

Appendix C. NHES-FS Topical Surveys

C.1 Adult Training and Education Survey (ATES) for national sample

C.2 Credentials for Work Survey (CWS) for national sample

C.3 ATES for seeded sample

C.4 CWS for seeded sample

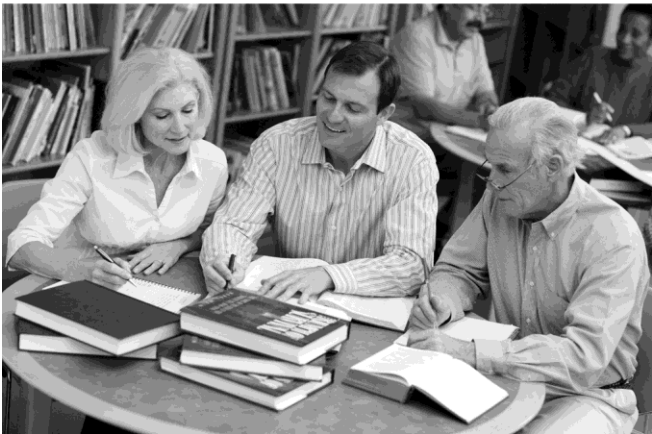
C.5 After-School Programs and Activities Survey (ASPA) version A

C.6 ASPA version B

C.1 Adult Training and Education Survey (ATES) for national sample

Adult Training and Education Survey

Part of the 2014 National Household Education Survey



Thank you for helping us with this survey. Based on the information we received from your household in your last survey, we're asking you to complete this final step.

Conducted by

UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau



Instructions

- ◆ **In response to the survey you answered earlier, we recorded that the person listed below is between the ages of 16 to 65, is no longer in high school, and lives in this household. If this information is not correct, please call us at the toll-free number below so we can be sure you received the correct survey.**
- ◆ **These questions should be filled out by:**

No one else in the household should fill out the survey.

- ◆ **To answer a question, simply mark the box [X] that best represents your answer.**
- ◆ **Use a black or blue pen, if available, to complete this survey.**
- ◆ **Please return the completed survey using the postage-paid envelope provided.**
- ◆ **If you have any questions about this survey, please call us at our toll-free number: 1-888-xxx-xxxx.**

We are authorized to collect this information by U.S. Code, Title 20, Section 9543. You do not have to provide the information requested. However, the information you provide will help the Department of Education's ongoing efforts to learn more about the educational experiences of adults. There are no penalties should you choose not to participate in this study. Your answers may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (U.S. Code, Title 20, Section 9573). Your responses will be combined with those from other participants to produce summary statistics and reports.

Depending on your background, this survey is estimated to take 10 to 20 minutes, including time for reviewing instructions and completing the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Lisa Hudson, National Center for Education Statistics, U.S. Department of Education, 1990 K Street NW, Washington, DC 20006-5650. Do not return the completed form to this address.

Educational Attainment

1. What is the highest degree or level of school you have completed? (Mark one.)

- Elementary or high school, but no high school diploma or GED
- High school diploma
- GED, or alternative credential
- Some college credit but less than one year of college credit
- 1 or more years of college credit, no degree
- Associate's degree (for example, AA, AS)
- Bachelor's degree (for example, BA, BS)
- Master's degree (for example, MA, MS, MEng, MEd, MSW, MBA)
- Professional degree beyond a bachelor's degree (for example, MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example, PhD, EdD)

GO TO
question 3.

2. Using Table A on page 5, what was the major or field of study for your highest level of education?

If there was more than one, please choose the one you consider most important.

Number from Table A on page 5:

Certification and Licensure

3. Do you have a currently active professional certification or a state or industry license? Do not include business licenses, such as a liquor license or vending license.

A professional certification or license shows you are qualified to perform a specific job and includes things like Licensed Realtor, Certified Medical Assistant, Certified Construction Manager, or an IT certification.

No → GO TO question 10 on page 10.

Yes

4. How many certifications and licenses do you have?

If you had to get a certification in order to get a license, count each certification and license separately.

Number of certifications and licenses:

CONTINUE on page 6.

TABLE A. FIELD OF STUDY CODES FOR QUESTION 2

1	Accounting, finance, insurance, or real estate	21	Law enforcement, security, or firefighting
2	Administrative support	22	Journalism or communications
3	Agriculture	23	Law or legal studies
4	Architecture	24	Leisure or fitness studies
5	Arts, music, or design	25	Liberal arts
6	Biological/biomedical sciences	26	Library science
7	Business management or marketing	27	Manufacturing or production (e.g., machinist, welder, boilermaker)
8	Communications technologies (e.g., printing, broadcasting, recording, and graphics technologies)	28	Mathematics or statistics
9	Computer and information sciences	29	Mechanic or repair technologies
10	Construction trades	30	Military science/technologies
11	Cosmetology or barbering	31	Natural resources or conservation
12	Culinary arts	32	Philosophy or comparative religions
13	Drafting, engineering technologies, or science technologies	33	Physical sciences
14	Education	34	Psychology
15	Engineering	35	Religious vocations or theology
16	English language/literature	36	Social or human services or public administration
17	Family and consumer sciences	37	Social sciences (e.g., anthropology, gender or ethnic studies) or history
18	Foreign languages	38	Transportation or materials moving
19	Funeral/mortuary services	39	Interdisciplinary
20	Healthcare professions		

5. Please fill out a column in the following grid for each currently active certification and license you have, up to three.

If you have more than three, answer for the three you last earned or renewed.

	Certification or License #1	Certification or License #2	Certification or License #3
5a. In your own words, what is the name of the certification or license?			
5b. Using Table B on page 7, what is its subject field?	Number from Table B: <input type="text"/> <input type="text"/>	Number from Table B: <input type="text"/> <input type="text"/>	Number from Table B: <input type="text"/> <input type="text"/>
5c. Could you use it to get a job with another employer in that field?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I don't know	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I don't know	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I don't know
5d. Did you have to pass a test, submit a portfolio, or demonstrate your skills to get it?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
5e. Was it awarded by the federal, state, or local government? <i>(For example, by a state board of education or other state board, OSHA, or FAA)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I don't know	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I don't know	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I don't know
5f. Is it for your current job? (Mark one.)	<input type="checkbox"/> No <input type="checkbox"/> Yes, and it is required <input type="checkbox"/> Yes, but it is not required	<input type="checkbox"/> No <input type="checkbox"/> Yes, and it is required <input type="checkbox"/> Yes, but it is not required	<input type="checkbox"/> No <input type="checkbox"/> Yes, and it is required <input type="checkbox"/> Yes, but it is not required
5g. In what year did you <u>last</u> earn or renew it?	Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

TABLE B. FIELD OF CERTIFICATION OR LICENSE CODES FOR QUESTION 5b

1 EMT, CPR, or basic first aid	11 Law or legal support
2 Other health care <i>(for fitness use code 13)</i> Includes health-care technologist or technician; health-care therapist <i>(for counseling use code 17)</i> ; nursing occupations, medical practitioners (such as MD, OD, PA, DC, PharmD, DVM), and health-care specialties such as ACLS.	12 Notary public
3 Architecture, engineering, or energy Includes architecture, drafting, engineering, engineering technologies, LEED, energy auditing and other similar fields.	13 Physical fitness Includes personal or athletic trainer, yoga instructor, and other fitness instruction.
4 Business management, operations, and support Includes project management, Six Sigma, Lean Manufacturing, and other business management, support, and operations.	14 Public safety Includes law enforcement, firefighting, flight attendant, and other public safety services <i>(for water and hazardous waste treatment use code 8)</i> .
5 Childcare	15 Religious ordination
6 Cosmetology or barbering	16 Skilled trades Includes automotive repair, HVAC installation and repair, construction trades (carpenter, electrician, mason, plumber), welder, and machining or equipment operator (such as boiler, crane, or forklift operator).
7 Finance, insurance, or real estate Includes insurance, real estate, taxes and accounting, and other finance <i>(for notary public use code 12)</i> .	17 Social work or counseling
8 Food handling and sanitation Includes food handling, water treatment and sanitation, hazardous waste operations, and other food handling and sanitation fields.	18 Teaching (public or private schools) Includes preschool through grade 12 teaching. <i>(For other instructional fields, use the code for that field; for example, flight instructors use code 19 for transportation.)</i>
9 Funeral, mortuary, and taxidermy	19 Transportation Includes CDL, aviation or marine piloting, and other transportation work <i>(for flight attendant use code 14)</i> .
10 Information technology Includes software development and applications, networking, hardware, and other computer and information technologies.	20 Other fields not listed above

The rest of this section asks about the certification or license you last earned or renewed – that is, the one with the most recent year in question 5g on page 6.

6. How useful has your last certification or license been for each of the following?

a. Getting a job. (Mark one.)

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

b. Keeping a job. (Mark one.)

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

c. Increasing your pay. (Mark one.)

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

d. Keeping you marketable to employers or clients. (Mark one.)

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

e. Improving your job skills. (Mark one.)

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

7. Which of the following prepared you to earn this certification or license? (Mark ALL that apply.)

- I earned a college degree.
- I took other classes from a college, technical school, or trade school.
- I took classes or training from a company, association, union, or private instructor.
- I studied on my own using textbooks or on-line resources.
- I participated in on-the-job training, an internship, or apprenticeship.
- I did not take any classes, training, or instruction.

8. How often do you have to renew this certification or license? (Mark one.)

- I do not have to renew it
- Once a year
- Every 2 years
- Every 3 years
- Every 4 years
- Every 5 or more years

GO TO
question 10
on page 10.

9. What do you plan to do the next time this certification or license is up for renewal? (Mark one.)

- Renew it
- Let it expire
- I don't know

CONTINUE on page 10.

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Educational Certificates

10. After leaving high school, some people take classes at a college, technical school, or trade school to earn an educational certificate.

This educational certificate is sometimes called a diploma, for example a cosmetology diploma. But it is not a high school diploma. It is also not a college degree or a professional certification.

An educational certificate is awarded only by schools.

Have you ever earned this type of educational certificate?

No → **GO TO question 26 on page 13.**

Yes
↓

The next few questions ask about your last educational certificate.

11. About how many hours of instruction did you complete in order to earn your last educational certificate? (Mark one.)

- 160 or more hours (4 or more full-time weeks)
 40-159 hours (1 week to less than four full-time weeks)
 Less than 40 hours (less than 1 full-time week)

12. Using Table C on page 11, what was the field of study for this educational certificate?

Number from Table C:

13. In what year did you get this educational certificate?

Year:

14. Did you get this educational certificate in order to earn a professional certification or license?

- No
 Yes

15. To what extent is this educational certificate related to your current job? (Mark one.)

If you are not employed, answer "not at all."

- Not at all
 Somewhat
 A great deal

16. What type of school awarded this educational certificate? (Mark one.)

- Trade or vocational school; community or technical college
 Other college or university
 Other type of school (specify) ↓

17. Was this educational certificate earned as part of a bachelor's or master's degree, or as an add-on to a degree?

- No
 Yes

18. Do you have another educational certificate?

No → **GO TO question 26 on page 13.**

Yes
↓

**CONTINUE
ON page 12.**

TABLE C. FIELD OF STUDY CODES FOR QUESTIONS 12 AND 20

1	Accounting, finance, insurance, or real estate	10	Drafting, engineering technologies, or science technologies
2	Administrative support	11	Education
3	Arts, music, or design	12	Funeral/mortuary services
4	Business management or marketing	13	Healthcare professions
5	Communications technologies (e.g. printing, broadcasting, recording, and graphics technologies)	14	Law enforcement, security, or firefighting
6	Computer and information sciences	15	Legal studies
7	Construction trades	16	Manufacturing or production (e.g., machinist, welder, boilermaker)
8	Cosmetology or barbering	17	Mechanic or repair technologies
9	Culinary arts	18	Religious vocations or theology
		19	Transportation or materials moving
		20	Other field of study not listed above

The next few questions ask about your next-to-last educational certificate.

