

Campus

Life

e

a

r

n

i

n

g

Pre-College
Questionnaire



INFORMED CONSENT DOCUMENT

June 2002

INTRODUCTION

Funded by the Andrew W. Mellon Foundation, the Campus Life and Learning Project (CLL) is a major new research project being conducted by several social- and behavior-science faculty members at Duke University. The Project Directors are Dr. Kenneth I. Spenner, Professor of Sociology, and Dr. A-Y Bryant, Staff Psychologist with Counseling and Psychological Services and in the Department of Psychiatry and Behavioral Sciences.

In brief, the CLL project is interested in your upcoming undergraduate experience at Duke University and, in particular, how your background and prior experiences, as well as your academic, social, and residential experiences at Duke affect your educational progress and your satisfaction with the college experience.

In order to address these issues, the study has scientifically selected samples of incoming Duke undergraduates who are surveyed before they come to Duke, each year they are at Duke, and then two years after they leave Duke University. You are one of 1600 students selected at random from among all students in two undergraduate schools to take part in this study. It is important that each person sampled participate in the study in order to assure that the results are generalizable to the full Duke student population.

WHAT YOU WILL BE ASKED TO DO

Enclosed you will find a questionnaire from the Research Triangle Institute (RTI). RTI is a nonprofit scientific data collection subcontractor located in Research Triangle Park, North Carolina. RTI has a long and impressive history of conducting survey research. The questionnaire should take about 30-40 minutes complete. There are no "right" or "wrong" answers. In addition to questions about your background, past schooling experiences, and expectations regarding your college career, the survey will include some questions about your family.

There are no costs to you other than the time it takes to fill out the questionnaire. The information that you provide will be kept strictly confidential. When the data gathering is complete, all data will be coded and transferred to the Campus Life and Learning Project at Duke. RTI will not retain any records or questionnaires.

During your time at Duke, once each year, usually late in the Spring semester, you will be sent a mail questionnaire, or a password and a web address for a secure server accessible **only** to study participants on a one-by-one basis (you will have access only to your questionnaire), and to Project personnel. All transmissions to and from this server will be encrypted for security and privacy reasons. This electronic survey will ask about your curriculum, residential and social experiences at Duke in the previous year and should take about 30 to 45 minutes to complete.

Since it would be very helpful for this study to link the information we collect in the surveys with portions of your student record, we would also like your permission for us to use relevant information from the Admissions, Registrar, Student Housing, and Financial Aid Offices. Respectively, such items would include your high school academic record; your courses taken, grades received, and major in college; where on campus or off campus you lived each year; and, if applicable, amounts of any grants/scholarships, loans, and work study components of your

financial aid package. We will **not** use nor have access to any of your student health records (including both medical and counseling/psychological) or any financial aid information submitted by your parents.

Finally, about two years after you leave Duke you will be sent a questionnaire by mail that asks about your post-Duke experiences and attitudes related to your job, further schooling, satisfaction with various aspects of the Duke experience, and plans for the future.

RISKS

We know of no risks or discomforts that you will experience during this study.

BENEFITS

This study will contribute to scientific knowledge about educational outcomes and experiences for different groups at elite private institutions. It will also have policy implications for the structuring and planning of residential, social and curriculum programs at Duke, some of which may benefit you as your educational career progresses. For example, are Duke's writing program and first year FOCUS programs all working as intended? Do study abroad experiences enhance later educational performance? Does Duke provide adequate support systems for students having difficulty in mathematics and science courses? How well does the advising system work in giving you the advice you need? What are the consequences for educational performance of different types of living arrangements and social programming?

Duke's President, Provost and Deans have given the Campus Life and Learning Project their strong approval. They will be informed of the policy results in tabular aggregate form that precludes the identification of any individual study participants. They will not have access to your individual level-data, nor will any other Duke students or faculty members.

PAYMENT

Enclosed you will find five-dollars to compensate you for your time and effort.

YOUR RIGHTS AS A SUBJECT

Your participation is entirely voluntary. Refusal to participate will involve no penalty, and you may choose to not answer particular questions or refuse to participate at any time without penalty. Should you choose not to participate, this decision will not be shared with any faculty members and will have absolutely no bearing on any evaluation on your academic performance at Duke University.

