

# *THE HORIZONS STUDY*



**U.S. DEPARTMENT OF EDUCATION  
WASHINGTON, DC 20202**

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The estimated time required to complete this questionnaire is 15 minutes. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Department of Education, Information Management and Compliance Division, Washington, DC 20202-4651; and to the Office of Management and Budget, Paperwork Reduction Project 1875-0154, Washington, DC 20503.

**Please return your completed questionnaire in the enclosed  
envelope to:**

**Mathematica Policy Research – Horizons Study  
7161 Columbia Gateway Drive  
Columbia, MD 21046-2101  
Attention: Debbie Reese**

**PART A. HIGH SCHOOL EDUCATION**

**A1. Have you graduated from high school with your high school diploma?**

- 01 G Yes → **SKIP to A5**
- 00 G No

**A2. Are you currently taking classes to prepare for the GED examination?**

- 01 G Yes → **SKIP to B1**
- 00 G No

**A3. Do you have plans to get a high school diploma or GED, or do you have a GED already?**

*MARK ONLY ONE*

- 99 G Do not plan to get a high school diploma or GED → **SKIP to B1**
- 01 G Plan to get a high school diploma → **SKIP to A6**
- 02 G Plan to get a GED → **SKIP to B1**
- 03 G Already have a GED → **GO to A4**

**A4. In what month and year did you obtain your GED?**

|\_|\_|\_|    |\_|\_|\_|\_|\_|\_|  
Month                      Year

**GO TO PART B**

**A5. In what month and year did you obtain your high school diploma?**

|\_|\_|\_|    |\_|\_|\_|\_|\_|\_|  
Month                      Year

**A6. From where did you (or do you plan to) obtain your high school diploma?**

School Name: \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

**GO TO PART B**

**PART B: POST-HIGH SCHOOL EDUCATION**

**B1. Have you attended any schools since high school?**

- 01 G Yes
- 00 G No → **SKIP to C1**
- 99 G Only attended a school to obtain a GED → **SKIP to C1**

*Please answer the following questions about any schools you have attended since high school. Please include any undergraduate and graduate schools, as well as any trade or professional schools, starting with the most recent school attended.*

**B2a. SCHOOL 1 (MOST RECENT):**

School name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**B2b. Are you still attending this school?**

- 01 G Yes → **SKIP to B2d**
- 00 G No

**B2c. When was the last month and year you attended this institution?**

\_\_\_\_|\_\_\_\_|      \_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|  
Month                      Year

**B2d. Is this institution a (MARK ONLY ONE)**

- 01 G 2-year college
- 02 G 4-year college or university
- 03 G Trade or professional school
- 04 G Other institution

**B2e. What degree or certificate are you (were you) working toward at this school?**

- 01 G Associate's degree
- 02 G Bachelor's degree (BA, BS, BFA, Etc.)
- 03 G Post-Baccalaureate certificate
- 04 G Master's degree (MA, MS, MBA, Etc.)
- 05 G Doctoral degree (Ph.D., Ed.D., D.P.H., Etc.)
- 06 G Professional degree (M.D., J.D., D.D.S., O.D., Etc.)
- 07 G Other certificate or license - *Specify:*  
\_\_\_\_\_

**B2f. Did you complete the requirements for this degree or certificate?**

- 01 G Yes
- 00 G No
- 99 G Still attending school

**B2g. Have you attended any other schools since high school?**

- 01 G Yes → **GO TO B3a FOR SECOND SCHOOL**
- 00 G No → **SKIP to B6**

**B3a. SCHOOL 2 (SECOND MOST RECENT):**

*Please answer the following questions about the second most recent school you attended since high school.*

School name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**B3b. When was the last month and year you attended this institution?**

\_\_\_\_|\_\_\_\_|      \_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|  
Month                      Year

**B3c. Is this institution a (MARK ONLY ONE)**

- 01 G 2-year college
- 02 G 4-year college or university
- 03 G Trade or professional school
- 04 G Other institution

