

Longitudinal Study of American Youth

2009 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 questionnaire, depending on what things have changed in your life since our previous survey. Please pay careful attention to the **directional instructions in green**.

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

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

Yes **Please continue on this page.**

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

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

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

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

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

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

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

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

Please continue with Question 2 on page 3.

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

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

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

Name of School	City	State

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

- Full-time
- Part-time

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

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

Other advanced degree

Please describe:

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

What is your major field or area in this program?

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

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

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

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

3. Are you currently: **Please check all of the boxes that apply.**
- working for pay at a full-time or part-time job, including self employed
 - serving on active duty in the Armed Services **Go to Question 4 below.**
 - serving in an apprenticeship program or government training program **Go to Question 4 below.**
 - keeping house (that is, full-time homemaker) **Go to Question 4 below.**
 - holding a job, but on temporary layoff from work or waiting to report **Go to Question 4 below.**
 - looking for work **Go to Question 4 below.**
 - none of the above **Go to Question 4 below.**

If you are currently employed, please describe your current job (or the job at which you spent the most hours if you have more than one job). Include your job title and a short description of your duties, in the box below.

If you are employed, please describe your employer's main business or industry in the box below; that is, what does your employer make or do? If you are self-employed, please describe your business or firm.

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

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

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

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

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

- Other change

Please describe:

In what year did this change occur?

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

- No **Please go to Question 6 on next page.**
- Yes

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

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

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

- No **Please go to Question 7 below.**
- Yes **Please complete the question below.**

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

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

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

- No **Please go to Question 8 below.**
- Yes **Please complete the question below.**

In the box below, please indicate how your health has changed since your previous questionnaire in [MONTH][YEAR].

How would you rate your personal health today? If 10 stands for perfect health and zero stands for serious health problems, how would you rate your health on a zero-to-10 scale?

Serious problems										Perfect health
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Now, please think about the current discussion of the **flu**, including both **seasonal flu** and **swine flu** (also called the H1N1 virus). Would you say that you have been following this issue:

- very closely
- moderately closely
- occasionally
- just a little bit
- not at all

9. In the last month, have you heard, seen, or read any news stories or other information about the flu?

- No **Go to Question 11 on page 6.**
- Yes **Please complete the question below.**

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

10. 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:

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

Not concerned **Very concerned**

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

Not informed **Very well informed**

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"/>

13. In regard to the **flu**, 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

14. Thinking about the flu 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.

	Number of times
Talked to my friends or co-workers about the flu.	
Talked to a doctor or other health professional about the flu.	
Found information about the flu or viruses in a public library.	
Read a newspaper or magazine article about the flu or viruses.	
Found information about the flu or viruses on the Internet.	
Talked to other members of my family about this issue.	
Watched a television show or documentary about the flu or viruses.	
Listened to a discussion of the flu on the radio.	
Searched for information about the flu or viruses on Google/Yahoo/Bing	
Read a blog or listserv on the flu or viruses.	
Posted a comment about the flu on a blog or listserv.	

14. Thinking about the flu 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.

	Number of times
Printed or saved an Internet article or report about the flu or viruses.	
Read a book about the flu or viruses	
Attended a discussion or lecture about the flu or viruses.	
Learned more about the flu while visiting a science center or museum.	
Sent a letter or email to a public official about this issue.	

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

	Enter 0-10	Not Sure
A story on your local television news.		<input type="checkbox"/>
A story on national network television news (ABC, CBS, NBC)		<input type="checkbox"/>
A story in a weekly news magazine (<i>Time</i> , <i>Newsweek</i> , etc.).		<input type="checkbox"/>
A report on a cable newscast on CNN or 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 presentation, program, or exhibit in a science museum.		<input type="checkbox"/>
A speech by President Obama.		<input type="checkbox"/>
Your doctor.		<input type="checkbox"/>
The pharmacist at your drug store.		<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"/>
Information on the WebMD web site.		<input type="checkbox"/>
A nurse from your County Health Department.		<input type="checkbox"/>
A television commercial from a pharmaceutical company.		<input type="checkbox"/>
A video on YouTube.		<input type="checkbox"/>
A story in your local newspaper.		<input type="checkbox"/>
Another member of your family.		<input type="checkbox"/>