If you would like to ask questions or if there is some aspect about this document or the project that you do not understand, the contact addresses and telephone numbers of the Project Directors are in the enclosed informational brochure.

Also, Duke's Human Subjects Review Committee has reviewed and approved this study. If you have any questions about your rights as a research participant, please contact the Chair of the Human Subjects Committee (919-684-3030).

YOUR PRIVACY

All of your responses will be held in the strictest of confidence. Once we receive your responses and those from other study participants, we will detach this form with your signature and all identifying information (names, addresses, telephone numbers, student ID number and so on) will be removed from your file and placed in a separate directory file that is locked, secure, and offsite. Only four people will have access to this “directory file”: the two Project Directors mentioned above, the computer systems manager and the Project database manager. Each of these individuals has over 20 years of experience with confidential survey data of this type.

The individual-level data will be stored in a secure server, in encrypted form, with password-level access only to Project Staff. The data will be saved for the duration of the study and up to five years after the last survey. If at that time no further follow-up is anticipated, all data will be destroyed.

All results from this project (publications, papers, presentations) will be presented in aggregated statistical form (tables, charts, regression coefficients and so on), in a way precluding identification of any individual participant.

YOUR INFORMED CONSENT TO PARTICIPATE

I have read the information in this consent form. I agree to participate in the study. Next year, I will be given a copy of the consent form for my own records.

Signature

Date

If you are younger than 18 years of age, then please ask your parent or legal guardian to sign on your behalf if they consent to your participation.

Signature of Parent/Guardian

Date

Contact information for Project Directors

Kenneth I. Spenner, Ph.D.
Professor and Chair
Department of Sociology
Box 90088
Duke University
Durham, North Carolina 27708-0088
(919) 660-5625
kspen@soc.duke.edu

Anita-Yvonne Bryant, Ph.D.
Psychologist – Counseling and
Psychological Services
Clinical Associate – Department of
Psychiatry
Behavioral Sciences
Box 90955
Duke University
Durham, North Carolina 27708-0955
(919) 660-1000
aybryant@acpub.duke.edu

INSTRUCTIONS

Thank you for taking the time to complete this questionnaire. Directions for filling it out are provided with each question. Because not all questions will apply to everyone, you may be asked to skip questions.

Some of the questions are about your parents (or those persons who are like a mother or father to you, including guardians, step-parents, foster parents, etc.) If you share your time with more than one set of parents or guardians, please answer all questions for those parents/guardians/step-parents with whom you spend the most time, unless the question is more specific as to which parent(s) it refers.

- Either a pen or pencil may be used.
- When answering questions that require marking a box, **please use an "X"**.
- If you need to change an answer, clearly cross out the incorrect response and proceed normally with the correct response.

See below:

Q: Are you Male Female

- Certain series of questions will have numbers beside the boxes, **ignore the numbers and mark the boxes with an "X"**.

ABOUT YOU AND YOUR FAMILY

1. What is your date of birth? (MM DD YY)

2. Are you: (Mark an in one box)

Male..... 1

Female..... 2

3.

A. As of April 2002, what was your citizenship status?

U.S. Citizen

Native born..... 1

Naturalized..... 2

Non-U.S. Citizen

With a permanent U.S. resident visa..... 3

With a temporary U.S. resident visa..... 4

Living outside the United States..... 5

B. If you were not born in the U.S., in what country were you born?

C. At what age did you (or will you) first come to the U.S. for an extended period of time (i.e., more than 1 month)? _____

4. Are you Hispanic?

Yes..... 1

No..... 2

5. What is your race?

- White..... 1
- Black or African American 2
- American Indian or Alaska Native . 3
- Asian 4
- Biracial/Multiracial..... 5 *Please specify* _____
- Some other race 6 *Please specify* _____

6. Now think about your racial/ethnic identity in a different way, suppose there were no categories or boxes provided to check, how would you identify yourself?

7.

A. As of April 2002, what was your mother's citizenship status? If deceased, what was her status?

U.S. Citizen

- Native born..... 1
- Naturalized 2

Non-U.S. Citizen

- With a permanent U.S. resident visa 3
- With a temporary U.S. resident visa..... 4
- Living outside the United States 5

In what country:_____

B. If she was not born in the U.S., in what country was she born?

8.