19. Thinking about your next-to-last educational certificate, about how many hours of instruction did you complete in order to earn it? (Mark one.)

- 160 or more hours (4 or more full-time weeks)
- 40-159 hours (1 full-time week to less than four full-time weeks)
- Less than 40 hours (less than 1 full-time week)

20. Using Table C on page 11, what was the field of study for this educational certificate?

Number from Table C:

21. In what year did you get this educational certificate?

Year:

22. Did you get this educational certificate in order to earn a professional certification or license?


- No
- Yes

23. To what extent is this educational certificate related to your current job? (Mark one.)

If you are not employed, answer "not at all."

- Not at all
- Somewhat
- A great deal

24. What type of school awarded this certificate? (Mark one.)

- Trade or vocational school; community or technical college
- Other college or university
- Other type of school (specify) 

25. Was this certificate earned as part of a bachelor's or master's degree, or as an add-on to a degree?

- No
- Yes

Apprenticeships

26. Have you ever completed an apprenticeship?

Do not count student teaching, medical internships or residency, externships, or unpaid internships.

No → **GO TO question 36 on page 14.**

Yes

The rest of this section asks about the last apprenticeship you completed.

27. Who sponsored the apprenticeship? (Mark one.)

- The U.S. military
- Federal civilian government
- State or local government
- A (non-military) employer
- An employer-union partnership
- Other sponsor
- I don't know

28. Did this apprenticeship lead to a Certificate of Completion of Apprenticeship from your state or from the U.S. government?

- No
- Yes
- I don't know

29. How long did this apprenticeship last? (Mark one.)

- Less than 1 year
- 1 year
- 2 years
- 3 years
- 4 years or more

30. As part of this apprenticeship, did you take any formal classes? Include any classes taken in-person or on-line. (Mark all that apply.)

- No
- Yes, from an employer or union
- Yes, from a community or technical college or other college
- Yes, from another organization

31. What wage did you earn during this apprenticeship program? (Mark one.)

- No wage
- A low starting wage that increased as I became more qualified during the apprenticeship
- A low starting wage that increased only when I became fully qualified at the end of the apprenticeship
- The same wage as a fully qualified worker

32. What type of occupation was this apprenticeship for? (Mark one.)

- Construction trades
- Driving or transport
- Engineering or architecture
- Food preparation
- Health care
- Information technology (IT)
- Management
- Manufacturing, printing, or production
- Mechanic, installation, or repair
- Public safety or corrections
- Real estate, finance, or insurance
- Other sales or customer service
- Other (specify) ↴

33. How useful was your apprenticeship for each of the following?

a. Getting a job. (Mark one.)

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

b. Increasing your pay. (Mark one.)

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

c. Improving your job skills. (Mark one.)

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

34. Are you currently working in the occupation that you apprenticed in?

- No
- Yes

35. In your current job, how often do you use the skills that you learned in your apprenticeship?

If you are not employed, please answer "Never or almost never".

- Never or almost never
- Sometimes
- All or most of the time

College and Other Classes

36. Since leaving high school, have you taken any of the following types of classes?

a. Classes to learn English as a second language (ESL). (Mark all that apply.)

- No
- Yes, took over 12 months ago
- Yes, took within past 12 months

b. Classes to prepare for the General Educational Development (GED) test, or some other high school equivalency program. (Mark all that apply.)

- No
- Yes, took over 12 months ago
- Yes, took within past 12 months

c. Literacy classes to help adults read better. Do not include college classes. (Mark all that apply.)

- No
- Yes, took over 12 months ago
- Yes, took within past 12 months

37. How many college classes have you taken in the past 12 months?

Count only classes you completed or are currently taking.

- I have not taken any college classes in the past 12 months.

GO TO question 45 on page 17.

Number of college classes:

CONTINUE WITH question 38.

38. How many of these classes were not for college credit (that is, non-credit)?

Count only classes you completed within the past 12 months or are currently taking.

- I don't know
- None
- One
- Two
- Three or more

GO TO question 45 on page 17.



The rest of this section asks about the last non-credit class you took.

If you took more than one non-credit class during the same time period, please answer the questions for the class you took earlier in the week or if on the same day, earlier in the day.

39. What was the primary subject or field of study for your last non-credit class?

40. Which of the following describe why you took this class? (Mark all that apply.)

- To prepare for or to consider further education
- For personal interest
- To earn, maintain, or renew a professional certification or license
- For my current job
- For another work-related reason

41. How useful was this class for each of the following?

a. Increasing your pay. (Mark one.)

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

b. Keeping you marketable to employers or clients. (Mark one.)

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

c. Improving your work skills. (Mark one.)

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

42. Were you employed when you took this class? (Mark one.)

- No
- Yes, I was self-employed.
- Yes, I was employed by someone else.

GO TO question 45 on page 17.



43. Was this class required by your employer?

- No
- Yes

44. Did your employer pay for this class? Include reimbursements from your employer. (Mark one.)

- No
- Yes, partly
- Yes, completely

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Training for Work

45. People often participate in courses, training, or other instruction for work.

These trainings can include classes, seminars, or workshops. They can be taken at the workplace, on-line, or somewhere else, and can include topics such as:

- *Job safety, work ethics or other regulations,*
- *Equipment use,*
- *Communication, sensitivity, or team-building,*
- *Computer or technical skills,*
- *Management skills, and*
- *Other job skills.*

OTHER THAN COLLEGE CLASSES YOU MAY HAVE DESCRIBED EARLIER, have you completed any work-related training in the past 12 months?

No  **GO TO question 52 on page 21.**

 Yes

46. How many work-related trainings have you completed in the past 12 months?

Count multiple sessions of the same training as one training.

Number of trainings:

CONTINUE ON page 18.

47. Please fill out a column in the following grid for each work-related training you have had in the past 12 months.

If you had more than three, answer for the last three you had.

	Training #1	Training #2	Training #3
47a. In your own words, what was the topic or title of this training?			
47b. Using Table D on page 19, which general category best fits this training?	Number from Table D: <input type="text"/>	Number from Table D: <input type="text"/>	Number from Table D: <input type="text"/>
47c. In total, how many hours did this training last? <i>Count less than 1 hour as 1 hour.</i>	_____ hours	_____ hours	_____ hours
47d. Was this training for your current job? (Mark one.)	<input type="checkbox"/> No <input type="checkbox"/> Yes, and it was required <input type="checkbox"/> Yes, but it was not required	<input type="checkbox"/> No <input type="checkbox"/> Yes, and it was required <input type="checkbox"/> Yes, but it was not required	<input type="checkbox"/> No <input type="checkbox"/> Yes, and it was required <input type="checkbox"/> Yes, but it was not required
47e. To what extent was this training useful for your work? (Mark one.)	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> A great deal	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> A great deal	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> A great deal
47f. Did you take this training to earn, maintain, or renew a professional certification or license?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

TABLE D. TRAINING CATEGORIES FOR QUESTION 47b

- | | |
|--|--|
| <p>1 New employee orientation: Provides information for new employees to familiarize them with the workplace and with workplace practices and policies.</p> <p>2 Compliance training: Provides information on company, professional, or government policies and regulations concerning legal and ethical issues.</p> <p>3 Safety training: Provides information on workplace safety, including safety procedures and processes.</p> | <p>4 Communication or team training: Includes training to improve communication in the workplace or how to work in teams or groups.</p> <p>5 Supervisory/management training: Includes training in supervising employees and in implementing employment practices, regulations, and policies related to personnel or budget management.</p> <p>6 Job skills training: Includes all other training to develop the professional or technical skills needed to do your work, such as sales and customer relations training, use of computer applications, and other skills that you use on your job.</p> |
|--|--|

49. How much did you pay for all of the work-related training you had in the past 12 months?

\$.00

Enter 0 if you did not pay any training costs or if all your costs were reimbursed.

50. Thinking of all the work-related training you had in the past 12 months, how useful was it for each of the following?

a. Increasing your pay. (Mark one.)

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

b. Keeping you marketable to employers or clients. (Mark one.)

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

c. Improving your work skills. (Mark one.)

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

51. To what extent do each of the following factors motivate you to take work-related training?

a. Your employer's requirements. (Mark one.)

- Not at all
- Somewhat
- A great deal

b. Certification, licensing, or government requirements. (Mark one.)

- Not at all
- Somewhat
- A great deal

c. Your desire to do your job better. (Mark one.)

- Not at all
- Somewhat
- A great deal

d. Your desire to move up in your career. (Mark one.)

- Not at all
- Somewhat
- A great deal

Employment

52. Last week, were you employed for pay at a job or business?

If you were temporarily absent from a job or business (on vacation, temporarily ill, on maternity leave, etc.), answer "Yes".

No → **GO TO question 56.**

Yes

53. For the job or business you were in last week, were you a member of a labor union or of an employee association similar to a union (for example, AFL-CIO, Change to Win Federation, NEA)?

No

Yes

54. Which one of the following best describes your employment situation last week? (Mark one.)

I worked at a full-time job (job of 35 hours or more per week) → **GO TO question 60.**

I worked at one or more part-time jobs (no full-time job)

55. Would you have preferred to work at a full-time job?

No } **GO TO question 60.**
 Yes }

56. Last week, were you on layoff from a job?

No

Yes

57. During the last 4 weeks, have you been actively looking for work?

No
 Yes → **GO TO question 59.**

58. Do you intend to look for work within the next 5 years?

No

Yes

I don't know

59. When did you last work, even for a few days?

Never worked for pay → **GO TO question 73 on page 23.**

Over 12 months ago → **GO TO question 63 on page 22.**

Within the past 12 months

60. During the past 12 months (52 weeks), how many weeks did you work, including paid vacation, paid sick leave, and military service? (Mark one.)

50 to 52 weeks

48 to 49 weeks

40 to 47 weeks

27 to 39 weeks

14 to 26 weeks

13 weeks or less

61. During the past 12 months, in the weeks you worked, how many hours did you usually work each WEEK?

Usual hours worked each WEEK:

62. Which category best fits your earnings from wages, salary, commissions, bonuses or tips, from all jobs over the past 12 months? (Mark one.)

Report amount before deductions for taxes, bonds, dues, or other items.

- \$0 to \$10,000
- \$10,001 to \$20,000
- \$20,001 to \$30,000
- \$30,001 to \$40,000
- \$40,001 to \$50,000
- \$50,001 to \$60,000
- \$60,001 to \$75,000
- \$75,001 to \$150,000
- \$150,001 or more

63. For the next few questions, please describe your chief job activity or business last week.

If you had more than one job, describe the one at which you worked the most hours. If you had no job or business last week, give information for your last job or business.

In your current or last job, which one of the following were you? (Mark one.)

- An employee of a private for-profit company or business, or of an individual, for wages, salary, or commissions
- An employee of a private not-for-profit, tax-exempt, or charitable organization
- A local government employee (city, county, etc.)
- A state government employee
- A Federal government employee
- Self-employed in own business, professional practice, or farm
- Working without pay in family business or farm

64. For whom did you work?

- If now on active duty in the Armed Forces, mark (X) this box and print the branch of the Armed Forces below. All others, enter name of company, business, or other employer below.*

Name of company, business, or other employer:

65. What kind of business or industry was this?

(For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)


66. What kind of work were you doing?

(For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

67. What were your most important activities or duties?

(For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

68. What kind of position did you hold? (Mark one.)

- Permanent 
- Temporary with no set end date
- Temporary with set end date

69. Would you have preferred to work at a permanent job?

- No
- Yes

70. How many people worked for your employer? Count employees at all locations. (Mark one.)

If you were self-employed, how many people worked for you, including yourself?