**B3d. What degree or certificate were you working toward at this school?**

- 01 G Associate's degree
- 02 G Bachelor's degree (BA, BS, BFA, Etc.)
- 03 G Post-Baccalaureate certificate
- 04 G Master's degree (MA, MS, MBA, Etc.)
- 05 G Doctoral degree (Ph.D., Ed.D., D.P.H., Etc.)
- 06 G Professional degree (M.D., J.D., D.D.S., O.D., Etc.)
- 07 G Other certificate or license - *Specify:*  
\_\_\_\_\_

**B3e. Did you complete the requirements for this degree or certificate?**

- 01 G Yes
- 00 G No

**B3f. Have you attended any other schools since high school?**

- 01 G Yes → **GO TO B4a FOR THIRD SCHOOL**
- 00 G No → **SKIP to B6**

**B4a. SCHOOL 3 (THIRD MOST RECENT):**

*Please answer the following questions about the third most recent school you attended since high school.*

School name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**B4b. When was the last month and year you attended this institution?**

\_\_\_\_|\_\_\_\_|      \_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|  
Month                      Year

**B4c. Is this institution a (MARK ONLY ONE)**

- 01 G 2-year college
- 02 G 4-year college or university
- 03 G Trade or professional school
- 04 G Other institution

**B4d. What degree or certificate were you working toward at this school?**

- 01 G Associate's degree
- 02 G Bachelor's degree (BA, BS, BFA, Etc.)
- 03 G Post-Baccalaureate certificate
- 04 G Master's degree (MA, MS, MBA, Etc.)
- 05 G Doctoral degree (Ph.D., Ed.D., D.P.H., Etc.)
- 06 G Professional degree (M.D., J.D., D.D.S., O.D., Etc.)
- 07 G Other certificate or license - *Specify:*  
\_\_\_\_\_

**B4e. Did you complete the requirements for this degree or certificate?**

- 01 G Yes
- 00 G No

**B4f. Have you attended any other schools since high**

**school?**

- 01 G Yes → **GO TO B5a FOR FOURTH SCHOOL**
- 00 G No → **SKIP to B6**

**B5a. SCHOOL 4 (FOURTH MOST RECENT):**

*Please answer the following questions about the fourth most recent school you attended since high school.*

School name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**B5b. When was the last month and year you attended this institution?**

\_\_\_\_|\_\_\_\_|      \_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|  
Month                      Year

**B5c. Is this institution a (MARK ONLY ONE)**

- 01 G 2-year college
- 02 G 4-year college or university
- 03 G Trade or professional school
- 04 G Other institution

**B5d. What degree or certificate were you working toward at this school?**

- 01 G Associate's degree
- 02 G Bachelor's degree (BA, BS, BFA, Etc.)
- 03 G Post-Baccalaureate certificate
- 04 G Master's degree (MA, MS, MBA, Etc.)
- 05 G Doctoral degree (Ph.D., Ed.D., D.P.H., Etc.)
- 06 G Professional degree (M.D., J.D., D.D.S., O.D., Etc.)
- 07 G Other certificate or license - *Specify:*  
\_\_\_\_\_

**B5e. Did you complete the requirements for this degree or certificate?**

- 01 G Yes
- 00 G No

**B6. Are you currently enrolled in college or other school past high school?**

- 01 G Yes → **SKIP to B8**
- 00 G No

**B7. What is the main reason you are not enrolled?**

**MARK ONLY ONE**

- 01 G Completed course of study
- 02 G Transferred schools/To attend other school
- 03 G Taking a break/stopped temporarily
- 04 G Do not like school
- 05 G Do not have enough money
- 06 G Poor personal health
- 07 G Poor grades/Courses too difficult
- 08 G Uncertain about career goals/changed career goals
- 09 G Left to accept or keep a job
- 10 G Marriage
- 11 G Pregnancy/to care for children
- 12 G To enter the military
- 13 G Courses not relevant to work I want to do
- 14 G Parents want me to quit
- 15 G Academic suspension or dismissal
- 16 G Financial problems
- 17 G Other - *Specify:* \_\_\_\_\_

**B8. Have you received an undergraduate degree (such as an Associate's or Bachelor's degree) from any 2-year or 4-year institution?**

