

431 Project Survey - Fall 2017

This is the 431 Project Survey. Each student in 431 needs to complete this survey regardless of whether you are working alone on the project or in a group of two people. Each student should answer all 81 items, by noon on Wednesday 2017-11-08. Dr. Love will have access to the names of the students who have and who have not completed the form, but all data sharing will anonymize the results. Please contact Dr. Love if you have any questions. You can submit a partially complete form at any time, and then return to it later to complete the survey. Remember that in order to complete Task C, you will need to also submit the Word template found in the Project Task C instructions to Canvas. Thank you.

Your email address (**tel3@case.edu**) will be recorded when you submit this form. Not **tel3**? [Sign out](#)

* Required

1. **Q001. In what year were you born?**

2. **Q002. How would you rate your current overall health?**

Mark only one oval.

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

3. **Q003. What is your height (in inches)?**

(If you are five feet, eight inches tall, please write 68. To convert from centimeters to inches, multiply your height in centimeters by 0.3937, and then round the result to the nearest inch.)

4. Q004. What is your weight (in pounds)?

(To convert from kilograms to pounds, multiply your weight in kilograms by 2.2046, and then round the result to the nearest pound.)

5. Q005. Do you identify as female?

Mark only one oval.

☐ Yes

☐ No

6. Q006. What is your pulse rate, in beats per minute?

(Please either use a tracking device, or count your pulse for 15 seconds then multiply by 4)

7. Q007. Last night, how many hours of sleep did you get?

8. Q008. Last week, on how many days did you exercise?

Mark only one oval.

☐ 0

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

9. **Q009. Do you wear prescription glasses or contact lenses?**

Mark only one oval.

☐ Yes

☐ No

10. **Q010. Were you born in the United States?**

Mark only one oval.

☐ Yes

☐ No

11. **Q011. Is English the language that you speak better than any other?**

Mark only one oval.

☐ Yes

☐ No

12. **Q012. Are you currently married or in a stable domestic relationship?**

Mark only one oval.

☐ Yes

☐ No

13. **Q013. Have you smoked 100 cigarettes or more in your entire life?**

Mark only one oval.

☐ Yes

☐ No

14. **Q014. Before taking 431, had you ever used R?**

Mark only one oval.

☐ Yes

☐ No

15. Q015. How would you rate the workload of 431 as compared to other courses in your program?

If you're not currently in an academic program, compare 431 to other courses you've taken recently or are taking now.

Mark only one oval.

	1	2	3	4	5	
Very light workload	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very heavy workload

16. Q016. For how long, in months, have you lived in Northeast Ohio?

17. Q017. Which of the following Northeast Ohio attractions have you visited?

Check all that apply.

Check all that apply.

- ☐ Whiskey Island
- ☐ Cleveland Botanical Garden
- ☐ Lake View Cemetery
- ☐ Severance Hall (perhaps for a Cleveland Orchestra concert)
- ☐ Cleveland Metroparks Locations other than the Zoo
- ☐ Cleveland Museum of Natural History
- ☐ Progressive Field (perhaps for a Cleveland Indians game)
- ☐ First Energy Stadium (perhaps for a Cleveland Browns game)
- ☐ West Side Market
- ☐ Jacobs Pavilion at Nautica
- ☐ Cedar Point
- ☐ Great Lakes Science Center
- ☐ Cleveland Museum of Art
- ☐ Rock and Roll Hall of Fame
- ☐ Quicken Loans Arena (perhaps for a Cleveland Cavaliers game)
- ☐ Blossom Music Center
- ☐ Playhouse Square
- ☐ Edgewater Park
- ☐ Cleveland Metroparks Zoo

Your Habits

18. Q018. In the past week, how many servings of vegetables did you consume?

19. Q019. In the past week, how many servings of fruit did you consume?

20. **Q020. In the past week, how many servings of alcoholic drinks did you consume?**

21. **Q021. In the past week, how many servings of a caffeinated beverage did you drink?**

22. **Q022. In the past week, how many minutes did you spend napping?**

Please don't count your longest period of sleep each evening - just naps during the day.

