48. Over the years, we have attempted to build a history of the political attitudes and activities of LSAY participants as members of Generation X. We were unable to conduct our normal annual survey in 2012, but we would like to ask you to recall your activities in the presidential election of 2012. We wish to emphasize that we make no judgment about your political choices, but we think that it is important to have an accurate historical picture of the ways that you and your generation are participating in the American political system.

First, would you say that you followed the 2012 presidential election:

- Very closely
- Moderately closely
- Occasionally
- Not much at all

49. In regard to the presidential and other elections held in November, 2012, did you do any of the following activities?

	Yes	No
Voted in the 2012 presidential election.	<input type="checkbox"/>	<input type="checkbox"/>
Voted in a presidential primary election or caucus in 2012.	<input type="checkbox"/>	<input type="checkbox"/>
Contributed money to one or more of the presidential candidates.	<input type="checkbox"/>	<input type="checkbox"/>
Worked for a candidate in the 2012 presidential election.	<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"/>

50. In the 2012 presidential election, did you vote for:

- Mitt Romney
- Barack Obama
- Someone else
- I do not wish to reveal my vote
- I did not vote for president in 2012

▶ Were you registered and eligible to vote in the 2012 presidential election?

- Yes
- No
- Not sure

51. In the recent 2014 elections for members of the U.S. House of Representatives in Washington, did you:

- Not vote
- Vote for a Republican candidate
- Vote for a Democratic candidate
- Vote for a candidate who was neither a Democrat nor a Republican
- I voted but do not want to reveal my vote

52. In the recent 2014 elections for members of the U.S. Senate in Washington, did you:

- Not vote
- Vote for a Republican candidate
- Vote for a Democratic candidate
- Vote for a candidate who was neither a Democrat nor a Republican
- I voted but do not want to reveal my vote
- There was no Senate election in my state in 2014

53. We think that it is important to describe the attitudes of Generation X toward the current state of the American political system. Please read each of the following statements concerning the nature of recent political campaigns and indicate to what extent you agree or disagree with each statement. Please use a zero-to-10 scale, where zero means that you completely disagree and 10 means that you completely agree. You may choose any number from 0 to 10.

	Enter 0-10	Not Sure
Presidential campaigns are too long and too expensive.		<input type="checkbox"/>
The Supreme Court decisions allowing individuals, corporations, and unions to spend unlimited amounts of money on political campaigns was wrong.		<input type="checkbox"/>
There is a clear difference between the Democratic and Republican political parties and this is a good thing for voters and the political system.		<input type="checkbox"/>
We tend to put too much emphasis on political parties and too little on the backgrounds and capabilities of the candidates.		<input type="checkbox"/>
The country would be better off if the two major political parties were more oriented to the center and less extreme.		<input type="checkbox"/>
In the end, the current election process usually selects the best candidate.		<input type="checkbox"/>
It is important to encourage smaller political parties to give voters a wider choice in candidates and issue positions.		<input type="checkbox"/>

54. **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		

55. **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	



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

	Number of times per year
Visited a public library	
Visited an art museum	
Visited a natural history museum	
Visited a zoo or aquarium	
Visited a science center or museum	
Visited a botanical garden or arboretum	
Visited a planetarium	
Attended a professional sports game or event.	
Attended a high school, college, or amateur sports game or event.	
Attended a play or musical play.	
Attended a symphony or opera performance.	
Attended a ballet or dance performance.	

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

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

Please indicate all of the ways that you access the Internet.

**Please check one box for each row.**

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

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

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

**Thank you your help.** In response to suggestions from our participants, we have modified our procedures for offering you an honorarium for taking time to complete this survey each year. As in the past, we can send a check for \$[amount] to you at the address below. If your address has changed, please provide a new address in the available boxes and we will send your check to that address.

[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	

Second, some participants have asked if could provide compensation in an electronic form to avoid having to deposit a paper check. We have made arrangements with Amazon to be able to send you an electronic gift card for \$[amount] instead of a check. If you indicate below that you would prefer an electronic gift card, we will email it to the following email 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 ►**

During the period that we were searching for support to sustain this study, several participants indicated that they would like to donate future payments back to the LSAY. If you would prefer to not receive an honorarium this year and contribute that amount to the continuation of the study, please check the appropriate box below.

- Please send me a paper check at the address shown above.
- Please send me an electronic gift card at the email address shown above.
- Please donate the amount of the honorarium to the continuation of the study.

**Thank you for participating in the LSAY!**