- 01 G Yes
- 00 G No → **SKIP to B10**

**B9. What was your field of study at the institution where you received your most recent undergraduate degree?**

**MARK ONLY ONE**

- 01 G Agriculture
- 02 G Arts (art, music, theater, etc.)
- 03 G Biological sciences (biology, biochemistry, botany, zoology, etc.)
- 04 G Business
- 05 G Computer science
- 06 G Education (including physical education and recreation)
- 07 G Engineering
- 08 G Health-related fields (nursing, physical therapy, technology, etc.)
- 09 G Humanities (literature, languages, history, philosophy, religion, etc.)
- 10 G Mathematics (math, statistics, etc.)
- 11 G Physical sciences (physics, chemistry, astronomy, earth science, etc.)
- 12 G Social sciences (economics, political science, psychology, sociology, etc.)
- 13 G Clerical/legal assistance
- 14 G Communications
- 15 G Trade and Industry
- 16 G Technical (electronics, mechanics, data processing or computer programming, etc.)
- 17 G Protective services (law enforcement)
- 18 G Consumer/personal services
- 19 G Other - *Specify:* \_\_\_\_\_

**B10. Have you received a graduate degree (such as a Master's, Doctoral, or Professional degree)?**

- 01 G Yes
- 00 G No → **SKIP to B12**

**B11. What was your field of study at the institution where you received your most recent graduate degree?**

MARK ONLY ONE

- 01 G Agriculture
- 02 G Arts (art, music, theater, etc.)
- 03 G Biological sciences (biology, biochemistry, botany, zoology, etc.)
- 04 G Business
- 05 G Computer science
- 06 G Education (including physical education and recreation)
- 07 G Engineering
- 08 G Health-related fields (nursing, physical therapy, technology, etc.)
- 09 G Humanities (literature, languages, history, philosophy, religion, etc.)
- 10 G Mathematics (math, statistics, etc.)
- 11 G Physical sciences (physics, chemistry, astronomy, earth science, etc.)
- 12 G Social sciences (economics, political science, psychology, sociology, etc.)
- 13 G Clerical/legal assistance
- 14 G Communications
- 15 G Trade and Industry
- 16 G Technical (electronics, mechanics, data processing or computer programming, etc.)
- 17 G Protective services (law enforcement)
- 18 G Consumer/personal services
- 19 G Other - *Specify:* \_\_\_\_\_

**B12. Did you ever receive any of the following types of financial aid while working on an undergraduate degree at any 2-year or 4-year institution? This includes both Associate's and Bachelor's degrees.**

MARK YES OR NO FOR EACH

	<u>Yes</u>	<u>No</u>
a. Loans from the school, the federal or state government, or a bank.....	01 G	00 G
b. A tuition waiver from the school .....	01 G	00 G
c. A Pell grant.....	01 G	00 G
d. Another type of grant, scholarship or fellowship .....	01 G	00 G
e. A work/study appointment.....	01 G	00 G
f. Some other type of financial aid <i>Specify:</i> _____ .....	01 G	00 G

**B13. What is the total amount of money you have borrowed to pursue an undergraduate degree(s) at 2-year or 4-year institutions?**

ENTER 0 IF NONE

*Include only the amount of money you are responsible for repaying.*

\$    ,    .   AMOUNT OF LOAN

**B14. Please indicate how often you did each of the following during your most recent year in school.**

*CHECK ONE FOR EACH (a-i)*

	<u>Never</u>	<u>Once or Twice</u>	<u>Three to Six Times</u>	<u>More than Six Times</u>
a. Talk with faculty in their offices about academic matters.....	00 G	01 G	02 G	03 G
b. Meet with your advisor concerning your academic plans ....	00 G	01 G	02 G	03 G
c. Have informal or social contacts with your advisor or other faculty members about classes .....	00 G	01 G	02 G	03 G
d. Participate in study groups with other students outside of the classroom .....	00 G	01 G	02 G	03 G
e. Go places such as concerts, movies, restaurants, sporting events, etc. with friends from school.....	00 G	01 G	02 G	03 G
f. Participate in school clubs, for example, student government, religious clubs, service activities.....	00 G	01 G	02 G	03 G
g. Attend career related lectures, conventions or field trips with friends.....	00 G	01 G	02 G	03 G
h. Participate in and practice with others for intramural or intercollegiate sports, music, drama, choir, etc.....	00 G	01 G	02 G	03 G
i. Cut classes in which you were enrolled .....	00 G	01 G	02 G	03 G

