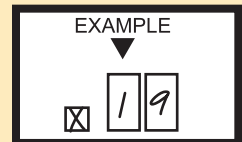


THE VALUES AND BELIEFS OF THE AMERICAN PUBLIC — A NATIONAL STUDY —

INSTRUCTIONS

Please carefully follow the steps below when completing this survey.

- Use a blue or black ink pen that does not soak through the paper.
- Make solid marks that fit in the response boxes (make no stray marks on the survey).



I. RELIGIOUS BEHAVIORS AND ATTITUDES

1 With what religious family, if any, do you most closely identify? *(Please mark only one box.)*

- Adventist
- African Methodist
- Anabaptist
- Asian Folk Religion
- Assemblies of God
- Baha'i
- Baptist
- Bible Church
- Brethren
- Buddhist
- Catholic/Roman Catholic
- Christian & Missionary Alliance
- Christian Reformed
- Christian Science
- Church of Christ
- Church of God
- Church of the Nazarene
- Congregational
- Disciples of Christ
- Episcopal/Anglican
- Hindu
- Holiness
- Jehovah's Witnesses
- Jewish
- Latter-day Saints
- Lutheran
- Mennonite
- Methodist
- Muslim
- Orthodox (Eastern, Russian, Greek)
- Pentecostal
- Presbyterian
- Quaker/Friends
- Reformed Church in America/Dutch Reformed
- Salvation Army
- Seventh-Day Adventist
- Sikh
- Unitarian Universalist
- United Church of Christ
- Non-denominational Christian
- No religion → *Skip to Question 3*
- Other *(please specify)*
- Don't know

2 If possible, please provide the specific name of your denomination. For example, if you are Baptist, are you Southern Baptist Convention, American Baptist Churches in the USA, or some other Baptist denomination?

Don't know

3 How religious do you consider yourself to be?

- Not religious
- Slightly religious
- Moderately religious
- Very religious
- I don't know

4 How spiritual do you consider yourself to be?

- Not spiritual
- Slightly spiritual
- Moderately spiritual
- Very spiritual
- I don't know

5 How often do you attend religious services at a place of worship?

- Never → *Skip to Question 12*
- Less than once a year
- Once or twice a year
- Several times a year
- Once a month
- 2-3 times a month
- About once a week
- Several times a week

6 What is the full name of your current place of worship? *(Please write your answer in the space below. If you attend more than one place of worship, please refer to the one you attend most often.)*

7 Where is this place of worship located? *(Please write in whatever information you know. If exact address is not known, please give a description of the location, such as the building name or the nearest street or intersection.)*

Street:

City:

State:

ZIP Code:

Prefer not to answer

8 How long have you attended your current place of worship?

- 1 year or less
- 2-4 years
- 5-9 years
- 10-19 years
- 20 or more years

9 Approximately how many minutes does it usually take you to get from your home to your place of worship?

- 1-5 minutes
- 6-15 minutes
- 16-30 minutes
- 31-45 minutes
- Over 45 minutes
- I don't know

10 On average, how many people attend services at your current place of worship? Just your best estimate will do.

- Less than 100
- 100-299
- 300-799
- 800-999
- 1,000-1,999
- 2,000 or more
- I don't know

11 During the last year, approximately how much money, if any, did you and other family members in your household contribute to your current place of worship?

- None/\$0
- \$1-\$99
- \$100 - \$499
- \$500 - \$999
- \$1,000 - \$1,999
- \$2,000 - \$2,999
- \$3,000 - \$3,999
- \$4,000 - \$4,999
- \$5,000 or more

12 About how often do you spend time alone praying outside of religious services?

- Never
- Only on certain occasions
- Once a week or less
- A few times a week
- Once a day
- Several times a day

Continue ⇨

13 Outside of attending religious services, about how often do you spend time alone reading the Bible, Koran, Torah, or other sacred book?

- Never
- Less than once a year
- Once or twice a year
- Several times a year
- Once a month
- 2-3 times a month
- About once a week
- Several times a week

14 About how often do you practice meditation outside of religious services?

- Never
- Only on certain occasions
- Once a week or less
- A few times a week
- Once a day
- Several times a day

15 How many of your friends:

	All	Most	About half	A few	None	Does not apply
a. Attend your place of worship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Attend a different place of worship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Do not attend religious services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16 Which one statement comes closest to your personal beliefs about the Bible? (Please mark only one box.)