A. As of April 2002, what was your father's citizenship status? If deceased, what was his status?

U.S. Citizen

Native born..... 1

Naturalized 2

Non-U.S. Citizen

With a permanent U.S. resident visa 3

With a temporary U.S. resident visa..... 4

Living outside the United States 5

In what country:_____

B. If he was not born in the U.S., in what country was he born?

9.

A. What was the primary language used in your home when you were growing up?

English 1

Spanish..... 2

Other 3 *Please specify* _____

B. Which other languages do you speak fluently? *Please specify all, (If none, list "None")*

10. What is your current religious affiliation?

- Catholic 1
- Protestant..... 2
- Jewish..... 3
- Islam 4
- Hindu 5
- Buddhist 6
- Other 7) *Please specify* _____
- None..... 8

11. How often do you attend religious services?

- More than once a week 1
- Once a week..... 2
- Often but not every week 3
- Rarely 4
- Never 5

12. In the past 12 months , please indicate who was living with you. Include everyone who lived in your home, relatives and non-relatives, even if they did not live with you the entire 12 months . Begin with your parent, guardian, or closest relative. (If you need more space, please attach a separate sheet.)

| Relationship to You | Sex (M or F) | Current Age (if known) | Living with you all 12 months (Yes or No) |
|---------------------|--------------|------------------------|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

13. When you were in 6th grade, who was living with you? Indicate everyone who lived in your home, relatives and non-relatives, even if they did not live with you the entire 12 months. Begin with your parent, guardian, or closest relative. (If you need more space, please attach a separate sheet.)

| Relationship to You | Sex (M or F) | Current Age (if known) | Living with you the entire 12 months (Yes or No) |
|---------------------|--------------|------------------------|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

14. How many brothers (including step and half brothers) do you have?

- A. older than you _____
- B. younger than you _____
- C. same age as you _____

15. How many sisters (including step and half sisters) do you have?

- A. older than you _____
- B. younger than you _____
- C. same age as you _____

16. Over the course of your childhood (ages 4-18), how many times did you move to a different residential area requiring you to attend a new school?

_____ times

Now think back to the time you were in middle school (roughly 6th-8th grades) when answering questions 17-19.

17. During middle school, how often did your parents or other adults:

| | <u>Never</u> t | <u>Rarely</u> t | <u>Sometimes</u> t | <u>Often</u> t | <u>Very Often</u> t |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| A. Check if you'd done your homework..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| B. Help you with your homework | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| C. Participate in a parent-school organization (e.g., PTA) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| D. Participate in other school related activities | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| E. Spend time talking with your friends | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

18. During middle school, how often did you participate in the following activities, either in or outside of school?

| | <u>Never or Hardly Ever</u> t | <u>Rarely (Once or twice a year)</u> t | <u>Sometimes (About 3 or 4 times per year)</u> t | <u>Often or Very Often (5 or more times per year)</u> t |
|---|--|---|---|--|
| A. See a movie at the movie theater | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| B. Visit a museum or art gallery..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| C. Attend a popular music concert..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| D. Attend an opera, ballet, play or symphony | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| E. Attend a sporting event (not your own athletic participation) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| F. Visit a zoo, science center, or aquarium..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

19. During middle school, how often did your parents (either with or without you) participate in the following activities?

| | Never or Hardly <u>Ever</u> t | Rarely (Once or twice a year) t | Sometimes (About 3 or 4 times per year) t | Often or Very Often (5 or more times per year) t |
|---|--|--|--|--|
| A. Visit a museum or art gallery | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| B. Attend an opera, ballet, play or symphony | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| C. Read a book for interest or pleasure | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

Now think back to the time you were in high school (roughly 9th – 12th grades) when answering questions 20-26.

20. During your high school years, did you experience the following:

| | <u>Yes</u> t | <u>No</u> t |
|--|---------------------------------------|---------------------------------------|
| A. Severe physical illness or injury..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| B. Severe psychological problems | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| C. Severe physical illness or injury of a family member .. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| D. Severe psychological problems of a family member .. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| E. Death of a mother, father, sister or brother..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| F. Divorce or separation of parents..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| G. Remarriage of one or both parents..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| H. Academic difficulty | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| I. Financial difficulties (self or family)..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| J. Legal difficulties (or allegations) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| K. Difficulty getting along with people..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