23. **Q023. On an ordinary weeknight, at what time do you go to bed?**

Example: 8:30 AM

24. **Q024. On a typical day, at what time are you most productive?**

Example: 8:30 AM

25. **Q025. In the past week, how many of your meals have you prepared for yourself?**

26. **Q026. In the past week, how many of your meals have you had delivered to you?**

27. **Q027. In the past week, how many of your meals have you eaten out?**

(at a restaurant, for instance)

28. **Q028. In the past week, how many of your meals involved thawing or heating a frozen/pre-prepared meal?**

29. **Q029. In the past week, how many hours did you spend preparing meals?**

Include the time you spent preparing meals for others.

30. **Q030. In the past week, how many times did you eat a meal with other people?**

31. **Q031. Including you, how many people live in your household?**

32. **Q032. In the last month, how many times was a printed newspaper or magazine delivered to your household as part of a subscription?**

33. **Q033. On a typical weekday, how many times do you visit an electronic (online) news source?**

34. **Q034. How many close friendships do you have?**

(Treat as a close friend any non-family relationship where you see the person often and have meaningful and gratifying conversations.)

35. Q035. How many friends do you have on Facebook?

(If you are not on Facebook, type 0. This count is available on your profile page on Facebook.)

36. Q036. How many mathematics courses have you taken since you completed high school?

Please include courses in advanced mathematics and in statistics, including linear algebra, calculus, data analysis, probability theory, geometry. Please INCLUDE 431, so your answer should be at least 1.

37. Q037. How many courses using programming/coding have you taken since you completed high school?

Please INCLUDE 431, so your answer should be at least 1.

38. Q038. How much time (in minutes) did it take you to do the most recent Assignment in 431?

This would be either Assignment 4 or Assignment 5, depending on when you are taking this survey.

39. Q039. Of all of the money that you've spent in the past month, what percentage did you spend online?

(Please answer with a single number, between 0 and 100)

40. Q040. In the past year, how much money have you spent on Cleveland Cavaliers merchandise?

41. Q041. How many Cleveland Cavaliers games did you attend in the past 12 months?

42. Q042. How many miles away from our 431 Classroom (E 321/323) do you live?

If the answer is "less than 1 mile", please type in 0. Otherwise, specify the number of miles.

43. Q043. How many "smart devices" do you own?

Please include computers, cell phones, tablets, smart watches, fitness trackers and any other electronic device that is connected to other devices or networks through wireless protocols and that can operate interactively and autonomously.

44. Q044. In the past week, approximately how many hours have you spent actively using smart devices?

Do not include time when a fitness tracker that you are wearing is passively counting steps, tracking sleep, etc. Count only the time you spend interacting with a smart device, like reading/working on a computer/cell phone/tablet.

45. Q045. In the past week, how many hours did you spend on schoolwork outside of class?

Please exclude the time you spend attending class.

46. **Q046. At any point in your life, have you sung or played a musical instrument in a structured setting (e.g., musical lessons, school band/orchestra/choir, etc.) for a period of at least one year?**

Mark only one oval.

☐ Yes

☐ No

47. **Q047. For how many years have you played a musical instrument or sung?**

If you have never played a musical instrument or sung, type 0. If you played or sung for five years, enter 5, regardless of whether you continue to do so now.

48. **Q048. At the peak of your interest, how many hours per day did you spend singing or playing/practicing music?**

If you never played or sang, type 0.

49. **Q049. In the past two weeks, how many times have you been angered because of things that happened that were outside of your control?**

50. **Q050. Would you recognize LeBron James if you saw him walking on the street?**

Mark only one oval.

☐ Yes

☐ No

Reacting to Statements using Scales

The following statements require you to express your reaction on a scale. The scales vary a bit from question to question. In each case, though, higher numbers indicate greater agreement with the statements.

51. Q051. Gould Health Consciousness Scale *

In each row, please indicate how closely the statement describes you on the indicated four-point scale.

(Source: <https://chirr.nlm.nih.gov/health-orientation.php>)

Mark only one oval per row.