- 1—49 people
- 50—499 people
- 500—999 people
- 1,000 or more people

71. How supportive was your employer of your training needs? (Mark one.)


- Not at all supportive
- Somewhat supportive
- Very supportive
- Not applicable

72. When you started your current job, did it have a clear training path laid out, or did you need to figure out on your own what training you needed? (Mark one.)

- A clear training path was laid out
- Some parts of the training path were clear
- I needed to figure it out on my own

Background


73. Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? (Mark one.)

- No, never served in the military 
- Yes, but only on active duty for training in the Reserve or National Guard
- Yes, on active duty now or in past

74. Have you served on active duty since September 2001?

- No
- Yes

75. Do you speak a language other than English at home?

- No 
- Yes

76. How well do you speak English? (Mark one.)

- Very well
- Well
- Not well
- Not at all

77. Are you male or female?

- Male
- Female

78. How old are you?

years old

79. Are you of Hispanic or Latino origin?

- No
- Yes

80. What is your race? Choose one or more.

- White
- Black or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander

**81. What is your current marital or partner status?
(Mark one.)**

- Married
- In a registered domestic partnership or civil union
- Living with a partner
- Widowed, divorced, or separated
- Never married

Thank You.

Please return this questionnaire in the postage-paid envelope provided. If you have lost the envelope, mail the completed questionnaire to:

**National Household Education Survey
[RETURN ADDRESS HERE]**

Commonly Asked Questions

Q: How was my household chosen?

A: Your address was randomly selected from among all of the home addresses in the nation. It was selected using scientific sampling methods to represent other U.S. households. The sample was designed so that surveys of only a few thousand people will accurately describe the educational experiences of almost all Americans.

Q: Why should I participate? Do I have to do this?

A: Your answers are very important to the success of this study. You represent thousands of other adults like yourself, and you cannot be replaced. This survey is voluntary. You may choose not to answer any or all questions in this survey, but in order for the survey to be representative, it is important that you complete and return it. Those who do not return the survey will not be represented in statistics used by policymakers and researchers. There are no penalties should you choose not to participate in the study.

Q: Will the information I provide be kept confidential? Will my privacy be protected?

A: Yes. Your responses will be combined with those from other adults to produce statistical summaries about education and training in the United States. Your individual data will not be reported. Your answers may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 USC § 9573).

Q: How will my response help the Federal Government?

A: The U.S. Departments of Education and Labor want to understand how adults acquire and maintain the skills they need for work. This survey is the only way these Departments can learn about the education and training that adults receive from schools, employers, and other training sponsors. The survey will allow policymakers and researchers to better understand the demand for education and training programs, and can help direct national policy in these areas. Your responses will be combined with those from other households to inform educators, policy makers, and schools about how adults in the U.S. learn the skills needed for work.

Q: Who is sponsoring this study?

A: The National Center for Education Statistics (NCES), within the U.S. Department of Education, is authorized to conduct this study (20 USC § 9543). The U.S. Census Bureau is conducting this survey on behalf of NCES. This study has been approved by the Office of Management and Budget (OMB), the office that reviews all federally sponsored surveys. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB approval number assigned to this study is 1850-0803. You may send any comments about this survey, including its length, to the Federal Government. Write to: Lisa Hudson, National Center for Education Statistics, U.S. Department of Education, 1990 K Street NW, Washington, DC 20006-5650.

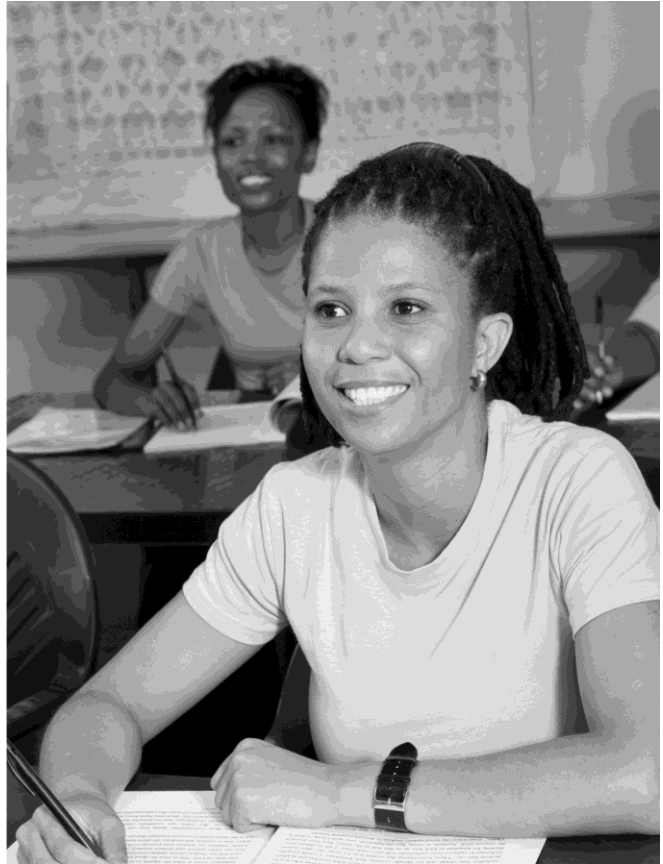
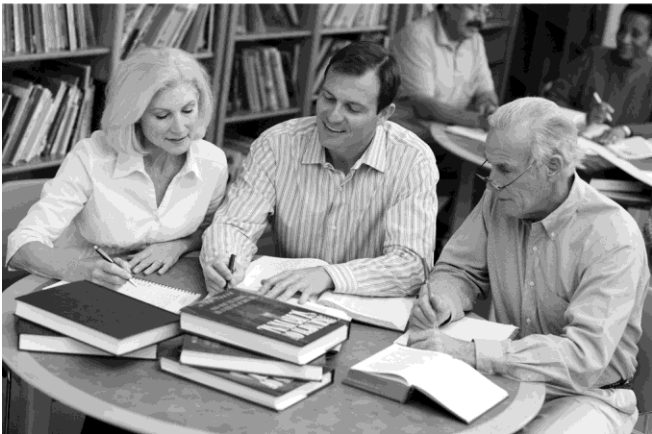
Q: What if I have other questions?

A: If you have any questions about the study, you may send e-mail to xxxx@census.gov or you may call the Census Bureau toll-free at 1-800-xxx-xxxx.

C.2 Credentials for Work Survey (CWS) for national sample

Credentials for Work Survey

Part of the 2014 National Household Education Survey



Thank you for helping us with this survey. Based on the information we received from your household in your last survey, we're asking you to complete this final step.

Conducted by

UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau



Instructions

- ◆ **In response to the survey you answered earlier, we recorded that the person listed below is between the ages of 16 to 65, is no longer in high school, and lives in this household. If this information is not correct, please call us at the toll-free number below so we can be sure you received the correct survey.**
- ◆ **These questions should be filled out by:**

No one else in the household should fill out the survey.

- ◆ **To answer a question, simply mark the box [X] that best represents your answer.**
- ◆ **Use a black or blue pen, if available, to complete this survey.**
- ◆ **Please return the completed survey using the postage-paid envelope provided.**
- ◆ **If you have any questions about this survey, please call us at our toll-free number: 1-888-xxx-xxxx.**

We are authorized to collect this information by U.S. Code, Title 20, Section 9543. You do not have to provide the information requested. However, the information you provide will help the Department of Education's ongoing efforts to learn more about the educational experiences of adults. There are no penalties should you choose not to participate in this study. Your answers may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (U.S. Code, Title 20, Section 9573). Your responses will be combined with those from other participants to produce summary statistics and reports.

Depending on your background, this survey is estimated to take 10 to 20 minutes, including time for reviewing instructions and completing the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Lisa Hudson, National Center for Education Statistics, U.S. Department of Education, 1990 K Street NW, Washington, DC 20006-5650. Do not return the completed form to this address.

Educational Attainment

1. What is the highest degree or level of school you have completed? (Mark one.)

- Elementary or high school, but no high school diploma or GED
- High school diploma
- GED, or alternative credential
- Some college credit but less than one year of college credit
- 1 or more years of college credit, no degree
- Associate's degree (for example, AA, AS)
- Bachelor's degree (for example, BA, BS)
- Master's degree (for example, MA, MS, MEng, MEd, MSW, MBA)
- Professional degree beyond a bachelor's degree (for example, MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example, PhD, EdD)

GO TO question 3.

2. Using Table A on page 5, what was the major or field of study for your highest level of education?

If there was more than one, please choose the one you consider most important.

Number from Table A on page 5:

Certification and Licensure

3. Do you have a currently active professional certification or a state or industry license? Do not include business licenses, such as a liquor license or vending license.

A professional certification or license shows you are qualified to perform a specific job and includes things like Licensed Realtor, Certified Medical Assistant, Certified Construction Manager, or an IT certification.

- No → GO TO question 10 on page 10.
- Yes

4. How many certifications and licenses do you have?

If you had to get a certification in order to get a license, count each certification and license separately.

Number of certifications and licenses:

CONTINUE on page 6.

TABLE A. FIELD OF STUDY CODES FOR QUESTION 2

1	Accounting, finance, insurance, or real estate	21	Law enforcement, security, or firefighting
2	Administrative support	22	Journalism or communications
3	Agriculture	23	Law or legal studies
4	Architecture	24	Leisure or fitness studies
5	Arts, music, or design	25	Liberal arts
6	Biological/biomedical sciences	26	Library science
7	Business management or marketing	27	Manufacturing or production (e.g., machinist, welder, boilermaker)
8	Communications technologies (e.g., printing, broadcasting, recording, and graphics technologies)	28	Mathematics or statistics
9	Computer and information sciences	29	Mechanic or repair technologies
10	Construction trades	30	Military science/technologies
11	Cosmetology or barbering	31	Natural resources or conservation
12	Culinary arts	32	Philosophy or comparative religions
13	Drafting, engineering technologies, or science technologies	33	Physical sciences
14	Education	34	Psychology
15	Engineering	35	Religious vocations or theology
16	English language/literature	36	Social or human services or public administration
17	Family and consumer sciences	37	Social sciences (e.g., anthropology, gender or ethnic studies) or history
18	Foreign languages	38	Transportation or materials moving
19	Funeral/mortuary services	39	Interdisciplinary
20	Healthcare professions		

5. Please fill out a column in the following grid for each currently active certification and license you have, up to three.

If you have more than three, answer for the three you last earned or renewed.