21. During high school, how often did your parents or other adults:

| | <u>Never</u> t | <u>Rarely</u> t | <u>Sometimes</u> t | <u>Often</u> t | <u>Very Often</u> t |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| A. Check if you'd done your homework..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| B. Help you with your homework | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| C. Participate in a parent-school organization (e.g., PTA) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| D. Participate in other school related activities | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| E. Spend time talking with your friends | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

22. During high school, how often did you participate in the following activities, either in or outside of school?

| | <u>Never or Hardly Ever</u> t | <u>Rarely (Once or twice a year)</u> t | <u>Sometimes (About 3 or 4 times per year)</u> t | <u>Often or Very Often (5 or more times per year)</u> t |
|--|--|---|---|--|
| A. See a movie at the movie theater | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| B. Visit a museum or art gallery | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| C. Attend a popular music concert..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| D. Attend an opera, ballet, play or symphony | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| E. Attend a sporting event (not your own athletic participation) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| F. Visit a zoo, science center, or aquarium | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

23. Now think about your senior year in high school. Please indicate if you were a member or held a leadership position (e.g., president, captain, treasurer, social chairperson) in the following activities. If you did not participate in a given activity, leave the boxes blank.

| <u>Activity/organization</u> | <u>Member</u> | <u>Leadership</u> |
|--|---|---------------------------------------|
| | t | t |
| A...School organized sport..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| B...Community organized sport | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| C...Drama/Theater group | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| D...Musical group | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| E...Social club | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| F...Community service club..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| G...Academic club (e.g., math team, Spanish club) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| H...Hobby club (e.g., chess, photography)..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| I...School pep club (e.g., cheerleading, pep band)..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| J...Student government | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| K...School publication (e.g., newspaper, yearbook) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| L...Volunteer organization..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| M...Religious activities (e.g., church, synagogue, mosque) . | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| N...Scouting..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| O...Honor society..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| P...Cultural organization | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| Q...Other (specify below) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

*(Please list)*_____

24. During high school, did you have the following items in your home?

- | | <u>Yes</u> | <u>No</u> |
|---|---------------------------------------|---------------------------------------|
| | t | t |
| A. A daily or Sunday newspaper | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| B. A regularly received magazine..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| C. An encyclopedia..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| D. An atlas or globe | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| E. A dictionary | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| F. A calculator..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| G. A computer | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| H. Educational software..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| I. Access to the internet..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| J. Your own study desk or a quiet place to study | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

25. During high school, how many books were there in your home? (Do not include magazines).

- None or very few (0-10) ₁
- Enough to fill 1 shelf (11-25) ₂
- Enough to fill 1 bookcase (26-100)..... ₃
- Enough to fill 2 bookcases (101-200) ₄
- Enough to fill 3 or more bookcases (more than 200) ... ₅

26. During high school, how often did you borrow books to read from a public or school library, either for school or for leisure ?

- Never or very rarely ₁
- A few times a year ₂
- About once a month ₃
- Several times a month ₄

27. In your home do you have:

| | <u>Yes</u> | <u>No</u> | | |
|---------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| | t | t | | |
| A. Your own room?..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | | |
| B. Cable or satellite TV? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | | |
| | <u>None</u> | <u>One</u> | <u>Two</u> | <u>Three</u> |
| | t | t | t | or more |
| | | | | t |
| C. A dishwasher..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| D. A television..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| E. A telephone..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| F. A musical instrument | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| G. A car..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| H. A video camera..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| I. A VCR..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| J. A fax machine | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| K. A photocopier..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| L. A stereo/CD player | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| M. Washing machine | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| N. Bathroom..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

28. Do you have a specific place where you can study without being disturbed?

Yes.....₁
No.....₂

29. In general, how often do your parents:

| | Never or very <u>rarely</u> t | A few times <u>a year</u> t | About once <u>a month</u> t | Several times a <u>month</u> t | Several times a <u>week</u> t |
|---|--|---------------------------------------|---------------------------------------|---|--|
| A. Discuss political or social issues with you..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| B. Discuss books, films, or television programs with you..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| C. Listen to music with you..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| D. Eat the main meal with you around a table..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| E. Spend time just talking to you..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| F. Work with you on your homework..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| G. Discuss your progress in school with you..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

ABOUT YOU AND YOUR SCHOOL EXPERIENCES

30. As a first grader, what kind of school did you attend? If you attended more than one school, consider the one where you spent the most time.