- The Bible means exactly what it says. It should be taken literally, word-for-word, on all subjects.
- The Bible is perfectly true, but it should not be taken literally, word-for-word. We must interpret its meaning.
- The Bible contains some human error.
- The Bible is an ancient book of history and legends.
- I don't know

17 Which one statement comes closest to your personal beliefs about God? (Please mark only one box.)

- I have no doubts that God exists
- I believe in God, but with some doubts
- I sometimes believe in God
- I believe in a higher power or cosmic force
- I don't know and there is no way to find out
- I do not believe in God → *Skip to Question 21*
- I have no opinion

18 Based on your personal understanding of God, please rate the extent to which you agree or disagree with the following statements:

	Strongly agree	Agree	Disagree	Strongly disagree
a. God is concerned with the well-being of the world.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. God is angered by my personal sins.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. God is directly involved in world affairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. God is concerned with my personal well-being.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. God is directly involved in my affairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. God is angered by human sins.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19 In your opinion, how well do each of the following words describe God?

	Very well	Somewhat well	Not very well	Not at all
a. Ever-present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Critical.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Distant.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Punishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Wrathful.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Forgiving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20 Please rate the extent to which you agree or disagree with the following statements:

	Strongly agree	Agree	Disagree	Strongly disagree
a. God seems impersonal to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. God seems to have little or no interest in my personal problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. God knows when I need support.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I feel that God is generally responsive to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I decide what to do without relying on God.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. When good or bad things happen to me, I see it as part of God's plan for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. God has decided what my life will be.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I depend on God for help and guidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21 How certain are you that you will get into Heaven?

- Very certain
- Quite certain
- Somewhat certain
- Not very certain
- Not at all certain
- I don't know
- I don't believe in Heaven

22 What is the extent of your fear of hell?

- No fear of hell
- A little fear of hell
- Some fear of hell
- Quite a bit of fear of hell
- A lot of fear of hell
- I don't know
- I don't believe in hell

23 When you were age 12, about how often did you attend religious services?

- Never
- Once or twice a year
- Several times a year
- Once a month
- 2-3 times a month
- Once a week
- Several times a week

Continue ⇨

24 How often do you turn to your religion or your spiritual beliefs to help you deal with your daily problems?

- Never
- Rarely
- Sometimes
- Often
- Always

II. MORALITY AND POLITICS

25 If you were unsure of what was right or wrong in a particular situation, which of the following best describes how you would decide what to do? Would you: *(Please mark only one box.)*

- Do what would make you feel happy
- Do what would help you to get ahead
- Follow the advice of an authority, such as a parent, relative, or person you respect
- Do what you think God or scripture tells you is right

26 What is the primary way you know how God wants you to live? Choose the best answer that applies to you.

- From religious or church teachings
- From the Bible
- Through human reason
- I know in my heart or through my personal experience with God
- I don't know
- I do not believe in God

27 Please rate the extent to which you agree or disagree with the following statements:

	Strongly agree	Agree	Disagree	Strongly disagree
a. Transgender people should be allowed to use the public restroom of their choice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Gays and lesbians should be allowed to legally marry.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. People choose to be gay/lesbian.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Men are better suited emotionally for politics than women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. A preschool child will suffer if his or her mother works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. It is God's will that women care for children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. A husband should earn a larger salary than his wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Police officers in the United States treat blacks the same as whites.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Police officers in the United States shoot blacks more often because they are more violent than whites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Refugees from the Middle East pose a terrorist threat to the United States	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Illegal immigrants from Mexico are mostly dangerous criminals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28 In the 2016 presidential election, some people voted, some people did not vote and some people planned to vote but were unable to due to an illness or difficulty getting to the polls. For whom did you vote in the 2016 presidential election?

- Hillary Clinton, the Democratic candidate
- Donald Trump, the Republican candidate
- Someone else
- I did not vote in the 2016 presidential election

29 Whom did you want to win the 2016 presidential election?

- Hillary Clinton
- Donald Trump
- Someone else

- 30** In the year leading up to the 2016 presidential election, did you... Yes No
- a. Watch or listen to political debates or candidate's speeches
- b. Give money to a political campaign/party/candidate?
- c. Attend a political rally or meeting?

31 How would you describe yourself politically?

- Extremely conservative
- Conservative
- Leaning conservative
- Moderate
- Leaning liberal
- Liberal
- Extremely liberal

32 Do you think of yourself as Republican, Democrat, or Independent?

- Strong Republican
- Moderate Republican
- Leaning Republican
- Independent
- Leaning Democrat
- Moderate Democrat
- Strong Democrat

33 How much would you say that you trust people in general?

- A lot
- Some
- Only a little
- Not at all

34 Please rate the extent to which you agree or disagree with the following statements:

- | | Strongly
agree | Agree | Disagree | Strongly
disagree | Undecided |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. The federal government should declare the United States a Christian nation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. The federal government should advocate Christian values | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. The federal government should enforce strict separation of church and state | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. The federal government should allow the display of religious symbols in public spaces | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. The success of the United States is part of God's plan..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. The federal government should allow prayer in public schools | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

35 Some people think that the United States is a Christian nation and some people think that the United States is not a Christian nation. Which statement comes closest to your view?