	Certification or License #1	Certification or License #2	Certification or License #3
5a. In your own words, what is the name of the certification or license?			
5b. Using Table B on page 7, what is its subject field?	Number from Table B: <input type="text"/> <input type="text"/>	Number from Table B: <input type="text"/> <input type="text"/>	Number from Table B: <input type="text"/> <input type="text"/>
5c. Could you use it to get a job with another employer in that field?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I don't know	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I don't know	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I don't know
5d. Did you have to pass a test, submit a portfolio, or demonstrate your skills to get it?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
5e. Was it awarded by the federal, state, or local government? <i>(For example, by a state board of education or other state board, OSHA, or FAA)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I don't know	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I don't know	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I don't know
5f. Is it for your current job? (Mark one.)	<input type="checkbox"/> No <input type="checkbox"/> Yes, and it is required <input type="checkbox"/> Yes, but it is not required	<input type="checkbox"/> No <input type="checkbox"/> Yes, and it is required <input type="checkbox"/> Yes, but it is not required	<input type="checkbox"/> No <input type="checkbox"/> Yes, and it is required <input type="checkbox"/> Yes, but it is not required
5g. In what year did you <u>last</u> earn or renew it?	Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

TABLE B. FIELD OF CERTIFICATION OR LICENSE CODES FOR QUESTION 5b

1 EMT, CPR, or basic first aid	11 Law or legal support
2 Other health care (<i>for fitness use code 13</i>) Includes health-care technologist or technician; health-care therapist (<i>for counseling use code 17</i>); nursing occupations, medical practitioners (such as MD, OD, PA, DC, PharmD, DVM), and health-care specialties such as ACLS.	12 Notary public
3 Architecture, engineering, or energy Includes architecture, drafting, engineering, engineering technologies, LEED, energy auditing and other similar fields.	13 Physical fitness Includes personal or athletic trainer, yoga instructor, and other fitness instruction.
4 Business management, operations, and support Includes project management, Six Sigma, Lean Manufacturing, and other business management, support, and operations.	14 Public safety Includes law enforcement, firefighting, flight attendant, and other public safety services (<i>for water and hazardous waste treatment use code 8</i>).
5 Childcare	15 Religious ordination
6 Cosmetology or barbering	16 Skilled trades Includes automotive repair, HVAC installation and repair, construction trades (carpenter, electrician, mason, plumber), welder, and machining or equipment operator (such as boiler, crane, or forklift operator).
7 Finance, insurance, or real estate Includes insurance, real estate, taxes and accounting, and other finance (<i>for notary public use code 12</i>).	17 Social work or counseling
8 Food handling and sanitation Includes food handling, water treatment and sanitation, hazardous waste operations, and other food handling and sanitation fields.	18 Teaching (public or private schools) Includes preschool through grade 12 teaching. (<i>For other instructional fields, use the code for that field; for example, flight instructors use code 19 for transportation.</i>)
9 Funeral, mortuary, and taxidermy	19 Transportation Includes CDL, aviation or marine piloting, and other transportation work (<i>for flight attendant use code 14</i>).
10 Information technology Includes software development and applications, networking, hardware, and other computer and information technologies.	20 Other fields not listed above

The rest of this section asks about the certification or license you last earned or renewed – that is, the one with the most recent year in question 5g on page 5.

6. How useful has your last certification or license been for each of the following?

a. Getting a job. (Mark one.)

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

b. Keeping a job. (Mark one.)

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

c. Increasing your pay. (Mark one.)

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

d. Keeping you marketable to employers or clients. (Mark one.)

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

e. Improving your job skills. (Mark one.)

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

7. Which of the following prepared you to earn this certification or license? (Mark ALL that apply.)

- I earned a college degree.
- I took other classes from a college, technical school, or trade school.
- I took classes or training from a company, association, union, or private instructor.
- I studied on my own using textbooks or on-line resources.
- I participated in on-the-job training, an internship, or apprenticeship.
- I did not take any classes, training, or instruction.

8. How often do you have to renew this certification or license? (Mark one.)

- I do not have to renew it
- Once a year
- Every 2 years
- Every 3 years
- Every 4 years
- Every 5 or more years

GO TO
question 10
on page 10.

9. What do you plan to do the next time this certification or license is up for renewal? (Mark one.)

- Renew it
- Let it expire
- I don't know

CONTINUE on page 10.

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Educational Certificates

10. After leaving high school, some people take classes at a college, technical school, or trade school to earn an educational certificate.

This educational certificate is sometimes called a diploma, for example a cosmetology diploma. But it is not a high school diploma. It is also not a college degree or a professional certification.

An educational certificate is awarded only by schools.

Have you ever earned this type of educational certificate?

No → **GO TO question 26 on page 13.**

Yes
↓

The next few questions ask about your last educational certificate.

11. About how many hours of instruction did you complete in order to earn your last educational certificate? (Mark one.)

- 160 or more hours (4 or more full-time weeks)
 40-159 hours (1 week to less than four full-time weeks)
 Less than 40 hours (less than 1 full-time week)

12. Using Table C on page 11, what was the field of study for this educational certificate?

Number from Table C:

13. In what year did you get this educational certificate?

Year:

14. Did you get this educational certificate in order to earn a professional certification or license?

- No
 Yes

15. To what extent is this educational certificate related to your current job? (Mark one.)

If you are not employed, answer "not at all."

- Not at all
 Somewhat
 A great deal

16. What type of school awarded this educational certificate? (Mark one.)

- Trade or vocational school; community or technical college
 Other college or university
 Other type of school (specify) ↓

17. Was this educational certificate earned as part of a bachelor's or master's degree, or as an add-on to a degree?

- No
 Yes

18. Do you have another educational certificate?

No → **GO TO question 26 on page 13.**

Yes
↓

**CONTINUE
ON page 12.**

TABLE C. FIELD OF STUDY CODES FOR QUESTIONS 12 AND 20

1	Accounting, finance, insurance, or real estate	10	Drafting, engineering technologies, or science technologies
2	Administrative support	11	Education
3	Arts, music, or design	12	Funeral/mortuary services
4	Business management or marketing	13	Healthcare professions
5	Communications technologies (e.g. printing, broadcasting, recording, and graphics technologies)	14	Law enforcement, security, or firefighting
6	Computer and information sciences	15	Legal studies
7	Construction trades	16	Manufacturing or production (e.g., machinist, welder, boilermaker)
8	Cosmetology or barbering	17	Mechanic or repair technologies
9	Culinary arts	18	Religious vocations or theology
		19	Transportation or materials moving
		20	Other field of study not listed above

The next few questions ask about your next-to-last educational certificate.

19. Thinking about your next-to-last educational certificate, about how many hours of instruction did you complete in order to earn it? (Mark one.)

- 160 or more hours (4 or more full-time weeks)
- 40-159 hours (1 full-time week to less than four full-time weeks)
- Less than 40 hours (less than 1 full-time week)

20. Using Table C on page 11, what was the field of study for this educational certificate?

Number from Table C:

21. In what year did you get this educational certificate?

Year:

22. Did you get this educational certificate in order to earn a professional certification or license?


- No
- Yes

23. To what extent is this educational certificate related to your current job? (Mark one.)

If you are not employed, answer "not at all."

- Not at all
- Somewhat
- A great deal

24. What type of school awarded this educational certificate? (Mark one.)

- Trade or vocational school; community or technical college
- Other college or university
- Other type of school (specify) 

25. Was this educational certificate earned as part of a bachelor's or master's degree, or as an add-on to a degree?

- No
- Yes

Apprenticeships

26. Have you ever completed an apprenticeship?

Do not count student teaching, medical internships or residency, externships, or unpaid internships.

No → **GO TO question 36 on page 14.**

Yes

The rest of this section asks about the last apprenticeship you completed.

27. Who sponsored the apprenticeship? (Mark one.)

- The U.S. military
- Federal civilian government
- State or local government
- A (non-military) employer
- An employer-union partnership
- Other sponsor
- I don't know

28. Did this apprenticeship lead to a Certificate of Completion of Apprenticeship from your state or from the U.S. government?

- No
- Yes
- I don't know

29. How long did this apprenticeship last? (Mark one.)

- Less than 1 year
- 1 year
- 2 years
- 3 years
- 4 years or more

30. As part of this apprenticeship, did you take any formal classes? Include any classes taken in-person or on-line. (Mark all that apply.)

- No
- Yes, from an employer or union
- Yes, from a community or technical college or other college
- Yes, from another organization

31. What wage did you earn during this apprenticeship program? (Mark one.)

- No wage
- A low starting wage that increased as you became more qualified during the apprenticeship
- A low starting wage that increased only when I became fully qualified at the end of the apprenticeship
- The same wage as a fully qualified worker

32. What type of occupation was this apprenticeship for? (Mark one.)

- Construction trades
- Driving or transport
- Engineering or architecture
- Food preparation
- Health care
- Information technology (IT)
- Management
- Manufacturing, printing, or production
- Mechanic, installation, or repair
- Public safety or corrections
- Real estate, finance, or insurance
- Other sales or customer service
- Other (specify) ↴

33. How useful was your apprenticeship for each of the following?

a. Getting a job. (Mark one.)

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

b. Increasing your pay. (Mark one.)

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

c. Improving your job skills. (Mark one.)

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

34. Are you currently working in the occupation that you apprenticed in?

- No
- Yes

35. In your current job, how often do you use the skills that you learned in your apprenticeship?

If you are not employed, please answer "Never or almost never".

- Never or almost never
- Sometimes
- All or most of the time

College Classes

36. How many college classes have you taken in the past 12 months?

Count only classes you completed or are currently taking.

- I have not taken any college classes in the past 12 months.

GO TO question 39 on page 15.

Number of college classes:

37. How many of these classes were not for college credit (that is, non-credit)?

Count only classes you completed within the past 12 months or are currently taking.

- I don't know
- None
- One
- Two
- Three or more

GO TO question 39 on page 15.

38. Thinking of the last non-credit class you took, which of the following describe why you took this class? (Mark all that apply.)

- To prepare for or to consider further education
- For personal interest
- To earn, maintain, or renew a professional certification or license
- For my current job
- For another work-related reason

Training for Work

39. People often participate in courses, training, or other instruction for work.

These trainings can include classes, seminars, or workshops. They can be taken at the workplace, on-line, or somewhere else, and can include topics such as:

- Job safety, work ethics or other regulations,
- Equipment use,
- Communication, sensitivity, or team-building,
- Computer or technical skills,
- Management skills, and
- Other job skills.

OTHER THAN COLLEGE CLASSES YOU MAY HAVE DESCRIBED EARLIER, have you completed any work-related training in the past 12 months?

No → **GO TO question 41.**

↓ Yes

40. How many work-related trainings have you completed in the past 12 months?

Count multiple sessions of the same training as one training.

Number of trainings:

Employment

41. Last week, were you employed for pay at a job or business?

If you were temporarily absent from a job or business (on vacation, temporarily ill, on maternity leave, etc.), answer "Yes".

No → **GO TO question 44.**

↓ Yes

42. Which one of the following best describes your employment situation last week? (Mark one.)

I worked at a full-time job (job of 35 hours or more per week) → **GO TO question 48 on page 16.**

↓ I worked at one or more part-time jobs (no full-time job)

43. Would you have preferred to work at a full-time job?

No } **GO TO question 48 on page 16.**
 Yes }

44. Last week, were you on layoff from a job?

- No
 Yes

45. During the last 4 weeks, have you been actively looking for work?

↓ No
 Yes → **GO TO question 47 on page 16.**

46. Do you intend to look for work within the next 5 years?

- No
 Yes
 I don't know

47. When did you last work, even for a few days?

- Never worked for pay → **GO TO question 58 on page 17.**
- Over 12 months ago → **GO TO question 51.**
- Within the past 12 months

48. During the past 12 months (52 weeks), how many weeks did you work, including paid vacation, paid sick leave, and military service? (Mark one.)

- 50 to 52 weeks
- 48 to 49 weeks
- 40 to 47 weeks
- 27 to 39 weeks
- 14 to 26 weeks
- 13 weeks or less

49. During the past 12 months, in the weeks you worked, how many hours did you usually work each WEEK?

Usual hours worked each WEEK:

50. Which category best fits your earnings from wages, salary, commissions, bonuses or tips, from all jobs over the past 12 months? (Mark one.)

Report amount before deductions for taxes, bonds, dues, or other items.