	1 = Describes you very little	2	3	4 = Describes you very well.
a. I reflect about my health a lot.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I'm very self-conscious about my health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I'm generally attentive to my inner feelings about my health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I'm constantly examining my health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I'm alert to changes in my health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I'm usually aware of my health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I'm aware of the state of my health as I go through the day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I notice how I feel physically as I go through the day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I'm very involved with my health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Here are a number of personality traits that may or may not apply to you. Please select the rating next to each statement to indicate the extent to which you agree or disagree with that statement. You should rate the extent to which the pair of traits applies to you, even if one characteristic applies more strongly than the other. (Source: Ten-Item Personality Inventory at <https://gosling.psy.utexas.edu/scales-weve-developed/ten-item-personality-measure-tipi/ten-item-personality-inventory-tipi/>)

[illegible]

53. Q053. Perceived Stress Scale

The next scale helps us understand how different situations affect our feelings and our perceived stress. The questions ask about the last month. The best approach is to answer fairly quickly. That is, don't try to count up the number of times you felt a particular way; rather indicate the alternative that seems like a reasonable estimate. (Source:

<https://das.nh.gov/wellness/Docs/Perceived%20Stress%20Scale.pdf>)

Mark only one oval per row.

	0 = Never	1 = Almost Never	2 = Sometimes	3 = Fairly Often	4 = Often
a. In the last month, how often have you been upset because of something that happened unexpectedly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. In the last month, how often have you felt that you were unable to control the important things in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. In the last month, how often have you felt nervous and stressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. In the last month, how often have you felt confident about your ability to handle your personal problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. In the last month, how often have you felt that things weren't going your way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. In the last month, how often have you found that you could not cope with all the things that you had to do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. In the last month, how often have you been able to control irritations in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. In the last month, how often have you felt that you were on top of things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. In the last month, how often have you been angered because of things that happened that were outside of your control?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

54. Q054. Epworth Sleepiness Scale *

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you haven't done some of these things recently, try to work out how they would have affected you. Use the 0-3 scale provided to choose the most appropriate column for each row. (Source:

<https://www.sleepapnea.org/assets/files/pdf/ESS%20PDF%201990-97.pdf>)

Mark only one oval per row.

	0 = would never doze	1 = slight chance of dozing	2 = moderate chance of dozing	3 = high chance of dozing
a. Sitting and reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Watching TV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Sitting, inactive in a public place (e.g. a theater or a meeting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. As a passenger in a car for an hour without a break	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Lying down to rest in the afternoon when circumstances permit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Sitting and talking to someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Sitting quietly after a lunch without alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. In a car, while stopped for a few minutes in traffic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

55. Q055. Duckworth "Grit" Scale *

Please select an answer for each situation. Be honest - there are no right or wrong answers.

(Duckworth, A.L., Peterson, C., Matthews, M.D., & Kelly, D.R. (2007). Grit: Perseverance and passion for long-term goals. *Journal of Personality and Social Psychology*, 9, 1087-1101.)

Mark only one oval per row.

	1 = Not like me at all	2 = Not much like me	3 = Somewhat like me	4 = Mostly like me	5 = Very much like me
a. I have overcome setbacks to conquer an important challenge.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. New ideas and projects sometimes distract me from previous ones.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. My interests change from year to year.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Setbacks don't discourage me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I have been obsessed with a certain idea or project for a short time but later lost interest.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I am a hard worker.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I often set a goal but later choose to pursue a different one.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I have difficulty maintaining my focus on projects that take more than a few months to complete.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I finish whatever I begin.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I have achieved a goal that took years of work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. I become interested in new pursuits every few months.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. I am diligent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

56. **Q056. Dutta-Bergman health consciousness scale.** *

In each row, indicate how much you agree with how the statement describes your views.

(<https://chirr.nlm.nih.gov/health-orientation.php>)

Mark only one oval per row.

	1 = Strongly Disagree	2	3	4	5 = Strongly Agree
a. Living life in the best possible health is very important to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Eating right, exercising, and taking preventive measures will keep me healthy for life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. My health depends on how well I take care of myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I actively try to prevent disease and illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I do everything I can to stay healthy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

57. **Q057. I am extremely proficient at mathematics.**

Please respond on a scale of 0 = Strongly disagree to 100 = Strongly Agree

58. **Q058. It is important to me that newspapers and magazines continue to be published in print (rather than online only.)**

Please respond on a scale of 0 = Strongly disagree to 100 = Strongly Agree

59. **Q059. If someone does well in an academic activity, it's because they are talented at it.**

Please respond on a scale of 0 = Strongly disagree to 100 = Strongly Agree

60. **Q060. Someone's grade in a course is largely determined by how hard they try.**

Please respond on a scale of 0 = Strongly disagree to 100 = Strongly Agree

61. **Q061. I am always able to successfully complete the tasks I set out to do.**