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

- frequently
- occasionally
- rarely
- never

17. In regard to the flu and widespread 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
Last year, approximately 36,000 Americans died from seasonal flu infections and complications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular seasonal flu vaccine is safe.	<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"/>
The new swine flu (H1N1) vaccine is safe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Currently, adults aged 65 and older are at greatest risk of swine flu infections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Viruses – including the flu virus – can change form or mutate over short periods of time, becoming either more or less dangerous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Have you had a seasonal flu shot this year? **Please check one box.**

- yes
- no, but I plan to get it soon
- no

19. Have you had a swine (H1N1) flu shot this year? **Please check one box.**

- yes
- no, but I plan to get it soon
- no

20. Now, please think about the current discussion about global climate change in the media in the last year. Would you say that you have been following the global climate change issue:

- very closely
- moderately closely
- occasionally
- just a little bit
- not at all

21. In the last month, have you heard, seen, or read any news stories or other information about global climate change?

- No **Go to Question 23 below.**
- Yes **Please complete the question below.**

In the box below, please describe the most informative story about climate change that you have seen, heard, or read in the last month.

22. 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 another person
- Other

Please specify:

23. How concerned are you about global climate change? Please use the following zero to 10 scale, with zero meaning that you are not at all concerned about climate change and 10 meaning that you are very concerned about climate change.

Not concerned

Very concerned

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"/>

24. How informed do you feel about global climate change? Please use the following zero to 10 scale, with zero meaning that you are not at all informed about climate change and 10 meaning that you are very well informed about climate change.

Not informed

Very well informed

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"/>

25. In regard to the **global climate change** 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

26. Thinking about the global climate change 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.

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

Please go to the next page.

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

	Enter 0-10	Not Sure
A story on your local television news.		<input type="checkbox"/>
A story on national network television news (ABC, CBS, NBC)		<input type="checkbox"/>
A story in a weekly news magazine (<i>Time</i> , <i>Newsweek</i> , etc.).		<input type="checkbox"/>
A report on a cable newscast on CNN or 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 Intergovernmental Panel on Climate Change.		<input type="checkbox"/>
Information on a NASA or NOAA web site.		<input type="checkbox"/>
A speech by President Obama.		<input type="checkbox"/>
A presentation, program, or exhibit in a science museum.		<input type="checkbox"/>
Information on the Sierra Club 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"/>
A report from your State Environmental Agency.		<input type="checkbox"/>
A story on the Weather Channel.		<input type="checkbox"/>
A television commercial from an energy company.		<input type="checkbox"/>
A video on YouTube		<input type="checkbox"/>
A story in your local newspaper.		<input type="checkbox"/>
Another member of your family.		<input type="checkbox"/>

28. How often do your friends or family ask you for information or your views about climate change or similar scientific issues? **Please check one box.**

- frequently
- occasionally
- rarely
- never

29. In regard to the climate change issue, 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
Nuclear power plants destroy the ozone layer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the present rate of coal and oil use continues, serious long-term environmental damage will occur.	<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 dangers of global warming are being over emphasized for political reasons.	<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"/>
In the next 20 years, the conversion of green plants into fuels will significantly reduce our dependence on gas and oil.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. How often do you engage in the following activities? **Please check one box for each activity.**

	Almost always	Often	Some-times	Rarely	Never
Save newspaper for re-cycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Save bottles and cans for re-cycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use energy-saver light bulbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Try to limit the use of your car to save energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer for environmental cleaning activities (road side, stream side, similar)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Select products because of their bio-degradable packaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Modify heating or air-conditioning settings to conserve energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. How often do you read a printed newspaper? **Please check one box**

- every day
- a few times a week
- once a week
- less than once a week
- never

If you read a printed newspaper, what newspaper do you read most often?