- \$0 to \$10,000
- \$10,001 to \$20,000
- \$20,001 to \$30,000
- \$30,001 to \$40,000
- \$40,001 to \$50,000
- \$50,001 to \$60,000
- \$60,001 to \$75,000
- \$75,001 to \$150,000
- \$150,001 or more

51. For the next few questions, please describe your chief job activity or business last week.

If you had more than one job, describe the one at which you worked the most hours. If you had no job or business last week, give information for your last job or business.

In your current or last job, which one of the following were you? (Mark one.)

- An employee of a private for-profit company or business, or of an individual, for wages, salary, or commissions
- An employee of a private not-for-profit, tax-exempt, or charitable organization
- A local government employee (city, county, etc.)
- A state government employee
- A Federal government employee
- Self-employed in own business, professional practice, or farm
- Working without pay in family business or farm

52. For whom did you work?

- If now on active duty in the Armed Forces, mark (X) this box and print the branch of the Armed Forces below. All others, enter name of company, business, or other employer below.*

Name of company, business, or other employer:

53. What kind of business or industry was this?

(For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)


54. What kind of work were you doing?

(For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

55. What were your most important activities or duties?

(For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

56. What kind of position did you hold? (Mark one.)


- Permanent  **GO TO question 58.**
- Temporary with no set end date
- Temporary with set end date

57. Would you have preferred to work at a permanent job?

- No
- Yes

Background

58. Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? (Mark one.)

- No, never served in the military  **GO TO question 60.**
- Yes, but only on active duty for training in the Reserve or National Guard
- Yes, on active duty now or in past

59. Have you served on active duty since September 2001?

- No
- Yes

60. Do you speak a language other than English at home?

- No  **GO TO question 62.**
- Yes

61. How well do you speak English? (Mark one.)

- Very well
- Well
- Not well
- Not at all

62. Are you male or female?

- Male
- Female

63. How old are you?

 years old

64. Are you of Hispanic or Latino origin?

- No
- Yes

65. What is your race? Choose one or more.

- White
- Black or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander

**66. What is your current marital or partner status?
(Mark one.)**

- Married
- In a registered domestic partnership or civil union
- Living with a partner
- Widowed, divorced, or separated
- Never married

Thank you.

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**National Household Education Survey
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A: Yes. Your responses will be combined with those from other adults to produce statistical summaries about education and training in the United States. Your individual data will not be reported. Your answers may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 USC § 9573).

Q: How will my response help the Federal Government?

A: The U.S. Departments of Education and Labor want to understand how adults acquire and maintain the skills they need for work. This survey is the only way these Departments can learn about the education and training that adults receive from schools, employers, and other training sponsors. The survey will allow policymakers and researchers to better understand the demand for education and training programs, and can help direct national policy in these areas. Your responses will be combined with those from other households to inform educators, policy makers, and schools about how adults in the U.S. learn the skills needed for work.

Q: Who is sponsoring this study?

A: The National Center for Education Statistics (NCES), within the U.S. Department of Education, is authorized to conduct this study (20 USC § 9543). The U.S. Census Bureau is conducting this survey on behalf of NCES. This study has been approved by the Office of Management and Budget (OMB), the office that reviews all federally sponsored surveys. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB approval number assigned to this study is 1850-0803. You may send any comments about this survey, including its length, to the Federal Government. Write to: Lisa Hudson, National Center for Education Statistics, U.S. Department of Education, 1990 K Street NW, Washington, DC 20006-5650.

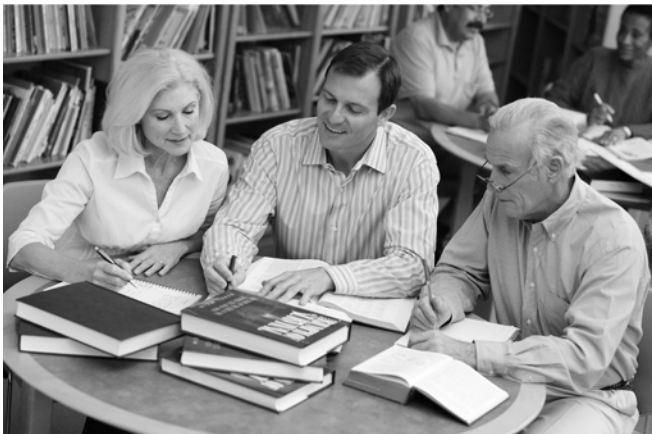
Q: What if I have other questions?

A: If you have any questions about the study, you may send e-mail to xxxx@census.gov or you may call the Census Bureau toll-free at 1-800-xxx-xxxx.

C.3 ATEs for seeded sample

Adult Training and Education Survey

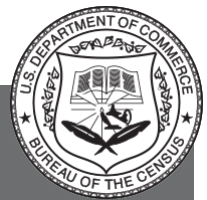
Part of the 2014 National Household Education Survey



Thank you for helping us with this survey. Based on the information we received from your household in your last survey, we're asking you to complete this next step.

Conducted by

UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau



Instructions

- ◆ **These questions should be filled out by:**

No one else in the household should fill out the survey.

- ◆ **To answer a question, simply mark the box [X] that best represents your answer.**
- ◆ **Use a black or blue pen, if available, to complete this survey.**
- ◆ **Please return the completed survey using the postage-paid envelope provided.**
- ◆ **If you have any questions about this survey, please call us at our toll-free number: 1-888-xxx-xxxx.**

We are authorized to collect this information by U.S. Code, Title 20, Section 9543. You do not have to provide the information requested. However, the information you provide will help the Department of Education's ongoing efforts to learn more about the educational experiences of adults. There are no penalties should you choose not to participate in this study. Your answers may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (U.S. Code, Title 20, Section 9573). Your responses will be combined with those from other participants to produce summary statistics and reports.

Depending on your background, this survey is estimated to take 10 to 20 minutes, including time for reviewing instructions and completing the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Lisa Hudson, National Center for Education Statistics, U.S. Department of Education, 1990 K Street NW, Washington, DC 20006-5650. Do not return the completed form to this address.

Educational Attainment

1. What is the highest degree or level of school you have completed? (Mark one.)

- Elementary or high school, but no high school diploma or GED
- High school diploma
- GED, or alternative credential
- Some college credit but less than one year of college credit
- 1 or more years of college credit, no degree
- Associate's degree (for example, AA, AS)
- Bachelor's degree (for example, BA, BS)
- Master's degree (for example, MA, MS, MEng, MEd, MSW, MBA)
- Professional degree beyond a bachelor's degree (for example, MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example, PhD, EdD)

GO TO question 3.

2. Using Table A on page 5, what was the major or field of study for your highest level of education?

If there was more than one, please choose the one you consider most important.

Number from Table A on page 5:

Certification and Licensure

3. Do you have a currently active professional certification or a state or industry license? Do not include business licenses, such as a liquor license or vending license.

A professional certification or license shows you are qualified to perform a specific job and includes things like Licensed Realtor, Certified Medical Assistant, Certified Construction Manager, or an IT certification.

No → GO TO question 10 on page 10.

Yes

4. How many certifications and licenses do you have?

If you had to get a certification in order to get a license, count each certification and license separately.

Number of certifications and licenses:

CONTINUE on page 6.

TABLE A. FIELD OF STUDY CODES FOR QUESTION 2

1	Accounting, finance, insurance, or real estate	21	Law enforcement, security, or firefighting
2	Administrative support	22	Journalism or communications
3	Agriculture	23	Law or legal studies
4	Architecture	24	Leisure or fitness studies
5	Arts, music, or design	25	Liberal arts
6	Biological/biomedical sciences	26	Library science
7	Business management or marketing	27	Manufacturing or production (e.g., machinist, welder, boilermaker)
8	Communications technologies (e.g., printing, broadcasting, recording, and graphics technologies)	28	Mathematics or statistics
9	Computer and information sciences	29	Mechanic or repair technologies
10	Construction trades	30	Military science/technologies
11	Cosmetology or barbering	31	Natural resources or conservation
12	Culinary arts	32	Philosophy or comparative religions
13	Drafting, engineering technologies, or science technologies	33	Physical sciences
14	Education	34	Psychology
15	Engineering	35	Religious vocations or theology
16	English language/literature	36	Social or human services or public administration
17	Family and consumer sciences	37	Social sciences (e.g., anthropology, gender or ethnic studies) or history
18	Foreign languages	38	Transportation or materials moving
19	Funeral/mortuary services	39	Interdisciplinary
20	Healthcare professions		

5. Please fill out a column in the following grid for each currently active certification and license you have, up to three.

If you have more than three, answer for the three you last earned or renewed.

	Certification or License #1	Certification or License #2	Certification or License #3
5a. In your own words, what is the name of the certification or license?			
5b. Using Table B on page 7, what is its subject field?	Number from Table B: <input type="text"/> <input type="text"/>	Number from Table B: <input type="text"/> <input type="text"/>	Number from Table B: <input type="text"/> <input type="text"/>
5c. Could you use it to get a job with another employer in that field?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I don't know	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I don't know	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I don't know
5d. Did you have to pass a test, submit a portfolio, or demonstrate your skills to get it?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
5e. Was it awarded by the federal, state, or local government? <i>(For example, by a state board of education or other state board, OSHA, or FAA)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I don't know	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I don't know	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I don't know
5f. Is it for your current job? (Mark one.)	<input type="checkbox"/> No <input type="checkbox"/> Yes, and it is required <input type="checkbox"/> Yes, but it is not required	<input type="checkbox"/> No <input type="checkbox"/> Yes, and it is required <input type="checkbox"/> Yes, but it is not required	<input type="checkbox"/> No <input type="checkbox"/> Yes, and it is required <input type="checkbox"/> Yes, but it is not required
5g. In what year did you <u>last</u> earn or renew it?	Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

TABLE B. FIELD OF CERTIFICATION OR LICENSE CODES FOR QUESTION 5b

1 EMT, CPR, or basic first aid	11 Law or legal support
2 Other health care <i>(for fitness use code 13)</i> Includes health-care technologist or technician; health-care therapist <i>(for counseling use code 17)</i> ; nursing occupations, medical practitioners (such as MD, OD, PA, DC, PharmD, DVM), and health-care specialties such as ACLS.	12 Notary public
3 Architecture, engineering, or energy Includes architecture, drafting, engineering, engineering technologies, LEED, energy auditing and other similar fields.	13 Physical fitness Includes personal or athletic trainer, yoga instructor, and other fitness instruction.
4 Business management, operations, and support Includes project management, Six Sigma, Lean Manufacturing, and other business management, support, and operations.	14 Public safety Includes law enforcement, firefighting, flight attendant, and other public safety services <i>(for water and hazardous waste treatment use code 8)</i> .
5 Childcare	15 Religious ordination
6 Cosmetology or barbering	16 Skilled trades Includes automotive repair, HVAC installation and repair, construction trades (carpenter, electrician, mason, plumber), welder, and machining or equipment operator (such as boiler, crane, or forklift operator).
7 Finance, insurance, or real estate Includes insurance, real estate, taxes and accounting, and other finance <i>(for notary public use code 12)</i> .	17 Social work or counseling
8 Food handling and sanitation Includes food handling, water treatment and sanitation, hazardous waste operations, and other food handling and sanitation fields.	18 Teaching (public or private schools) Includes preschool through grade 12 teaching. <i>(For other instructional fields, use the code for that field; for example, flight instructors use code 19 for transportation.)</i>
9 Funeral, mortuary, and taxidermy	19 Transportation Includes CDL, aviation or marine piloting, and other transportation work <i>(for flight attendant use code 14)</i> .
10 Information technology Includes software development and applications, networking, hardware, and other computer and information technologies.	20 Other fields not listed above

The rest of this section asks about the certification or license you last earned or renewed – that is, the one with the most recent year in question 5g on page 6.