Public..... ₁

Private Religious..... ₂

Private Nonreligious..... ₃

Other..... ₄ \ *Please specify* _____

31. While you were in grade school (roughly 1st – 6th grades) what category best describes the population of the following:

| | | | | |
|---|-----------------------------|---|---------------------------------|---|
| All or Nearly all <u>White</u> t | Mostly <u>White</u> t | Half White and Half <u>Non-White</u> t | Mostly <u>Non-White</u> t | All or Nearly All <u>Non-White</u> t |
|---|-----------------------------|---|---------------------------------|---|

- A. The neighborhood in which you lived while attending grade school ... ₁ ₂ ₃ ₄ ₅
- B. The grade school you attended ₁ ₂ ₃ ₄ ₅
- C. Your teachers in grade school ₁ ₂ ₃ ₄ ₅
- D. Your friends in grade school ₁ ₂ ₃ ₄ ₅

32. When you were in middle school, what kind of school did you attend? If you attended more than one school, consider the one where you spent the most time.

- Public ₁
- Private Religious ₂
- Private Nonreligious ₃
- Other ₄ \ Please specify _____

33. What category best describes the population of the following:

| | | | | |
|---|-----------------------------|---|---------------------------------|---|
| All or Nearly all <u>White</u> t | Mostly <u>White</u> t | Half White and Half <u>Non-White</u> t | Mostly <u>Non-White</u> t | All or Nearly All <u>Non-White</u> t |
|---|-----------------------------|---|---------------------------------|---|

- A. The neighborhood in which you lived while attending middle school . ₁ ₂ ₃ ₄ ₅
- B. The middle school you attended ₁ ₂ ₃ ₄ ₅
- C. Your teachers in middle school ₁ ₂ ₃ ₄ ₅
- D. Your friends in middle school ₁ ₂ ₃ ₄ ₅

34. In your senior year of high school, what kind of school did you attend? If you attended more than one school, consider the one where you spent the most time.

- Public ₁
- Private Religious ₂
- Private Nonreligious ₃
- Other ₄ \ Please specify _____

35. In high school, did you attend a boarding school where you lived away from home?

Yes 1

No 2

36. What category best describes the population of the following:

| | | | | |
|---|-----------------------------|---|---------------------------------|---|
| All or Nearly all <u>White</u> t | Mostly <u>White</u> t | Half White and Half <u>Non-White</u> t | Mostly <u>Non-White</u> t | All or Nearly All <u>Non-White</u> t |
|---|-----------------------------|---|---------------------------------|---|

A. The neighborhood in which you lived while attending high school..... 1..... 2..... 3..... 4..... 5

B. The high school you attended 1..... 2..... 3..... 4..... 5

C. Your teachers in high school 1..... 2..... 3..... 4..... 5

D. Your friends in high school 1..... 2..... 3..... 4..... 5

37. What is the name and street address of your high school? If you attended more than one school, consider the one where you spent the most time.

School Name

Street Address

City State Zip Code

38. During your time in high school, in the average week during the school year, how many hours did you spend on the following activities:

- A. Working in a paid job _____
- B. Helping out or doing jobs at home _____
- C. Studying or doing homework _____
- D. Extra-academic preparation _____
(i.e., working with a tutor, extra classes)

Now think about your current mix of academic and intellectual skills to answer question 39.

39. Please indicate your level of skill with the following:

| | Very <u>Low</u> t | <u>Low</u> t | <u>Moderate</u> t | <u>High</u> t | Very <u>High</u> t |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| A. Remembering factual knowledge (terminology, classifications, methods, trends) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| B. Understanding fundamental concepts, principles, or theories | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| C. Finding and using resources for answering questions or solving problems | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| D. Applying knowledge, concepts, principles, or theories to a specific situation or problem..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| E. Analyzing ideas, arguments, and points of view | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| F. Synthesizing and integrating information | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| G. Formulating questions in a specific field | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| H. Conducting inquiry through the methods and paradigms of a specific field | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| I. Evaluating the merits or value of ideas and competing claims | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| J. Explaining the meaning of information | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| K. Oral expression | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| L. Writing skills | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

**Now think about the last challenging mathematics or natural science class that you took.
Please use this class when answering questions 40-44.**

40. Compared with other students in that class, would you say your abilities were:

- Very much above average 1
- Above average 2
- Average 3
- Below average 4
- Very much below average 5

41. When you were working at a challenging task in that class, how confident were you that you would succeed?

- Extremely confident 1
- Very confident 2
- Confident 3
- Somewhat confident 4
- Not at all confident 5

**42. If you succeeded at a challenging part of this class, would you say it was because of:
(Check all that apply.)**

- Your high ability 1
- Good luck 2
- The task was easy 3
- You worked hard 4

43. If you failed (or were less successful) at a challenging part of this class, would you say it was because of: (Check all that apply.)