**B15. Please indicate how often you received each of the following student services during your most recent year in school.**

*CHECK ONE FOR EACH (a-g)*

	<u>Never</u>	<u>Once or Twice</u>	<u>Three to Six Times</u>	<u>More than Six Times</u>
a. Academic Counseling .....	00 G	01 G	02 G	03 G
b. Personal Counseling.....	00 G	01 G	02 G	03 G
c. Learning Skills Center Services .....	00 G	01 G	02 G	03 G
d. Tutoring Services.....	00 G	01 G	02 G	03 G
e. Minority Student Services .....	00 G	01 G	02 G	03 G
f. Health Services.....	00 G	01 G	02 G	03 G
g. Other - <i>Specify:</i> _____	00 G	01 G	02 G	03 G

**B16. While enrolled in school, did you participate in or use the following federally-supported programs?**

	<u>No</u>	<u>Yes</u>	<u>Don't Know</u>
a. Student Support Services .....	00 G	01 G	d G
b. McNair Postbaccalaureate Achievement Program .....	00 G	01 G	d G

**B17. While enrolled in school during the school year, did you work for pay? (Include full-time, part-time and temporary jobs, but exclude summer jobs).**

MARK YES OR NO FOR EACH. IF YOU HAVE NOT REACHED A PARTICULAR LEVEL YET, CHECK "NOT REACHED THIS LEVEL."

	Not reached this level	No	Yes	Approximate hours per week	On or Off campus on	off
a. First year.....	99 G	00 G	01 G	_____ Hours per week	<input type="checkbox"/>	<input type="checkbox"/>
b. Second year .....	99 G	00 G	01 G	_____ Hours per week	<input type="checkbox"/>	<input type="checkbox"/>
c. Third year.....	99 G	00 G	01 G	_____ Hours per week	<input type="checkbox"/>	<input type="checkbox"/>
d. Fourth year .....	99 G	00 G	01 G	_____ Hours per week	<input type="checkbox"/>	<input type="checkbox"/>

**B18. While taking classes in college or other school, did you consider yourself to primarily be:**

- 01 G A student
- 02 G An employee
- 03 G Other - Specify: \_\_\_\_\_

**B19. Do you currently hold any other degrees, certificates or licenses other than those reported in B2-B5?**

- 01 G Yes
- 00 G No → **SKIP TO C1**

**B20. What degrees, certificates or licenses do you hold?**

- Degree/Certificate/License: \_\_\_\_\_
- Degree/Certificate/License: \_\_\_\_\_
- Degree/Certificate/License: \_\_\_\_\_

**GO TO PART C**

PART C: POST-HIGH SCHOOL EMPLOYMENT

C1. Since high school, have you had any of the following work experiences?

- |                                    | <u>Yes</u> | <u>No</u> |
|------------------------------------|------------|-----------|
| a. Paid full-time employment ..... | 01 G       | 00 G      |
| b. Paid part-time employment.....  | 01 G       | 00 G      |
| c. Paid internship.....            | 01 G       | 00 G      |
| d. Unpaid internship.....          | 01 G       | 00 G      |
| e. College work-study job .....    | 01 G       | 00 G      |
| f. An apprenticeship.....          | 01 G       | 00 G      |
| g. A Co-op job.....                | 01 G       | 00 G      |

C2. Have you worked for pay or profit anytime between January 1, 2001 and today?

- 01  Yes  
00  No → **SKIP TO C14**

C3. For how many weeks or months did you work for pay or profit in 2001?

ENTER NUMBER:

CHECK ONE ONLY:

- 01  Weeks  
02  Months

C4. For how many weeks or months did you work for pay or profit in 2002?

ENTER NUMBER:

CHECK ONE ONLY:

- 01  Weeks  
02  Months

C5. For how many weeks or months did you work or have you worked for pay or profit in 2003?

ENTER NUMBER:

CHECK ONE ONLY:

- 01  Weeks  
02  Months

C6. For how many weeks or months did you work/have you worked for pay or profit in 2004?