6. How useful has your last certification or license been for each of the following?

a. Getting a job. (Mark one.)

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

b. Keeping a job. (Mark one.)

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

c. Increasing your pay. (Mark one.)

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

d. Keeping you marketable to employers or clients. (Mark one.)

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

e. Improving your job skills. (Mark one.)

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

7. Which of the following prepared you to earn this certification or license? (Mark ALL that apply.)

- I earned a college degree.
- I took other classes from a college, technical school, or trade school.
- I took classes or training from a company, association, union, or private instructor.
- I studied on my own using textbooks or on-line resources.
- I participated in on-the-job training, an internship, or apprenticeship.
- I did not take any classes, training, or instruction.

8. How often do you have to renew this certification or license? (Mark one.)

- I do not have to renew it
- Once a year
- Every 2 years
- Every 3 years
- Every 4 years
- Every 5 or more years

GO TO
question 10
on page 10.

9. What do you plan to do the next time this certification or license is up for renewal? (Mark one.)

- Renew it
- Let it expire
- I don't know

CONTINUE on page 10.

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Educational Certificates

10. After leaving high school, some people take classes at a college, technical school, or trade school to earn an educational certificate.

This educational certificate is sometimes called a diploma, for example a cosmetology diploma. But it is not a high school diploma. It is also not a college degree or a professional certification.

An educational certificate is awarded only by schools.

Have you ever earned this type of educational certificate?

No → **GO TO question 26 on page 13.**

Yes
↓

The next few questions ask about your last educational certificate.

11. About how many hours of instruction did you complete in order to earn your last educational certificate? (Mark one.)

- 160 or more hours (4 or more full-time weeks)
 40-159 hours (1 week to less than four full-time weeks)
 Less than 40 hours (less than 1 full-time week)

12. Using Table C on page 11, what was the field of study for this educational certificate?

Number from Table C:

13. In what year did you get this educational certificate?

Year:

14. Did you get this educational certificate in order to earn a professional certification or license?

- No
 Yes

15. To what extent is this educational certificate related to your current job? (Mark one.)

If you are not employed, answer "not at all."

- Not at all
 Somewhat
 A great deal

16. What type of school awarded this educational certificate? (Mark one.)

- Trade or vocational school; community or technical college
 Other college or university
 Other type of school (specify) ↓

17. Was this educational certificate earned as part of a bachelor's or master's degree, or as an add-on to a degree?

- No
 Yes

18. Do you have another educational certificate?

- No → **GO TO question 26 on page 13.**
 Yes

↓
**CONTINUE
ON page 12.**

TABLE C. FIELD OF STUDY CODES FOR QUESTIONS 12 AND 20

1	Accounting, finance, insurance, or real estate	10	Drafting, engineering technologies, or science technologies
2	Administrative support	11	Education
3	Arts, music, or design	12	Funeral/mortuary services
4	Business management or marketing	13	Healthcare professions
5	Communications technologies (e.g. printing, broadcasting, recording, and graphics technologies)	14	Law enforcement, security, or firefighting
6	Computer and information sciences	15	Legal studies
7	Construction trades	16	Manufacturing or production (e.g., machinist, welder, boilermaker)
8	Cosmetology or barbering	17	Mechanic or repair technologies
9	Culinary arts	18	Religious vocations or theology
		19	Transportation or materials moving
		20	Other field of study not listed above

The next few questions ask about your next-to-last educational certificate.

19. Thinking about your next-to-last educational certificate, about how many hours of instruction did you complete in order to earn it? (Mark one.)

- 160 or more hours (4 or more full-time weeks)
- 40-159 hours (1 full-time week to less than four full-time weeks)
- Less than 40 hours (less than 1 full-time week)

20. Using Table C on page 11, what was the field of study for this educational certificate?

Number from Table C:

21. In what year did you get this educational certificate?

Year:

22. Did you get this educational certificate in order to earn a professional certification or license?


- No
- Yes

23. To what extent is this educational certificate related to your current job? (Mark one.)

If you are not employed, answer "not at all."

- Not at all
- Somewhat
- A great deal

24. What type of school awarded this certificate? (Mark one.)

- Trade or vocational school; community or technical college
- Other college or university
- Other type of school (specify) 

25. Was this certificate earned as part of a bachelor's or master's degree, or as an add-on to a degree?

- No
- Yes

Apprenticeships

26. Have you ever completed an apprenticeship?

Do not count student teaching, medical internships or residency, externships, or unpaid internships.

No → **GO TO question 36 on page 14.**

Yes

The rest of this section asks about the last apprenticeship you completed.

27. Who sponsored the apprenticeship? (Mark one.)

- The U.S. military
- Federal civilian government
- State or local government
- A (non-military) employer
- An employer-union partnership
- Other sponsor
- I don't know

28. Did this apprenticeship lead to a Certificate of Completion of Apprenticeship from your state or from the U.S. government?

- No
- Yes
- I don't know

29. How long did this apprenticeship last? (Mark one.)

- Less than 1 year
- 1 year
- 2 years
- 3 years
- 4 years or more

30. As part of this apprenticeship, did you take any formal classes? Include any classes taken in-person or on-line. (Mark all that apply.)

- No
- Yes, from an employer or union
- Yes, from a community or technical college or other college
- Yes, from another organization

31. What wage did you earn during this apprenticeship program? (Mark one.)

- No wage
- A low starting wage that increased as I became more qualified during the apprenticeship
- A low starting wage that increased only when I became fully qualified at the end of the apprenticeship
- The same wage as a fully qualified worker

32. What type of occupation was this apprenticeship for? (Mark one.)

- Construction trades
- Driving or transport
- Engineering or architecture
- Food preparation
- Health care
- Information technology (IT)
- Management
- Manufacturing, printing, or production
- Mechanic, installation, or repair
- Public safety or corrections
- Real estate, finance, or insurance
- Other sales or customer service
- Other (specify) ↴

33. How useful was your apprenticeship for each of the following?

a. Getting a job. (Mark one.)

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

b. Increasing your pay. (Mark one.)

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

c. Improving your job skills. (Mark one.)

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

34. Are you currently working in the occupation that you apprenticed in?

- No
- Yes

35. In your current job, how often do you use the skills that you learned in your apprenticeship?

If you are not employed, please answer "Never or almost never".

- Never or almost never
- Sometimes
- All or most of the time

College and Other Classes

36. Since leaving high school, have you taken any of the following types of classes?

a. Classes to learn English as a second language (ESL). (Mark all that apply.)

- No
- Yes, took over 12 months ago
- Yes, took within past 12 months

b. Classes to prepare for the General Educational Development (GED) test, or some other high school equivalency program. (Mark all that apply.)

- No
- Yes, took over 12 months ago
- Yes, took within past 12 months

c. Literacy classes to help adults read better. Do not include college classes. (Mark all that apply.)

- No
- Yes, took over 12 months ago
- Yes, took within past 12 months

37. How many college classes have you taken in the past 12 months?

Count only classes you completed or are currently taking.

- I have not taken any college classes in the past 12 months.

GO TO question 45 on page 17.

Number of college classes:

CONTINUE WITH question 38.

38. How many of these classes were not for college credit (that is, non-credit)?

Count only classes you completed within the past 12 months or are currently taking.

- I don't know
- None
- One
- Two
- Three or more

GO TO question 45 on page 17.



The rest of this section asks about the last non-credit class you took.

If you took more than one non-credit class during the same time period, please answer the questions for the class you took earlier in the week or if on the same day, earlier in the day.

39. What was the primary subject or field of study for your last non-credit class?

40. Which of the following describe why you took this class? (Mark all that apply.)

- To prepare for or to consider further education
- For personal interest
- To earn, maintain, or renew a professional certification or license
- For my current job
- For another work-related reason

41. How useful was this class for each of the following?

a. Increasing your pay. (Mark one.)

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

b. Keeping you marketable to employers or clients. (Mark one.)

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

c. Improving your work skills. (Mark one.)

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

42. Were you employed when you took this class? (Mark one.)

- No
- Yes, I was self-employed.
- Yes, I was employed by someone else.

GO TO question 45 on page 17.



43. Was this class required by your employer?

- No
- Yes

44. Did your employer pay for this class? Include reimbursements from your employer. (Mark one.)

- No
- Yes, partly
- Yes, completely

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Training for Work

45. People often participate in courses, training, or other instruction for work.

These trainings can include classes, seminars, or workshops. They can be taken at the workplace, on-line, or somewhere else, and can include topics such as:

- *Job safety, work ethics or other regulations,*
- *Equipment use,*
- *Communication, sensitivity, or team-building,*
- *Computer or technical skills,*
- *Management skills, and*
- *Other job skills.*

OTHER THAN COLLEGE CLASSES YOU MAY HAVE DESCRIBED EARLIER, have you completed any work-related training in the past 12 months?

No  **GO TO question 52 on page 21.**

 Yes

46. How many work-related trainings have you completed in the past 12 months?

Count multiple sessions of the same training as one training.

Number of trainings:

CONTINUE ON page 18.

47. Please fill out a column in the following grid for each work-related training you have had in the past 12 months.

If you had more than three, answer for the last three you had.

	Training #1	Training #2	Training #3
47a. In your own words, what was the topic or title of this training?			
47b. Using Table D on page 19, which general category best fits this training?	Number from Table D: <input type="text"/>	Number from Table D: <input type="text"/>	Number from Table D: <input type="text"/>
47c. In total, how many hours did this training last? <i>Count less than 1 hour as 1 hour.</i>	_____ hours	_____ hours	_____ hours
47d. Was this training for your current job? (Mark one.)	<input type="checkbox"/> No <input type="checkbox"/> Yes, and it was required <input type="checkbox"/> Yes, but it was not required	<input type="checkbox"/> No <input type="checkbox"/> Yes, and it was required <input type="checkbox"/> Yes, but it was not required	<input type="checkbox"/> No <input type="checkbox"/> Yes, and it was required <input type="checkbox"/> Yes, but it was not required
47e. To what extent was this training useful for your work? (Mark one.)	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> A great deal	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> A great deal	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> A great deal
47f. Did you take this training to earn, maintain, or renew a professional certification or license?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

TABLE D. TRAINING CATEGORIES FOR QUESTION 47b

- | | |
|--|--|
| <p>1 New employee orientation: Provides information for new employees to familiarize them with the workplace and with workplace practices and policies.</p> <p>2 Compliance training: Provides information on company, professional, or government policies and regulations concerning legal and ethical issues.</p> <p>3 Safety training: Provides information on workplace safety, including safety procedures and processes.</p> | <p>4 Communication or team training: Includes training to improve communication in the workplace or how to work in teams or groups.</p> <p>5 Supervisory/management training: Includes training in supervising employees and in implementing employment practices, regulations, and policies related to personnel or budget management.</p> <p>6 Job skills training: Includes all other training to develop the professional or technical skills needed to do your work, such as sales and customer relations training, use of computer applications, and other skills that you use on your job.</p> |
|--|--|

49. How much did you pay for all of the work-related training you had in the past 12 months?

\$.00

Enter 0 if you did not pay any training costs or if all your costs were reimbursed.

50. Thinking of all the work-related training you had in the past 12 months, how useful was it for each of the following?

a. Increasing your pay. (Mark one.)

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

b. Keeping you marketable to employers or clients. (Mark one.)

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

c. Improving your work skills. (Mark one.)

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

51. To what extent do each of the following factors motivate you to take work-related training?

a. Your employer's requirements. (Mark one.)

- Not at all
- Somewhat
- A great deal

b. Certification, licensing, or government requirements. (Mark one.)

