Do you consider yourself to be…?

 Please choose only one of the following:

* Secular/Culturally Jewish
* Just Jewish
* Reform
* Conservative
* Reconstructionist
* Orthodox
* No religion
* Other. Please Specify:

Do you consider yourself…?

 Please choose only one of the following:

* Very religiously observant
* Somewhat religiously observant
* A little religiously observant
* Not at all religiously observant

Were you raised…

 Please choose only one of the following:

* Secular/Culturally Jewish
* Just Jewish
* Reform
* Conservative
* Reconstructionist
* Orthodox
* No Religion
* Other

Your Views

To what extent do you…

 Please choose the appropriate response to each item:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not at all | A little | Somewhat | Very much |
| Feel a connection to Jewish customs and traditions? |  |  |  |  |
| Feel a connection to Israel? |  |  |  |  |
| Feel part of a worldwide Jewish community? |  |  |  |  |
| Feel a connection to the Jewish community where you live? |  |  |  |  |
| Feel a connection to your Jewish peers? |  |  |  |  |

How important is being Jewish to you?

 Please choose only one of the following:

* Not important
* A little important
* Somewhat important
* Very Important

In the past 12 months, were you an officer or a board member of a Jewish organization on your campus?

 Please choose only one of the following:

* No
* Yes

In the past 12 months, how often have you engaged in the following types of Jewish/Israel-related activities?

 Please choose the appropriate response for each item:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Never | Once | More than once |
| Party, happy hour, or social gathering |  |  |  |
| Lecture, speaker, or class |  |  |  |
| Cultural event (e.g., concert, film screening) |  |  |  |
| Social justice/activism event or activity |  |  |  |
| Another type of event or activity |  |  |  |

In the past year, did you do anything to observe and/or celebrate…

 Please choose the appropriate response for each item:

|  |  |  |
| --- | --- | --- |
|  | No  | Yes |
| Yom Kippur |  |  |
| Rosh Hashanah |  |  |
| Sukkot |  |  |
| Simchat Torah |  |  |
| Hanukkah |  |  |
| Tu B’Shevat |  |  |
| Purim |  |  |
| Passover |  |  |
| Yom Ha’atzmaut (Israel Independence Day) |  |  |
| Shavuot |  |  |

Which of the following best describe your current practices regarding keeping kosher?

 Please choose only one of the following:

* Don’t follow kosher rules at all
* Follow some kosher rules like avoiding pork or shellfish
* Keep kosher only at home
* Keep kosher all the time

How many of your close friends are Jewish?

 Please choose only one of the following:

* None
* A few
* Half
* Most
* All

In the past year how often, if at all, have you attended some type of organized Jewish religious service?

 Please choose only one of the following:

* Never
* Once
* Two or three times
* Every few months
* About once a month
* Two or three times a month
* Once a week or more

In the past year, have you had or attended a special meal on Shabbat?

 Please choose only one of the following:

* Never
* Sometimes
* Usually
* Always

During your high school years, did someone in your home regularly light Shabbat candles?

 Please choose only one of the following:

* Yes
* No

During your high school years, did your family hold or attend a Seder?

 Please choose only one of the following:

* Yes
* No

During your high school years, did your family celebrate Hanukkah?

 Please choose only one of the following:

* Yes
* No

During your high school years, did your family keep kosher at home?

 Please choose only one of the following:

* Yes
* No