Please respond on a scale of 0 = Strongly disagree
to 100 = Strongly Agree

62. **Q062. I am a big fan of the Cleveland Cavaliers.**

Please respond on a scale of 0 = Strongly disagree
to 100 = Strongly Agree

63. **Q063. The major factor in my decisions about dining is my motivation to cook.**

Please respond on a scale of 0 = Strongly disagree
to 100 = Strongly Agree

64. **Q064. I am very satisfied with my overall achievement so far in 431.**

Please respond on a scale of 0 = Strongly disagree
to 100 = Strongly Agree

65. **Q065. I am delighted with where I live.**

Please respond on a scale of 0 = Strongly disagree
to 100 = Strongly Agree

66. **Q066. I am a "morning" person, who functions best early in the day.**

Please respond on a scale of 0 = Strongly disagree
to 100 = Strongly Agree

Miscellaneous Additional Questions

67. **Q067. What is your favorite form of exercise?**

68. **Q068. Do you engage in aerobic exercise regularly?**

Let's define regularly here as at least 15 minutes of aerobic exercise at least 3 times per week.

Mark only one oval.

☐ Yes

☐ No

69. **Q069. Do you engage in strength-training exercise regularly?**

Let's define regularly here as performing a strength-training workout at least weekly.

Mark only one oval.

☐ Yes

☐ No

70. **Q070. Which of the following best describes your preferred method for obtaining news?**

Mark only one oval.

☐ a. Print (newspaper, magazine)

☐ b. Electronic (TV, website, phone, radio)

☐ c. Neither. I don't pay attention to the news.

71. **Q071. Which operating system (OS) do you use on the computer/laptop you use most?**

Mark only one oval.

☐ a. Mac OS

☐ b. Windows OS

☐ c. Linux OS

☐ d. Chrome OS

☐ e. Another operating system

72. **Q072. Which operating system do you use on the smart phone you use most?**

Mark only one oval.

- ☐ a. Mac / Apple / iPhone OS
- ☐ b. Windows OS
- ☐ c. Android OS
- ☐ d. Another OS
- ☐ e. I don't use a smart phone.

73. **Q073. Compared to other classes, rate the amount of stress that 431 has produced in your life?**

Mark only one oval.

	1	2	3	4	5	
Very little stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	A great deal of stress

74. **Q074. Thinking back to the last mathematics class you took, how easy was it for you to master its content?**

Mark only one oval.

	1	2	3	4	5	
Very difficult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very easy

75. **Q075. Please describe the quality of your sleep, in general.**

Mark only one oval.

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

76. **Q076. Which type of transportation do you use most frequently to get to 431 class?**

Mark only one oval.

- ☐ a. Walking
- ☐ b. Bicycle
- ☐ c. City Bus / RTA / CWRU shuttle
- ☐ d. Car pool
- ☐ e. Personal vehicle

77. **Q077. Which of these smart devices do you use the most?**

Mark only one oval.

- ☐ Cell phone
- ☐ Laptop
- ☐ iPad or other smart tablet
- ☐ None of these

78. **Q078. Which of these beverages do you drink daily?**

(Check all that apply.)

Check all that apply.

- ☐ Coffee with caffeine
- ☐ Decaffeinated coffee
- ☐ Tea with caffeine
- ☐ Decaffeinated tea
- ☐ Soda with caffeine
- ☐ Decaffeinated soda
- ☐ Other caffeinated beverages
- ☐ None of these.

79. **Q079. How often does stress affect your ability to concentrate?**

Mark only one oval.

- ☐ a. Most of the time
- ☐ b. Frequently
- ☐ c. Sometimes
- ☐ d. Rarely
- ☐ e. Never

80. **Q080. Which of the following factors had the largest influence over your choice when you last purchased a computer?**

Mark only one oval.

- ☐ a. Style or Design
- ☐ b. Cost
- ☐ c. Reliability
- ☐ d. User-Friendliness
- ☐ e. I have not purchased a computer.

81. **Q081. Which of the following factors had the largest influence over your choice when you last purchased a smart phone?**

Mark only one oval.

- ☐ a. Style or Design
- ☐ b. Cost
- ☐ c. Reliability
- ☐ d. User-Friendliness
- ☐ e. I have not purchased a smart phone.

82. **Final Question. ***

Please type in your first and last name.

☐ Send me a copy of my responses.