- Not at all
- Somewhat
- A great deal

c. Your desire to do your job better. (Mark one.)

- Not at all
- Somewhat
- A great deal

d. Your desire to move up in your career. (Mark one.)

- Not at all
- Somewhat
- A great deal

Employment

52. Last week, were you employed for pay at a job or business?

If you were temporarily absent from a job or business (on vacation, temporarily ill, on maternity leave, etc.), answer "Yes".

No → **GO TO question 56.**

Yes

53. For the job or business you were in last week, were you a member of a labor union or of an employee association similar to a union (for example, AFL-CIO, Change to Win Federation, NEA)?

No

Yes

54. Which one of the following best describes your employment situation last week? (Mark one.)

I worked at a full-time job (job of 35 hours or more per week) → **GO TO question 60.**

I worked at one or more part-time jobs (no full-time job)

55. Would you have preferred to work at a full-time job?

No } **GO TO question 60.**
 Yes }

56. Last week, were you on layoff from a job?

No

Yes

57. During the last 4 weeks, have you been actively looking for work?

No
 Yes → **GO TO question 59.**

58. Do you intend to look for work within the next 5 years?

No

Yes

I don't know

59. When did you last work, even for a few days?

Never worked for pay → **GO TO question 73 on page 23.**

Over 12 months ago → **GO TO question 63 on page 22.**

Within the past 12 months

60. During the past 12 months (52 weeks), how many weeks did you work, including paid vacation, paid sick leave, and military service? (Mark one.)

50 to 52 weeks

48 to 49 weeks

40 to 47 weeks

27 to 39 weeks

14 to 26 weeks

13 weeks or less

61. During the past 12 months, in the weeks you worked, how many hours did you usually work each WEEK?

Usual hours worked each WEEK:

62. Which category best fits your earnings from wages, salary, commissions, bonuses or tips, from all jobs over the past 12 months? (Mark one.)

Report amount before deductions for taxes, bonds, dues, or other items.

- \$0 to \$10,000
- \$10,001 to \$20,000
- \$20,001 to \$30,000
- \$30,001 to \$40,000
- \$40,001 to \$50,000
- \$50,001 to \$60,000
- \$60,001 to \$75,000
- \$75,001 to \$150,000
- \$150,001 or more

63. For the next few questions, please describe your chief job activity or business last week.

If you had more than one job, describe the one at which you worked the most hours. If you had no job or business last week, give information for your last job or business.

In your current or last job, which one of the following were you? (Mark one.)

- An employee of a private for-profit company or business, or of an individual, for wages, salary, or commissions
- An employee of a private not-for-profit, tax-exempt, or charitable organization
- A local government employee (city, county, etc.)
- A state government employee
- A Federal government employee
- Self-employed in own business, professional practice, or farm
- Working without pay in family business or farm

64. For whom did you work?

- If now on active duty in the Armed Forces, mark (X) this box and print the branch of the Armed Forces below. All others, enter name of company, business, or other employer below.*

Name of company, business, or other employer:

65. What kind of business or industry was this?

(For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)

66. What kind of work were you doing?

(For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

67. What were your most important activities or duties?

(For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

68. What kind of position did you hold? (Mark one.)

- Permanent → **GO TO question 70.**
- Temporary with no set end date
- Temporary with set end date

69. Would you have preferred to work at a permanent job?

- No
- Yes

70. How many people worked for your employer? Count employees at all locations. (Mark one.)

If you were self-employed, how many people worked for you, including yourself?

- 1—49 people
- 50—499 people
- 500—999 people
- 1,000 or more people

71. How supportive was your employer of your training needs? (Mark one.)

- Not at all supportive
- Somewhat supportive
- Very supportive
- Not applicable

72. When you started your current job, did it have a clear training path laid out, or did you need to figure out on your own what training you needed? (Mark one.)

- A clear training path was laid out
- Some parts of the training path were clear
- I needed to figure it out on my own

Background

73. Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? (Mark one.)

- No, never served in the military → **GO TO question 75.**
- Yes, but only on active duty for training in the Reserve or National Guard
- Yes, on active duty now or in past

74. Have you served on active duty since September 2001?

- No
- Yes

75. Do you speak a language other than English at home?

- No → **GO TO question 77.**
- Yes

76. How well do you speak English? (Mark one.)

- Very well
- Well
- Not well
- Not at all

77. Are you male or female?

- Male
- Female

78. How old are you?

years old

79. Are you of Hispanic or Latino origin?

- No
- Yes

80. What is your race? Choose one or more.

- White
- Black or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander

**81. What is your current marital or partner status?
(Mark one.)**

- Married
- In a registered domestic partnership or civil union
- Living with a partner
- Widowed, divorced, or separated
- Never married

Thank You.

Please return this questionnaire in the postage-paid envelope provided. If you have lost the envelope, mail the completed questionnaire to:

**National Household Education Survey
[RETURN ADDRESS HERE]**

Commonly Asked Questions

Q: How was my household chosen?

A: You were randomly selected from lists of people who have obtained work-related credentials. The sample was designed to represent people who have many different kinds of education, training, and jobs. Even if you don't currently have a work-related credential or aren't currently working, it's still important that you participate so all kinds of people are represented.

Q: Why should I participate? Do I have to do this?

A: Your answers are very important to the success of this study. You represent other adults like yourself, and you cannot be replaced. This survey is voluntary. You may choose not to answer any or all questions in this survey, but in order for the survey to be representative, it is important that you complete and return it. Those who do not return the survey will not be represented in statistics used by policymakers and researchers. There are no penalties should you choose not to participate in the study.

Q: Will the information I provide be kept confidential? Will my privacy be protected?

A: Yes. Your responses will be combined with those from other adults to produce statistical summaries about education and training in the United States. Your individual data will not be reported. Your answers may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 USC § 9573).

Q: How will my response help the Federal Government?

A: The U.S. Departments of Education and Labor want to understand how adults acquire and maintain the skills they need for work. This survey is the only way these Departments can learn about the education and training that adults receive from schools, employers, and other training sponsors. The survey will allow policymakers and researchers to better understand the demand for education and training programs, and can help direct national policy in these areas. Your responses will be combined with others to inform educators, policy makers, and schools about how adults in the U.S. learn the skills needed for work.

Q: Who is sponsoring this study?

A: The National Center for Education Statistics (NCES), within the U.S. Department of Education, is authorized to conduct this study (20 USC § 9543). The U.S. Census Bureau is conducting this survey on behalf of NCES. This study has been approved by the Office of Management and Budget (OMB), the office that reviews all federally sponsored surveys. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB approval number assigned to this study is 1850-0803. You may send any comments about this survey, including its length, to the Federal Government. Write to: Lisa Hudson, National Center for Education Statistics, U.S. Department of Education, 1990 K Street NW, Washington, DC 20006-5650.

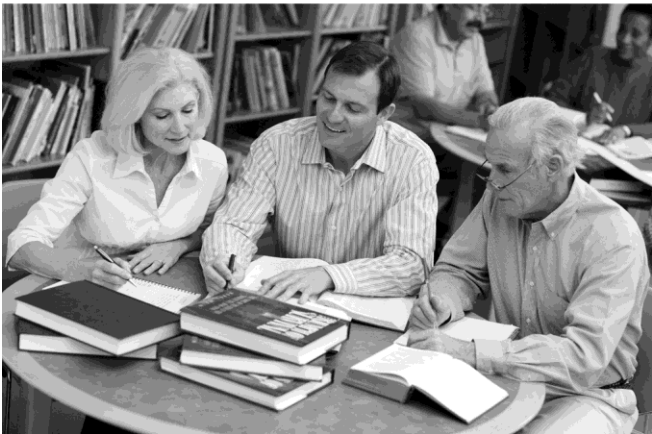
Q: What if I have other questions?

A: If you have any questions about the study, you may send e-mail to xxxx@census.gov or you may call the Census Bureau toll-free at 1-800-xxx-xxxx.

C.4 CWS for seeded sample

Credentials for Work Survey

Part of the 2014 National Household Education Survey



Thank you for helping us with this survey. Based on the information we received from your household in your last survey, we're asking you to complete this next step.

Conducted by

UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau



Instructions

- ◆ **These questions should be filled out by:**

No one else in the household should fill out the survey.

- ◆ **To answer a question, simply mark the box [X] that best represents your answer.**
- ◆ **Use a black or blue pen, if available, to complete this survey.**
- ◆ **Please return the completed survey using the postage-paid envelope provided.**
- ◆ **If you have any questions about this survey, please call us at our toll-free number: 1-888-xxx-xxxx.**

We are authorized to collect this information by U.S. Code, Title 20, Section 9543. You do not have to provide the information requested. However, the information you provide will help the Department of Education's ongoing efforts to learn more about the educational experiences of adults. There are no penalties should you choose not to participate in this study. Your answers may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (U.S. Code, Title 20, Section 9573). Your responses will be combined with those from other participants to produce summary statistics and reports.

Depending on your background, this survey is estimated to take 10 to 20 minutes, including time for reviewing instructions and completing the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Lisa Hudson, National Center for Education Statistics, U.S. Department of Education, 1990 K Street NW, Washington, DC 20006-5650. Do not return the completed form to this address.

Educational Attainment

1. What is the highest degree or level of school you have completed? (Mark one.)

- Elementary or high school, but no high school diploma or GED
- High school diploma
- GED, or alternative credential
- Some college credit but less than one year of college credit
- 1 or more years of college credit, no degree
- Associate's degree (for example, AA, AS)
- Bachelor's degree (for example, BA, BS)
- Master's degree (for example, MA, MS, MEng, MEd, MSW, MBA)
- Professional degree beyond a bachelor's degree (for example, MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example, PhD, EdD)

GO TO question 3.

2. Using Table A on page 5, what was the major or field of study for your highest level of education?

If there was more than one, please choose the one you consider most important.

Number from Table A on page 5:

Certification and Licensure

3. Do you have a currently active professional certification or a state or industry license? Do not include business licenses, such as a liquor license or vending license.

A professional certification or license shows you are qualified to perform a specific job and includes things like Licensed Realtor, Certified Medical Assistant, Certified Construction Manager, or an IT certification.

No → GO TO question 10 on page 10.

Yes

4. How many certifications and licenses do you have?

If you had to get a certification in order to get a license, count each certification and license separately.

Number of certifications and licenses:

CONTINUE on page 6.

TABLE A. FIELD OF STUDY CODES FOR QUESTION 2

1	Accounting, finance, insurance, or real estate	21	Law enforcement, security, or firefighting
2	Administrative support	22	Journalism or communications
3	Agriculture	23	Law or legal studies
4	Architecture	24	Leisure or fitness studies
5	Arts, music, or design	25	Liberal arts
6	Biological/biomedical sciences	26	Library science
7	Business management or marketing	27	Manufacturing or production (e.g., machinist, welder, boilermaker)
8	Communications technologies (e.g., printing, broadcasting, recording, and graphics technologies)	28	Mathematics or statistics
9	Computer and information sciences	29	Mechanic or repair technologies
10	Construction trades	30	Military science/technologies
11	Cosmetology or barbering	31	Natural resources or conservation
12	Culinary arts	32	Philosophy or comparative religions
13	Drafting, engineering technologies, or science technologies	33	Physical sciences
14	Education	34	Psychology
15	Engineering	35	Religious vocations or theology
16	English language/literature	36	Social or human services or public administration
17	Family and consumer sciences	37	Social sciences (e.g., anthropology, gender or ethnic studies) or history
18	Foreign languages	38	Transportation or materials moving
19	Funeral/mortuary services	39	Interdisciplinary
20	Healthcare professions		

5. Please fill out a column in the following grid for each currently active certification and license you have, up to three.

