We value your participation **in the National Longitudinal Survey of Youth 1997** and want to make sure that your experience with our study is as satisfying as we can make it. Please complete this card and return it in the enclosed postage paid envelope. As always, we appreciate hearing from you!

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1) Please tell us how much you agree or disagree with each of the following statements: | | | | | | |
|  | Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree | Not Applicable |
| I was treated with respect by my interviewer(s). | 1 | 2 | 3 | 4 | 5 | N/A |
| My interviewer provided clear reasons why I should keep participating. | 1 | 2 | 3 | 4 | 5 | N/A |
| I am more likely to participate if I can complete a portion of the interview online. | 1 | 2 | 3 | 4 | 5 | N/A |

2) If you use any of the following devices, please indicate below the average number of hours you spend PER WEEK using each one.

1. **Smart phone                                                                        \_\_\_\_\_\_\_\_ hours**
2. **Tablet or iPad                                                                     \_\_\_\_\_\_\_\_ hours**
3. **Laptop or desktop with Internet access                          \_\_\_\_\_\_\_\_ hours**
4. **Cell-phone (not connected to Internet)                        \_\_\_\_\_\_\_\_ hours**

**3) Please circle the most convenient method by which we contacted you this year to set-up your interview:**

**Texting Calling Visiting In Person Emailing Mailing via USPS/FedEx**

3) If you have visited the project website at [www.norc.org/nlsy97](http://www.norc.org/nlsy97), what did you like and what improvements would you suggest? If no, what could we do to promote the website to you?

4) If we could do one thing to improve your experience in our study, what would it be?

5) What was the main reason you participated this year?

6) May we share your comments with other participants in future rounds? (We would not use your name or identifying information.)

Yes  No

This survey is authorized under Title 29, Section 2, of the United States Code. Your voluntary cooperation is needed to make the results of this survey comprehensive, accurate, and timely. The information you provide will be held in confidence in accordance with the Privacy Act Statement on the back of the advance letter you received. We estimate that it will take an average of 2 minutes to complete this survey. If you have any comments regarding this estimate or any other aspect of the survey, including suggestions for reducing the time needed to respond, send them to the Bureau of Labor Statistics, National Longitudinal Surveys, 2 Massachusetts Avenue, N.E., Washington, DC 20212. You are not required to respond to the collection of information unless it displays a currently valid OMB control number. OMB Number 1220-0157. Expiration 05/31/15.

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