Name of newspaper ►

32. How often do you read an online newspaper? **Please check one box.**

- every day
- a few times a week
- once a week
- less than once a week
- never

If you read an online newspaper, what newspapers do you read most often?

Most often ▶	
Next most often ▶	
Other ▶	

33. 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 magazine, please go to Question 34 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"/>

34. 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 35 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"/>

35. 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 ▶

36. 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 ▶

37. For each science or nature show that you watch regularly or periodically, please enter the name of the show (or channel if you cannot remember the name of the show) and how often you watch each show.

Name of television show	Times watched per month

38. How often – if ever – do you visit a museum, zoo, planetarium, or similar kind of facility? For each of the places listed below, please indicate how many times you have visited this kind of place **during the last year**. Please enter zero if you did not visit that kind of place during the last year.

	Number of visits per year
Art museum	
Natural history museum	
Zoo or aquarium	
A science or technology museum	
A botanic garden or arboretum.	
A planetarium	
A children’s museum	

39. **If you DID NOT VISIT a science museum or natural history museum during the last year, go to Question 42 on next page.**

If you visited a science museum or a natural history museum during the last year: Please think about your last visit to a science museum or a natural history museum. Would you say that you were (**Please check all that apply**)

- curious to learn more about science
- looking for information about a specific subject or topic
- trying to help your children or other children to learn about science
- seeking an enjoyable experience
- other: please specify ►
- none of the above

40. On this visit, did you buy any books, magazines, instruments, or toys?

- Yes
- No
- Not sure; can’t remember

41. Thinking back to this visit, what is the one thing that you remember most clearly about your visit?

42. **If you DID NOT VISIT a zoo or aquarium during the last year, go to Question 45 on this page.**

If you visited a zoo or aquarium during the last year: Please think about your last visit to a zoo or aquarium. Would you say that you were **(Please check all that apply)**

- curious to learn more about science
- looking for information about a specific subject or topic
- trying to help your children or other children to learn about science
- seeking an enjoyable experience
- other: please specify ►
- none of the above

43. On this visit, did you buy any books, magazines, instruments, or toys?

- Yes
- No
- Not sure; can't remember

44. Thinking back to this visit, what is the one thing that you remember most clearly about your visit?

45. **If you DID NOT VISIT a planetarium during the last year, go to Question 48 on next page.**

If you visited a planetarium during the last year: Please think about your last visit to a planetarium. Would you say that you were **(Please check all that apply)**

- curious to learn more about science and astronomy
- looking for information about a specific subject or topic
- trying to help your children or other children to learn about science/astronomy
- seeking an enjoyable experience
- other: please specify ►
- none of the above

46. On this visit, did you buy any books, magazines, instruments, or toys?

- Yes
- No
- Not sure; can't remember

47. Thinking back to this visit, what is the one thing that you remember most clearly about your visit?

48. **If you DID NOT VISIT a botanic garden or arboretum during the last year, go to Question 51.**

If you visited a botanic garden or arboretum during the last year: Please think about your last visit to a botanic garden or arboretum. Would you say that you were **(Please check all that apply)**

- curious to learn more about science and astronomy
- looking for information about a specific subject or topic
- trying to help your children or other children to learn about science/astronomy
- seeking an enjoyable experience
- other: please specify ►
- none of the above

49. On this visit, did you buy any books, magazines, instruments, or toys?

- Yes
- No
- Not sure; can't remember

50. Thinking back to this visit, what is the one thing that you remember most clearly about your visit?

51. **If you DID NOT VISIT a children's museum during the last year, go to Question 54.**

If you visited a children's museum during the last year: Please think about your last visit to a children's museum. Would you say that you were **(Please check all that apply)**

- curious to learn more about science
- looking for information about a specific subject or topic
- trying to help your children or other children to learn about science
- seeking an enjoyable experience
- other: please specify ►
- none of the above

51. On this visit, did you buy any books, magazines, instruments, or toys?

- Yes
- No
- Not sure; can't remember

53. Thinking back to this visit, what is the one thing that you remember most clearly about your visit?

54. For each of the following items or services, please check one box for each row to indicate if you do or do not have access to that item or service.