- The United States has always been and currently is a Christian nation
- The United States was a Christian nation in the past, but is not now
- The United States has never been a Christian nation
- Don't know

Continue ⇨

36 Please rate the extent to which you agree or disagree with the following statements:

	Strongly agree	Agree	Disagree	Strongly disagree
a. Muslims hold values that are morally inferior to the values of people like me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Muslims want to limit the personal freedoms of people like me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Muslims endanger the physical safety of people like me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Conservative Christians hold values that are morally inferior to the values of people like me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Conservative Christians want to limit the personal freedoms of people like me ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Conservative Christians endanger the physical safety of people like me ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Jews hold values that are morally inferior to the values of people like me ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Jews want to limit the personal freedoms of people like me ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Jews endanger the physical safety of people like me ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Atheists hold values that are morally inferior to the values of people like me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Atheists want to limit the personal freedoms of people like me ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Atheists endanger the physical safety of people like me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. HEALTH

37 In general, would you say your health is:

- Excellent
- Very good
- Good
- Fair
- Poor

38 In general, how happy are you with your life as a whole these days?

- Very happy
- Pretty happy
- Not too happy

39 On a scale from zero to 10 where zero represents the worst possible health for you and 10 represents the best possible health for you, please rate your health at the following points in time:

	Worst possible 0	1	2	3	4	5	6	7	8	9	Best possible 10
a. Your current health	<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"/>
b. Your health 10 years ago	<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"/>
c. Your expected health 10 years in the future.....	<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"/>

40 During the past MONTH, on average, how many hours of sleep did you get each night?

Hours

41 In the past MONTH, how often have you:

	Most of the time	Some of the time	Hardly ever	Never
a. Had trouble falling asleep.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Felt rested in the morning.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42 Do you have any physical health condition or problem that limits the kinds of activity or amount of activity that you can carry out?

- Yes
- No

43 Do you currently take tranquilizers, antidepressants, or pills for anxiety?

- Yes
- No

44 Do you smoke regularly, occasionally or never?

- I smoke regularly
- I smoke occasionally
- I have never smoked
- I smoked in the past but do not smoke now

45 During the past 12 MONTHS, how often did you usually have any kind of drink containing alcohol? By a drink we mean either a bottle of beer, a wine cooler, a glass of wine or a mixed drink containing one shot of liquor.

- Every day
- 5 to 6 days a week
- 3 to 4 days a week
- 1 to 2 days a week
- Less than 1 day a week
- I did not drink any alcohol in the past 12 months, but I did drink in the past
- I have never drank any alcohol in my life
- I don't know

46 During the past 12 MONTHS, how many alcoholic drinks did you have on a typical day when you drank alcohol? Your best estimate is fine.

Drinks per day

47 How many DAYS per WEEK do you do exercise for at least 30 minutes?

Days per week

48 In the past WEEK, about how often have you had the following feelings?

	Most or all of the time	Some of the time	Hardly ever	Never
a. I was bothered by things that usually don't bother me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I could not shake off the blues, even with help from my family and my friends.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I felt I was just as good as other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I had trouble keeping my mind on what I was doing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I felt depressed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I felt too tired to do things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I felt happy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I enjoyed life.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I felt sad.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I felt that people disliked me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continue ⇨

49 In the past WEEK, about how often have you had the following feelings?

	Most or all of the time	Some of the time	Hardly ever	Never
a. I had fear of the worst happening.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I was nervous.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I felt my hands trembling.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I had a fear of dying.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I felt faint.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I felt bored.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I felt that I missed out on a fun activity with others.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I felt angry.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

50 Please rate the extent to which you agree or disagree with the following statements:

	Strongly agree	Agree	Disagree	Strongly disagree	Undecided
a. I feel that my life lacks dignity.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I have dignity as a person.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. People generally treat me with dignity.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. People generally are not respectful toward me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My dignity is not up to me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I determine my own dignity.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

51 Please rate the extent to which you agree or disagree with the following statements:

	Strongly agree	Agree	Disagree	Strongly disagree	Undecided
a. I am looking for something that makes my life feel meaningful.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I have a good sense of what makes my life meaningful.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I have discovered a satisfying life purpose.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My life has no clear purpose.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

