



National Household Education Survey – Survey V2

Start Here

- ▶ This survey should be filled out by an adult household member living at this address.
- ▶ Please use blue or black pen.

1. How would you rate the quality of your community's public schools?

- Excellent
- Good
- Fair
- Poor
- Very poor

2. How would you rate the quality of public schools nationally?

- Excellent
- Good
- Fair
- Poor
- Very poor

3. What do you feel is the most important subject for today's high school students?

Mark [X] ONE only.

- Mathematics
- English
- Science
- History
- Art and music, or
- Some other subject

4. Do you agree or disagree with the following statements about schools in your community?

- | | Agree
▼ | Disagree
▼ |
|--|--------------------------|--------------------------|
| a. They are safe places during the school day | <input type="checkbox"/> | <input type="checkbox"/> |
| b. They are safe places during the evening | <input type="checkbox"/> | <input type="checkbox"/> |
| c. They maintain good discipline among students | <input type="checkbox"/> | <input type="checkbox"/> |
| f. They maintain good relationships with the community | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Gangs are a problem in the schools | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Bullying is a problem in the schools | <input type="checkbox"/> | <input type="checkbox"/> |

5. How many computers are in this household that can access the internet or World Wide Web?

[_][_] number

6. In the past 12 months, has anyone in this household taken any type of training session, seminar, or courses to improve the chances of finding a new job?

- Yes
- No

7. In the past 12 months, has anyone in this household taken any type of training session, seminar, or courses to improve the chances of keeping a current job?

- Yes
- No

8. In the past 12 months, has anyone in this household taken any type of training sessions, seminars, or courses related to the following topics?

	<u>Yes</u>	<u>No</u>
	▼	▼
a. Computer skills	<input type="checkbox"/>	<input type="checkbox"/>
b. Stress management	<input type="checkbox"/>	<input type="checkbox"/>
c. Health or fitness	<input type="checkbox"/>	<input type="checkbox"/>
d. Foreign language	<input type="checkbox"/>	<input type="checkbox"/>
e. English as a second language	<input type="checkbox"/>	<input type="checkbox"/>
f. Hobbies	<input type="checkbox"/>	<input type="checkbox"/>
g. Personal finance	<input type="checkbox"/>	<input type="checkbox"/>

9. Are there 25 or more books in your home right now?

- Yes
 No

10. Are there a variety of magazines and other reading materials in your home?

- Yes
 No

11. How many hours per week do you spend reading a book, magazine, or newspaper?

|_|_| hours per week

12. How many years have you lived at this address? Write "0" if less than 1 year.

|_|_| years at this address

13. Is this house owned or being bought, rented, or occupied by some other arrangement by you or someone in your household?

Mark [X] ONE only.

- Owned or being bought
 Rented
 Some other arrangement

14. How many female adults age 21 or older live at this address?

|_|_| number of females age 21 or older


15. How many male adults age 21 or older live at this address?

|_|_| number of males age 21 or older

16. Of the adults in this household is there anyone who does not read English well?


- Yes
 No

17. Of the adults in this household is there anyone who does not speak English at home?

- No  ip to Question 19
 Yes

18. What language do they speak at home?

- Spanish
 Another language

 Specify: |_____

19. What is the highest level of education among the adults in this household?

Mark [X] ONE only.

- 8th grade or less
 Some high school, but did not graduate
 High school graduate or GED
 Some college or associate's degree
 Four year college degree (BA or BS)
 Graduate or professional degree beyond a bachelor's degree

19. What is the best phone number to reach you if your household qualifies for this study?

(|_|) |_|_|-|_|_|_|

20. How many male youth or children age 20 or younger live at this address?

|_|_| number of males age 20 or younger

21. How many female youth or children age 20 or younger live at this address?

|_|_| number of females age 20 or younger

► **If anyone age 20 or younger usually lives in this household, then fill in the rest of this survey.**

22. Answer these questions for each child age 20 or younger living in this household starting with the youngest child. It may be helpful to list their first name or initials in the space provided.

	Child 1 ▼	Child 2 ▼	Child 3 ▼
First name/initials/nickname	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> name	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> name	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> name
How old is this child?..... <i>Write '0' if less than 1 year old.</i>	_ _ age in years	_ _ age in years	_ _ age in years
What is this child's sex?.....	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Is this child currently.....	<input type="checkbox"/> Attending public or private school, <input type="checkbox"/> Home schooled instead of going to public or private school, or <input type="checkbox"/> Not currently in school? <i>Skip to child 2</i>	<input type="checkbox"/> Attending public or private school, <input type="checkbox"/> Home schooled instead of going to public or private school, or <input type="checkbox"/> Not currently in school? <i>Skip to child 3</i>	<input type="checkbox"/> Attending public or private school, <input type="checkbox"/> Home schooled instead of going to public or private school, or <input type="checkbox"/> Not currently in school? <i>Skip to child 4</i>
What is this child's current grade or equivalent?.....	<input type="checkbox"/> Pre-school <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1 st to 12 th grade _ _ specify grade <input type="checkbox"/> Above 12 th grade	<input type="checkbox"/> Pre-school <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1 st to 12 th grade _ _ specify grade <input type="checkbox"/> Above 12 th grade	<input type="checkbox"/> Pre-school <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1 st to 12 th grade _ _ specify grade <input type="checkbox"/> Above 12 th grade



Child 4

Child 5

Child 6



First name/initials/nickname (optional)

name

name

name

How old is this child?.....
Write '0' if less than 1 year old.

|_|_| age in years

|_|_| age in years

|_|_| age in years

What is this child's sex?.....

Male

Male

Male

Female

Female

Female

Is this child currently.....

Attending public or private school,

Attending public or private school,

Attending public or private school,

Home schooled instead of going to public or private school, or

Home schooled instead of going to public or private school, or

Home schooled instead of going to public or private school, or

Not currently in school?
↳ *Skip to child 5*

Not currently in school?
↳ *Skip to child 6*

Not currently in school?
↳ *Return survey*

What is this child's current grade or equivalent?.....

Pre-school

Pre-school

Pre-school

Kindergarten

Kindergarten

Kindergarten

1st to 12th grade

1st to 12th grade

1st to 12th grade

↳ |_|_| specify grade

↳ |_|_| specify grade

↳ |_|_| specify grade

Above 12th grade

Above 12th grade

Above 12th grade