ENTER NUMBER:

CHECK ONE ONLY:

- 01  Weeks  
02  Months

C7. Are you currently working for pay or profit?

- 01  Yes → **SKIP to C9**  
00  No

C8. Would you be available for work at this time?

- 01  Yes  
00  No

C9. When did you start working at the job you currently hold or, if not currently working, when did you start working at the job you most recently held since leaving high school?

*If you have/had more than one job, please answer for your **main job**.*

Month		Year			

C10. For what type of organization or industry do (did) you work? (For example: accounting firm, daycare center, educational facility, food services)

*If you have or had more than one job, please answer for your **main job**.*

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**C11. What is (was) your job title or what do (did) you do?** (Please be as specific as possible. For example: waiter/waitress, word processor, high school math teacher, auto mechanic, chef)

*If you have or had more than one job, please answer for your **main job**.*

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**C12. How much in total do (did) you usually earn on all your jobs together before taxes and other deductions? Please include tips, bonuses, and commissions.**

*If you have or had only one job, please answer for that job.*

*Please answer for a typical time period.*

AMOUNT EARNED:

\$ ,.

PLEASE CHECK ONE:

- 01 G Per week
- 02 G Per month
- 03 G Once every two weeks
- 04 G Twice a month
- 05 G Per day
- 06 G Per year

**C13. About how many hours per week do (did) you usually work on all your jobs together?**

*If you have or had only one job, please answer for that job.*

*Please answer for a typical week.*

NUMBER OF HOURS:

**C14. Do you have a health problem or disability which prevents you from working or which limits the kind or amount of work you can do?**

- 01  Yes
- 00  No

**C15. Since leaving high school, have you served or do you plan to serve in the regular Armed Forces, the Reserves, the National Guard, or the ROTC?**

- 01 G Yes, already served
- 02 G Yes, currently serving
- 03 G Yes, plan to serve
- 00 G No

**C16. During the past year, have you ever performed volunteer or community service work other than court ordered?**

- 01  Yes
- 00  No → **SKIP to C18**

**C17. Approximately how many hours per month did you spend doing community service/volunteer work during the past year?**

HOURS PER MONTH:

**C18. Are you registered to vote in the U.S.?**

- 01  Yes
- 00  No

**C19. Have you ever voted in any national, state, or local election?**

- 01  Yes
- 00  No

**GO TO PART D**

**PART D: BACKGROUND**

**D1. Do you have any natural or biological children?**

- 01 G Yes
- 00 G No → **SKIP to D4**

**D2. How many natural or biological children do you have?**

NUMBER OF CHILDREN:

**D3. When was your first child born?**

|      
Month Year

**D4. What is your marital status?**

- 01 G Never married
- 02 G Married
- 03 G Separated
- 04 G Divorced or Widowed

**D5. Including yourself, how many people live in your household? Include everyone who usually lives there, even if they are away from home right now.**

NUMBER OF PEOPLE:

**D6. Since leaving high school have you ever received Food Stamps?**

*Answer "yes" if you or anyone in your household with whom you purchase and prepare food receive Food Stamps.*

- 01 G Yes
- 00 G No

**D7. Since leaving high school have you ever been incarcerated?**

- 01 G Yes
- 00 G No

**PLEASE GO TO NEXT PAGE FOR ADDRESS INFORMATION**

**ADDRESS INFORMATION**

**So we can reach you in the future if needed, please list the address and telephone numbers where you expect you can be reached in the next two years.**

Street Number and Address: \_\_\_\_\_ Apartment Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Pager Number: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

**In whose name is the above home telephone number listed?** \_\_\_\_\_

**In case we cannot reach you, please list the name, address, and telephone numbers of your parent(s).**

Parent Name: \_\_\_\_\_

Street Number and Address: \_\_\_\_\_ Apartment Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Pager Number: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

**In whose name is the above home telephone number listed?** \_\_\_\_\_

**And the name, address, and telephone numbers of one other person who would know where you can be reached over the next year or two and who does not live in your household.**

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Street Number and Address: \_\_\_\_\_ Apartment Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Pager Number: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

**In whose name is the above home telephone number listed?** \_\_\_\_\_