52 What best describes your answer:

	A lot	Somewhat	A little	Not at all
a. How much do you feel other people pay attention to you?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How much do you feel others would miss you if you went away?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How interested are people generally in what you say?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How much do other people depend on you?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. How important do you feel you are to other people?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

53 Please rate the extent to which you agree or disagree with the following statements:

	Strongly agree	Agree	Disagree	Strongly disagree	Undecided
a. I have little control over the things that happen to me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. There is really no way I can solve some of the problems I have.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I often feel helpless in dealing with problems of life.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I can do just about anything I really set my mind to.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

54 Do you have health insurance coverage?

- Yes → *Continue to Question 55*
- No → *Skip to Question 56*

55 Did you get your health insurance policy through a state or federal exchange? By a "state or federal exchange", we mean an exchange made available through the Affordable Care Act, also known as Obamacare.

- Yes
- No

56 In your opinion, do you think the Affordable Care Act, also referred to as Obamacare, is mostly a positive thing, mostly a negative thing or has no impact on the country?

- Mostly a positive thing for the country
- Mostly a negative thing for the country
- No impact on the country

IV. LIFE AND COMMUNITY

57 How many years have you lived in your current neighborhood?

Years

58 Taking everything into account, how satisfied are you with where you live?

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

59 Have you personally done any of the following in the last 12 months?

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Attended a neighborhood event, such as a picnic, parade, or street fair | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Donated money to help a local organization or neighbor..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Worked with neighbors to make a positive change in the local community..... | <input type="checkbox"/> | <input type="checkbox"/> |

60 How satisfied are you with your household's current financial situation?

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

61 Which of the following best describes your (your household's) ability to get along on your (its) income?

- Always have money left over
- Have enough with a little extra sometimes
- Have just enough, no more
- Can't make ends meet

62 In terms of having money, education, and a good job, how do you compare to:

	Worst off					About average					Best off
	0	1	2	3	4	5	6	7	8	9	10
a. Other Americans	<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"/>
b. Your neighbors	<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"/>
c. Your parents when they were your age	<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"/>
d. Your friends.....	<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"/>

Continue ⇨

63 Please give your best estimation of:

	Lower class	Working class	Middle class	Upper middle class	Upper class	Not applicable
a. Your current social class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Your social class while you were growing up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Your spouse's or partner's social class while he or she was growing up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

64 Please think about where you would like your life to be 10 years from now. Do you think you are likely or unlikely to reach your 10 year goal?

- Highly likely
- Somewhat likely
- Somewhat unlikely
- Highly unlikely

65 How close do you feel to:

	Very close	Somewhat close	Not very close	Not at all close	Undecided
a. Your family.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your friends.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

66 Which parent(s) did you live with when you were age 16?

- Both my biological mother and father
- Biological mother only
- Biological father only
- Lived with two parents and one was a step parent
- Lived with one adoptive parent
- Lived with two adoptive parents
- Someone else or other living situation

67 Are you currently in a relationship with a romantic partner?

- Yes
- No

68 How often would you say you had sex on average in the last 12 months?

- Not at all
- A few times
- About once a month
- Two or three times a month
- About once a week
- More than once a week

69 Overall, how satisfied are you with your sex life?

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

For each of the following events, please indicate if the event happened to you personally in the past year, and what its impact on you personally was:

70 Did any of these things occur in the PAST YEAR? What was its affect on you?	Happened in the past year		Impact on you personally		
	Yes	No	Not at all stressful	Somewhat stressful	Very stressful
a. Had a child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Got married.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Got divorced/separated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Experienced a death of a loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Got a new job/promotion.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Lost a job.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Got a long-term illness or injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Moved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Had house foreclosed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Had a crisis of faith	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Failed at something important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

71 Please rate the extent to which you agree or disagree with the following:	Strongly agree	Agree	Disagree	Strongly disagree	Undecided
a. I tend to bounce back quickly after hard times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. It does not take me long to recover from a stressful event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I have a hard time making it through stressful events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF YOU ARE EMPLOYED FOR AN EMPLOYER, CONTINUE OTHERWISE, PLEASE SKIP TO QUESTION 73

72 Please rate the extent to which you agree or disagree with the following about your place of work:	Strongly agree	Agree	Disagree	Strongly disagree
a. I really feel as if this organization's problems are my own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. This organization has a great deal of personal meaning to me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