- Your low ability 1
- Bad luck 2
- The task was hard 3
- You didn't work hard enough ... 4

44. Was this class an Honors or advanced class?

Yes 1

No 2

Now think about the last challenging literature or English class that you took. Please use this class when answering questions 45-49.

45. Compared with other students in that class, would you say your abilities were:

Very much above average 1

Above average 2

Average 3

Below average 4

Very much below average 5

46. When you were working at a challenging task in that class, how confident were you that you would succeed?

Extremely confident 1

Very confident 2

Confident 3

Somewhat confident 4

Not at all confident 5

**47. If you succeeded at a challenging part of this class, would you say it was because of :
(Check all that apply.)**

Your high ability 1

Good luck 2

The task was easy 3

You worked hard 4

48. If you failed (or were less successful) at a challenging part of this class, would you say it was because of: (Check all that apply.)

- Your low ability 1
- Bad luck 2
- The task was hard..... 3
- You didn't work hard enough ... 4

49. Was this class an Honors or advanced class?

- Yes 1
- No 2

50. For the following statements, please indicate the extent to which you agree or disagree:

- | | Strongly
<u>Agree</u>
t | Somewhat
<u>Agree</u>
t | Neither
Agree or
<u>Disagree</u>
t | Somewhat
<u>Disagree</u>
t | Strongly
<u>Disagree</u>
t |
|--|-------------------------------|-------------------------------|---|----------------------------------|----------------------------------|
| A. I know the areas where I am academically weak and I try to improve them. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| B. I know what I want to be doing 10 years from now | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| C. A pre-school child is likely to suffer if his or her mother works | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| D. I often make lists of things to do | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| E. My family has always wanted me to go to college | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| F. I usually mark important dates on my calendar | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| G. If tutoring is made available at college at no cost, I would attend regularly | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| H. I have talked about my career goals with someone who has worked in that field | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| I. On the whole, I am satisfied with myself | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| J. I try to find opportunities to learn new things | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| K. I have studied things about my major field (or favorite subject) on my own..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| L. I certainly feel useless at times | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

ABOUT YOU AND YOUR FRIENDS

51. Think about your overall self-identity, all of who you are and what you represent. How important are each of the following sub-identities to your overall identity?

| | <u>Extremely</u> <u>Important</u> t | <u>Very</u> <u>Important</u> t | <u>Important</u> t t | <u>Somewhat</u> <u>Important</u> t | <u>Not at All</u> <u>Important</u> |
|--|---|---------------------------------------|---------------------------------------|--|---------------------------------------|
| A. Being a good athlete | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| B. Being a politically active person | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| C. Being a volunteer | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| D. Your racio-ethnic identity..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| E. Being a good student..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| F. Being someone who socializes well with others..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| G. Your religious affiliation | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| H. Your gender | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

52. Other than your immediate family members, think about your closest friends (or most important people in your life). If you find it helpful, list their first names or initials (we are not interested in knowing their identity). List up to five people.

Age = in years

Race = (1) White, (2) Black, (3) Latino, (4) Asian, or (5) Other

Frequency of Contact = (1) Less than several times a month, (2) Several times a month, (3) Once a week, (4) Several times a week, (5) Once a day, or (6) More than once a day

| First Name or Initials | Age | Sex (M or F) | Race | Freq. of Contact | Relationship to You |
|------------------------|-----|-----------------|------|------------------|---------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |

53. For the following statements, please indicate the extent to which you agree or disagree:

| | Strongly <u>Agree</u> t | Somewhat <u>Agree</u> t | Neither <u>Agree or</u> <u>Disagree</u> t t | Somewhat <u>Disagree</u> t | Strongly <u>Disagree</u> t |
|--|-------------------------------|-------------------------------|--|----------------------------------|----------------------------------|
| A. My religious beliefs are very important to me | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| B. When I believe strongly in something, I act on it | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| C. My friends and relatives feel I should not go to Duke University | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| D. I have talked about my career goals with someone who works in that career | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| E. I want a chance to prove myself academically | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| F. I prefer to be spontaneous rather than to make plans | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| G. If I run into problems concerning school, I have someone who would listen to me and help me | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| H. I have already learned something in my proposed major outside of high school | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| I. A father should spend just as much time raising and nurturing a pre-school child as the mother | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| J. I have learned more outside of school than in school | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| K. A husband should follow his wife in order for her to pursue a job or career opportunity | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

ABOUT YOUR EXPECTATIONS FOR COLLEGE LIFE AND BEYOND

54. Students have different expectations about what they would like to gain during their college years. Please think about what you want to gain from your experience at Duke.

For the following statements, please indicate the extent to which each of these expectations is important:

| | <u>Extremely</u> <u>Important</u> | <u>Very</u> <u>Important</u> | <u>Important</u> | <u>Somewhat</u> <u>Important</u> | <u>Not at All</u> <u>Important</u> |
|---|--------------------------------------|---------------------------------|----------------------------|-------------------------------------|---------------------------------------|
| | t | t | t | t t | |
| A. Meaningful social relationships..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| B. Career preparation..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| C. Personal growth/awareness..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| D. Meeting people from different cultures and backgrounds..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| E. Learning to interact with the majority culture..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| F. Spiritual development..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| G. Social and community responsibility..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| H. Academic/intellectual skills..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| I. Dating relationships..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| J. Establishing my identity..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| K. Developing a sense of life direction and purpose..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| L. Learning about my cultural heritage..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| M. Learning to do things on my own..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| N. Establishing my ethnic/racial identity..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| O. Managing emotions and behaviors..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| P. Academic/intellectual achievement..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Q. Leadership skills..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| R. Having a very active social life..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

55. Please indicate all of the resources that you and your family used in preparing for and applying to Duke University.

- | | <u>Yes</u> | <u>No</u> |
|--|---|---------------------------------------|
| | t | t |
| A. Taking advanced placement course(s)..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| B. Receiving advanced placement credit..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| C. Having a private tutor for high school classes | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| D. SAT prep course (Kaplan, Princeton Review, etc.) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| E. Having a private tutor for SAT preparation..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| F. Taking college courses for credit | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| G. Taking college courses non-credit..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| H. High school counselor..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| I. Using a college admissions or educational consultant..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| J. Having a family member that graduated from Duke..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| K. Visit to campus..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| L. University sponsored recruitment visit | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

If yes, please specify what program _____

M. Speaking with a representative of the Duke Admissions

Office..... ₁..... ₂

If yes, was it:

- (1) A Duke recruiter at your school..... ₁..... ₂
- (2) A Duke recruiter in your hometown..... ₁..... ₂
- (3) On the Duke campus..... ₁..... ₂
- (4) Over the telephone..... ₁..... ₂

N. Speaking with a university official..... ₁..... ₂

O. Speaking with a faculty or staff member..... ₁..... ₂

P. Family ties to the university..... ₁..... ₂

56. What percentage of your educational expenses do you expect to be covered by each of the sources listed below? (Include tuition, room, board, books, etc.) (The total should equal 100%.)

- A. Parents _____
- B. Other family members _____
- C. Educational Grants
(Pell, SEOG, Private, etc.) _____
- D. Scholarships _____
- E. Loans (self and/or parents) _____
- F. Personal savings or other resources _____
- G. Work-study position(s) _____
- H. Other employment during the academic
year or during the summer _____
- I. Other (*please specify*) _____

TOTAL: 100%

57. What do you expect will be your eventual college major? (If don't know, list "Don't Know.")

58. What do you realistically expect will be your cumulative GPA at Duke after your first year? (A = 4.0, B = 3.0, C = 2.0 and so on; use tenths of a point if you wish)

Now we have a few questions about your parents at the time you were applying to college (e.g., your senior year in high school).