	Yes	No
Desktop computer at work	<input type="checkbox"/>	<input type="checkbox"/>
Desktop computer at home	<input type="checkbox"/>	<input type="checkbox"/>
Notebook/laptop computer at work or home	<input type="checkbox"/>	<input type="checkbox"/>
Netbook (smaller notebook with built-in wireless capability)	<input type="checkbox"/>	<input type="checkbox"/>
Cellular phone/mobile phone/iPhone/Blackberry	<input type="checkbox"/>	<input type="checkbox"/>
Digital camera in my cell phone	<input type="checkbox"/>	<input type="checkbox"/>
Digital camera separate from my phone	<input type="checkbox"/>	<input type="checkbox"/>
Video camera separate from my phone	<input type="checkbox"/>	<input type="checkbox"/>
Kindle or similar electronic book reading device	<input type="checkbox"/>	<input type="checkbox"/>
High-definition television	<input type="checkbox"/>	<input type="checkbox"/>
Cable, DSL, or satellite connection for my television	<input type="checkbox"/>	<input type="checkbox"/>
Cable, DSL, or satellite connection for my home computer	<input type="checkbox"/>	<input type="checkbox"/>
Tivo® or similar personal video recorder	<input type="checkbox"/>	<input type="checkbox"/>
iPod® or similar MP3 music device	<input type="checkbox"/>	<input type="checkbox"/>
X-box or similar game console	<input type="checkbox"/>	<input type="checkbox"/>
Hand-held game device	<input type="checkbox"/>	<input type="checkbox"/>

55. During the last year, did you visit a public library in person or online? **(Please check all boxes that apply)**

- Yes, in person
- Yes, online
- No **Go to Question 59 on next page.**

56. **If you visited a public library in person during the last year:**

About how many times did you visit a public library in person during the last year?

Enter the number of in-person public library visits ►

57. **If you visited a public library online during the last year:**

About how many times did you visit a public library online during the last year?

Enter the number of online public library visits ►

58. **If you visited a public library in person on online during the last year:** Did you check out or use any public library books or materials about science, mathematics, or technology?

- Yes
- No

59. During the last 12 months, did you buy any books?

- Yes -----▶ About how many books did you buy?
- No

60. Regardless of whether you purchased 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 0 and go to Question 63.

61. Of the books you read last year, were any of those books about science, mathematics, or technology, NOT including computer or software manuals?

- Yes -----▶ About how many of those books were about science, mathematics, or technology, NOT including computer or software manuals?
- No

62. Of the books you read last year, were any of those books about health or medicine?

- Yes -----▶ About how many of those books were about health or medicine?
- No

63. Have you used the Internet during the last three months to for any purpose?

- No **Go to Question 66 on next page.**
- Yes **Please continue with Question 64 below.**

64. Do you currently do any of the following: **(Please check YES or NO for each line)**

	Yes	No
Have my own Face Book page	<input type="checkbox"/>	<input type="checkbox"/>
Have a page on You Tube	<input type="checkbox"/>	<input type="checkbox"/>
Have a Twitter account	<input type="checkbox"/>	<input type="checkbox"/>
Have my own My Space account	<input type="checkbox"/>	<input type="checkbox"/>
Have an account or a message board or forum.	<input type="checkbox"/>	<input type="checkbox"/>
Have my own LinkedIn Profile	<input type="checkbox"/>	<input type="checkbox"/>
Have my own blog	<input type="checkbox"/>	<input type="checkbox"/>
Have a Skype account	<input type="checkbox"/>	<input type="checkbox"/>

Please go to the next page.