V. TECHNOLOGY

73 Please answer the following questions about your activity on the Internet:	Yes	No
a. Do you have high-speed Internet access in your home?	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you personally own a smartphone?	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you have a profile on a social networking site such as Facebook®, Twitter® or Instagram®?.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Have you ever been harassed or threatened by someone on the Internet?	<input type="checkbox"/>	<input type="checkbox"/>

74 On average, how many hours per day do you spend:	Zero/None	1 hour or less	1 to 3 hours	3 to 6 hours	6 to 9 hours	9 to 12 hours	More than 12 hours
a. Using the Internet, for any reason?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Using the Internet to access or use social media?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Using the Internet for your job or paid work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Text messaging with friends and family?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Talking on the phone with friends and family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Watching TV (including Netflix® and streaming services)?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continue ⇨

75 How OFTEN do you use the Internet to:

	Several times per day	About once a day	About once a week	About once a month or less often	Never
a. Access health information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Access religious or spiritual content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Visit adult websites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Share your political opinions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Share your religious views	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Gamble for money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Play video/online games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Provide emotional support to someone you've never met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

76 From your personal experience, do you think your use of the Internet has a very positive, mostly positive, mostly negative, very negative, or has it had no effect on these areas of your life?

	Very positive	Mostly positive	Mostly negative	Very negative	No effect
a. Social life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Spiritual life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Work productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How close I feel to my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. How close I feel to my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. My self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. My optimism about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

77 To what extent do you agree with the following?

	Strongly agree	Agree	Disagree	Strongly disagree	I do not believe in God
a. Technology exposes me to new perspectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. The Internet makes me lonelier and more isolated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Science and technology will make religion obsolete.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. I feel addicted to the technological devices I have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Technology gives me new and better employment opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. I would panic if my phone suddenly stopped working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Technology has improved my relationship with God	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VI. DEMOGRAPHICS

Finally, we have a few demographic questions for classification purposes only.

78 What is your gender?

- Male
- Female
- Other (*please specify*)

79 What is your date of birth?

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MM	DD		YY	YY		YY	YY	YY	YY

80 Are you a citizen of the United States of America?

- Yes
- No

81 Which of the following **BEST** describes the place where you now live?

- A large city
- A suburb near a large city
- A small city or town
- A rural area
- Don't know

82 Are you of Hispanic, Latino, or Spanish origin - such as Mexican, Puerto Rican, Cuban, or other Spanish origin?

- Yes
- No
- Don't know

83 Which of the following describes your race? *Please mark all that apply.*

- White
- Black or African-American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Pacific Islander

84 What is your current marital status?

- Single/never been married
- Married
- Separated
- Divorced
- Widowed
- Domestic partnership/living with partner (not legally married)

85 What is the highest level of school you have completed or the highest degree you have received?

- 8th grade or less (Grades 1 through 8 or no schooling)
- 9th to 12th grade (Grades 9 through 12 with no high school diploma)
- High school graduate (Grade 12 with diploma or GED certificate)
- Technical, trade, vocational or business school or program after high school
- Some college – college, university, or community college -- but no degree
- Two year associate degree from a college, university, or community college
- Four year bachelor's degree from a college or university (e.g., BS, BA, AB)
- Some postgraduate or professional schooling after graduating college, but no postgraduate degree (e.g., some graduate school)
- Postgraduate or professional degree, including master's, doctorate, medical, or law degree (e.g., MA, MS, PhD, MD, JD)

Continue ⇨

86 Which of the following best describes your place of employment?

- A for-profit private company, business, or individual
- A non-profit, tax-exempt, or charitable organization
- Local, state, or federal government
- Self-employed
- Working without pay in a family business or farm
- Not currently employed → *Skip to Question 90*

87 What is your job title?

88 How many hours did you work last week?

 (Write in a number)

89 Is your current employer a locally-owned business?

- Yes
- No
- I'm not sure

90 How many children do you have?

 (Write in a number)

- If none, mark here → *Skip to Question 93*

91 How old were you when your first child was born?

 (Write in a number)

92 How many children under the age of 18 currently live in your household?

 (Write in a number)

- If none, mark here

93 For you personally, what is the ideal number of children that you would like to have?

 (Write in a number)

94 Which of the following best describes you?

- Gay, lesbian, or homosexual
- Bisexual
- Heterosexual or straight
- Other
- Prefer not to answer

95 By your best estimate, what was your total household income last year, before taxes?

- \$10,000 or less
- \$10,001 - \$20,000
- \$20,001 - \$35,000
- \$35,001 - \$50,000
- \$50,001 - \$100,000
- \$100,001 - \$150,000
- \$150,001 or more

This completes the survey. Please make sure you have answered all of the questions relevant to you and then send the survey back in the envelope provided. Thank you for your participation!