59. What is the highest level of education your parents have attained? (Please choose only one box for each parent.)

| | <u>Mother</u> t | <u>Father</u> t |
|--|-----------------------------|-----------------------------|
| Less than a high school graduate..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| High school graduate | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| Some college/vocational school | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |
| Bachelor's degree | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Some graduate school | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Master's degree | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |
| Law degree (LLB, JD) | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 |
| Medical degree (MD, DDS, DVM, etc.) | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 |
| Doctoral degree | <input type="checkbox"/> 9 | <input type="checkbox"/> 9 |
| Other-..... | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 |
| <i>Please specify (<u>mother</u>):</i> _____ | | |
| <i>Please specify (<u>father</u>):</i> _____ | | |
| Don't Know | <input type="checkbox"/> -4 | <input type="checkbox"/> -4 |

60. During your senior year in high school, what was your mother doing?

Working full-time for pay (30 hours or more per week)... 1

Working part-time for pay (under 30 hours per week) 2

Unemployed / Looking for a job

Not working.....

Unable to work / Disabled

Other (specify below)

Please specify: _____)

61. If working for pay, what kind of work was your mother doing, that is, what was her occupation at that time? (Please be as specific as possible, including any area of specialization.)

Example: High school teacher – Math, Manager of a bookstore, Carpenter

62. During your senior year in high school, what was your father doing?

- Working full-time for pay (30 hours or more per week)... 1
- Working part-time for pay (under 30 hours per week) 2
- Unemployed / Looking for a job 3
- Not working..... 4
- Unable to work / Disabled 5
- Other (specify below)..... 6

Please specify: _____

63. If working for pay, what kind of work was your father doing, that is, what was his occupation at that time? (Please be as specific as possible, including any area of specialization.)

Example: High school teacher – Math, Manager of a bookstore, Carpenter

64. Please mark the category below that best represents YOUR OWN earned income for 2001, before taxes. Please include income from jobs, net income from business, farm or rent, dividends, interest, capital gains , trusts, or social security payments. (Do not include income from other family members.)

- Less than \$1,000..... 1
- \$1,000 to \$4,999 2
- \$5,000 to \$9,999 3
- \$10,000 to \$19,999 4
- \$20,000 to \$29,999 5
- \$30,000 to \$49,999 6
- More than \$50,000..... 7

65. Please mark the category below that best represents for the PARENT(S) you lived with during your senior year in high school the combined income for 2001, before taxes. Please include income from all sources. If you were living with one parent only, please respond for that parent. If you were living with one natural and one step-parent, please respond for them.

- Less than \$1,000..... 1
- \$1,000 to \$9,999 2
- \$10,000 to \$19,999 3
- \$20,000 to \$29,999 4
- \$30,000 to \$49,999 5
- \$50,000 to \$74,999 6
- \$75,000 to \$99,999 7
- \$100,000 to \$149,999 8
- \$150,000 to \$199,999 9
- \$200,000 to \$499,999 10
- \$500,000 or more 11

66. Did you have a parent with whom you did NOT live during your senior year of high school?

- Yes (go to next question) 1
- No (skip to question 68) 2

67. Please mark the category that best represents the income for 2001, before taxes, for that parent with whom you did NOT live while you were a senior in high school. Please include all sources of income.

- Less than \$1,000..... 1
- \$1,000 to \$9,999 2
- \$10,000 to \$19,999 3
- \$20,000 to \$29,999 4
- \$30,000 to \$49,999 5
- \$50,000 to \$74,999 6
- \$75,000 to \$99,999 7
- \$100,000 to \$149,999 8
- \$150,000 to \$199,999 9
- \$200,000 to \$499,999 10
- \$500,000 or more 11

68. Do any of your parents own:

- | | <u>Yes</u>
t | <u>No</u>
t | <u>Don't</u>
<u>Know</u>
t |
|--|----------------------------|----------------------------|----------------------------------|
| A. Their own home?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 4 |
| B. A second home?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 4 |
| C. A business?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 4 |
| D. A farm on which you did <u>not</u> live? .. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 4 |

69. What do you realistically expect will be your first occupation after leaving Duke?

70. What do you realistically expect will be your pre -tax income in your first job after leaving Duke? \$

71. What do you realistically expect will be your pre -tax income in your job 5 years after leaving Duke? \$

72. In about four or five sentences, please tell us about the biggest challenge you faced while in high school. What was the challenge? How did you handle it? And what have you learned from that experience that might help you in college? (If you need more space, please write on the back of this sheet.)

Thank you once again for your participation!