65. Please indicate the number of times that you have done each of the following activities **during a typical month**. If you did not do the activity at all, please enter a zero in the response box. If you do it a large number of times, please make your best estimate of the number and enter it into the response box.

Enter Number

Used the Internet to get a weather forecast.	
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 buy a book.	
Used the Internet to buy an item of clothing.	
Used the Internet to buy a personal electronics item.	
Used the Internet to pay a bill.	
Used the Internet to manage my bank account.	
Used a cell phone or handheld device to access news information.	
Used a cell phone or handheld device to access weather information.	
Used a cell phone or handheld device to obtain directions or a map.	
Used a cell phone or handheld device to send an email or text message.	

66. We are interested in your involvement in various kinds of groups and organizations. For each of the groups listed below, please indicate if you are an active member of that group, a member but not active, or not a member.

(Please check one box in each row)

	Active Member	Inactive Member	Not a Member
A PTA or other school related group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A community service club or organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A church or religious group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A union	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A professional or occupation group other than a union	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any group primarily concerned about environmental problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A chamber of commerce or a business group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A book group or literary discussion group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to the next page.

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

	Number of hours in a typical week
Working (for pay or self employed)	
Commuting to and from work	
Exercising (including walking for exercise)	
Reading a newspaper, magazine, or book	
Using the Internet at home	
Watching television at home	

68. **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	
Play a musical instrument	
Watch a motion picture in a theatre	
Watch a motion picture video at home on your television set	
Use public transportation	

69. **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 0 in the response box.

	Number of times per year
Walk or hike an hour or more in a natural setting.	
Do mountain climbing.	
Do bird watching.	
Do boating, canoeing, or rafting.	
Go hunting or fishing.	
Go swimming or scuba diving.	
Go skiing or snow boarding.	
Attend a professional sports game or event.	
Attend a high school, college, or amateur sports game or event.	
Attend a symphony, opera, or ballet performance.	
Attend a play.	

70. Do you spend any time doing volunteer work for groups or organizations in your community?

- No **Go to Question 71 below.**
 Yes **Please complete question below.**

In the box below, please describe briefly each kind of volunteer work that you do and estimate the number of hours that you do this kind of work in a typical month.

Volunteer Activity	Number of hours in a typical month

71. Finally, we want to ask you a few questions about any student loans you may have taken out during the years after high school for any kind of post-secondary study. Since leaving high school have you borrowed any money to support college, graduate, or professional study?

- No **Go to Question 72 on the next page.**
 Yes **Please continue on this page.**

As you may have seen in media reports, there is currently a discussion in Washington about the student loan program and the impact of this program on the lives of the students who have participated. In general, we have avoided asking you about your income or anything related to your income, but we think that it is important to have some facts for the current debate and you represent a generation that has experience with this issue. We will treat all of your responses with complete confidence and we will share a copy of our final report with you.

First, in whole thousands of dollars, please indicate in the box below the total amount of student loans that you took out since leaving high school. If you have not had any student loans, please enter zero in the top line.

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

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

If you had student loans, please indicate if these loans created problems for you in any of the following areas:

	Serious Problem	Minor Problem	Not a Problem
Ability to buy a home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to buy or finance a new car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to continue in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to save for your children's education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A negative impact on your standard of living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I did not have any student loans	<input type="checkbox"/>		

72. Thank you your help. We will mail your check within the next 10 days. Please check the mailing address on the label below and check the appropriate box if it is correct. If it is incorrect, check that box and insert your correct mailing address below.

The address above is correct.

The address above is incorrect and my current mailing address is:

Name	
Street address	
Second address line if needed	
City, State, ZIPCODE	

73. Sometimes we need to ask a follow-up question or to clarify one of your responses. If you would prefer to be contacted by email, please check the box below and enter your email address.

I prefer to be contacted by email at the address below:

My email address ►

If you would prefer that we contact you by telephone, please check the box below and the telephone number that you prefer for us to use in the box below.

I prefer to be contacted by phone at the telephone number below:

My telephone number ►

Thank you for participating in the LSAY!