If you have more than three, answer for the three you last earned or renewed.

	Certification or License #1	Certification or License #2	Certification or License #3
5a. In your own words, what is the name of the certification or license?			
5b. Using Table B on page 7, what is its subject field?	Number from Table B: <input type="text"/> <input type="text"/>	Number from Table B: <input type="text"/> <input type="text"/>	Number from Table B: <input type="text"/> <input type="text"/>
5c. Could you use it to get a job with another employer in that field?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I don't know	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I don't know	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I don't know
5d. Did you have to pass a test, submit a portfolio, or demonstrate your skills to get it?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
5e. Was it awarded by the federal, state, or local government? <i>(For example, by a state board of education or other state board, OSHA, or FAA)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I don't know	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I don't know	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I don't know
5f. Is it for your current job? (Mark one.)	<input type="checkbox"/> No <input type="checkbox"/> Yes, and it is required <input type="checkbox"/> Yes, but it is not required	<input type="checkbox"/> No <input type="checkbox"/> Yes, and it is required <input type="checkbox"/> Yes, but it is not required	<input type="checkbox"/> No <input type="checkbox"/> Yes, and it is required <input type="checkbox"/> Yes, but it is not required
5g. In what year did you <u>last</u> earn or renew it?	Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

TABLE B. FIELD OF CERTIFICATION OR LICENSE CODES FOR QUESTION 5b

1 EMT, CPR, or basic first aid	11 Law or legal support
2 Other health care <i>(for fitness use code 13)</i> Includes health-care technologist or technician; health-care therapist <i>(for counseling use code 17)</i> ; nursing occupations, medical practitioners (such as MD, OD, PA, DC, PharmD, DVM), and health-care specialties such as ACLS.	12 Notary public
3 Architecture, engineering, or energy Includes architecture, drafting, engineering, engineering technologies, LEED, energy auditing and other similar fields.	13 Physical fitness Includes personal or athletic trainer, yoga instructor, and other fitness instruction.
4 Business management, operations, and support Includes project management, Six Sigma, Lean Manufacturing, and other business management, support, and operations.	14 Public safety Includes law enforcement, firefighting, flight attendant, and other public safety services <i>(for water and hazardous waste treatment use code 8)</i> .
5 Childcare	15 Religious ordination
6 Cosmetology or barbering	16 Skilled trades Includes automotive repair, HVAC installation and repair, construction trades (carpenter, electrician, mason, plumber), welder, and machining or equipment operator (such as boiler, crane, or forklift operator).
7 Finance, insurance, or real estate Includes insurance, real estate, taxes and accounting, and other finance <i>(for notary public use code 12)</i> .	17 Social work or counseling
8 Food handling and sanitation Includes food handling, water treatment and sanitation, hazardous waste operations, and other food handling and sanitation fields.	18 Teaching (public or private schools) Includes preschool through grade 12 teaching. <i>(For other instructional fields, use the code for that field; for example, flight instructors use code 19 for transportation.)</i>
9 Funeral, mortuary, and taxidermy	19 Transportation Includes CDL, aviation or marine piloting, and other transportation work <i>(for flight attendant use code 14)</i> .
10 Information technology Includes software development and applications, networking, hardware, and other computer and information technologies.	20 Other fields not listed above

The rest of this section asks about the certification or license you last earned or renewed – that is, the one with the most recent year in question 5g on page 5.

6. How useful has your last certification or license been for each of the following?

a. Getting a job. (Mark one.)

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

b. Keeping a job. (Mark one.)

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

c. Increasing your pay. (Mark one.)

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

d. Keeping you marketable to employers or clients. (Mark one.)

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

e. Improving your job skills. (Mark one.)

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

7. Which of the following prepared you to earn this certification or license? (Mark ALL that apply.)

- I earned a college degree.
- I took other classes from a college, technical school, or trade school.
- I took classes or training from a company, association, union, or private instructor.
- I studied on my own using textbooks or on-line resources.
- I participated in on-the-job training, an internship, or apprenticeship.
- I did not take any classes, training, or instruction.

8. How often do you have to renew this certification or license? (Mark one.)

- I do not have to renew it
- Once a year
- Every 2 years
- Every 3 years
- Every 4 years
- Every 5 or more years

GO TO
question 10
on page 10.

9. What do you plan to do the next time this certification or license is up for renewal? (Mark one.)

- Renew it
- Let it expire
- I don't know

CONTINUE on page 10.

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Educational Certificates

10. After leaving high school, some people take classes at a college, technical school, or trade school to earn an educational certificate.

This educational certificate is sometimes called a diploma, for example a cosmetology diploma. But it is not a high school diploma. It is also not a college degree or a professional certification.

An educational certificate is awarded only by schools.

Have you ever earned this type of educational certificate?

No → **GO TO question 26 on page 13.**

Yes
↓

The next few questions ask about your last educational certificate.

11. About how many hours of instruction did you complete in order to earn your last educational certificate? (Mark one.)

- 160 or more hours (4 or more full-time weeks)
 40-159 hours (1 week to less than four full-time weeks)
 Less than 40 hours (less than 1 full-time week)

12. Using Table C on page 11, what was the field of study for this educational certificate?

Number from Table C:

13. In what year did you get this educational certificate?

Year:

14. Did you get this educational certificate in order to earn a professional certification or license?

- No
 Yes

15. To what extent is this educational certificate related to your current job? (Mark one.)

If you are not employed, answer "not at all."

- Not at all
 Somewhat
 A great deal

16. What type of school awarded this educational certificate? (Mark one.)

- Trade or vocational school; community or technical college
 Other college or university
 Other type of school (specify) ↓

17. Was this educational certificate earned as part of a bachelor's or master's degree, or as an add-on to a degree?

- No
 Yes

18. Do you have another educational certificate?

No → **GO TO question 26 on page 13.**

Yes
↓

**CONTINUE
ON page 12.**

TABLE C. FIELD OF STUDY CODES FOR QUESTIONS 12 AND 20

1	Accounting, finance, insurance, or real estate	10	Drafting, engineering technologies, or science technologies
2	Administrative support	11	Education
3	Arts, music, or design	12	Funeral/mortuary services
4	Business management or marketing	13	Healthcare professions
5	Communications technologies (e.g. printing, broadcasting, recording, and graphics technologies)	14	Law enforcement, security, or firefighting
6	Computer and information sciences	15	Legal studies
7	Construction trades	16	Manufacturing or production (e.g., machinist, welder, boilermaker)
8	Cosmetology or barbering	17	Mechanic or repair technologies
9	Culinary arts	18	Religious vocations or theology
		19	Transportation or materials moving
		20	Other field of study not listed above

The next few questions ask about your next-to-last educational certificate.

19. Thinking about your next-to-last educational certificate, about how many hours of instruction did you complete in order to earn it? (Mark one.)

- 160 or more hours (4 or more full-time weeks)
- 40-159 hours (1 full-time week to less than four full-time weeks)
- Less than 40 hours (less than 1 full-time week)

20. Using Table C on page 11, what was the field of study for this educational certificate?

Number from Table C:

21. In what year did you get this educational certificate?

Year:

22. Did you get this educational certificate in order to earn a professional certification or license?


- No
- Yes

23. To what extent is this educational certificate related to your current job? (Mark one.)

If you are not employed, answer "not at all."

- Not at all
- Somewhat
- A great deal

24. What type of school awarded this educational certificate? (Mark one.)

- Trade or vocational school; community or technical college
- Other college or university
- Other type of school (specify) 

25. Was this educational certificate earned as part of a bachelor's or master's degree, or as an add-on to a degree?

- No
- Yes

Apprenticeships

26. Have you ever completed an apprenticeship?

Do not count student teaching, medical internships or residency, externships, or unpaid internships.

No → **GO TO question 36 on page 14.**

Yes

The rest of this section asks about the last apprenticeship you completed.

27. Who sponsored the apprenticeship? (Mark one.)

- The U.S. military
- Federal civilian government
- State or local government
- A (non-military) employer
- An employer-union partnership
- Other sponsor
- I don't know

28. Did this apprenticeship lead to a Certificate of Completion of Apprenticeship from your state or from the U.S. government?

- No
- Yes
- I don't know

29. How long did this apprenticeship last? (Mark one.)

- Less than 1 year
- 1 year
- 2 years
- 3 years
- 4 years or more

30. As part of this apprenticeship, did you take any formal classes? Include any classes taken in-person or on-line. (Mark all that apply.)

- No
- Yes, from an employer or union
- Yes, from a community or technical college or other college
- Yes, from another organization

31. What wage did you earn during this apprenticeship program? (Mark one.)

- No wage
- A low starting wage that increased as you became more qualified during the apprenticeship
- A low starting wage that increased only when I became fully qualified at the end of the apprenticeship
- The same wage as a fully qualified worker

32. What type of occupation was this apprenticeship for? (Mark one.)

- Construction trades
- Driving or transport
- Engineering or architecture
- Food preparation
- Health care
- Information technology (IT)
- Management
- Manufacturing, printing, or production
- Mechanic, installation, or repair
- Public safety or corrections
- Real estate, finance, or insurance
- Other sales or customer service
- Other (specify) ↴

33. How useful was your apprenticeship for each of the following?

a. Getting a job. (Mark one.)

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

b. Increasing your pay. (Mark one.)

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

c. Improving your job skills. (Mark one.)

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

34. Are you currently working in the occupation that you apprenticed in?

- No
- Yes

35. In your current job, how often do you use the skills that you learned in your apprenticeship?

If you are not employed, please answer "Never or almost never".

- Never or almost never
- Sometimes
- All or most of the time

College Classes

36. How many college classes have you taken in the past 12 months?

Count only classes you completed or are currently taking.

- I have not taken any college classes in the past 12 months.

GO TO question 39 on page 15.

Number of college classes:

37. How many of these classes were not for college credit (that is, non-credit)?

Count only classes you completed within the past 12 months or are currently taking.

- I don't know
- None
- One
- Two
- Three or more

GO TO question 39 on page 15.

38. Thinking of the last non-credit class you took, which of the following describe why you took this class? (Mark all that apply.)

- To prepare for or to consider further education
- For personal interest
- To earn, maintain, or renew a professional certification or license
- For my current job
- For another work-related reason

Training for Work

39. People often participate in courses, training, or other instruction for work.

These trainings can include classes, seminars, or workshops. They can be taken at the workplace, on-line, or somewhere else, and can include topics such as:

- Job safety, work ethics or other regulations,
- Equipment use,
- Communication, sensitivity, or team-building,
- Computer or technical skills,
- Management skills, and
- Other job skills.

OTHER THAN COLLEGE CLASSES YOU MAY HAVE DESCRIBED EARLIER, have you completed any work-related training in the past 12 months?

No → **GO TO question 41.**

↓ Yes

40. How many work-related trainings have you completed in the past 12 months?

Count multiple sessions of the same training as one training.

Number of trainings:

Employment

41. Last week, were you employed for pay at a job or business?

If you were temporarily absent from a job or business (on vacation, temporarily ill, on maternity leave, etc.), answer "Yes".

No → **GO TO question 44.**

↓ Yes

42. Which one of the following best describes your employment situation last week? (Mark one.)

I worked at a full-time job (job of 35 hours or more per week) → **GO TO question 48 on page 16.**

↓ I worked at one or more part-time jobs (no full-time job)

43. Would you have preferred to work at a full-time job?

No } **GO TO question 48 on page 16.**
 Yes }

44. Last week, were you on layoff from a job?

- No
 Yes

45. During the last 4 weeks, have you been actively looking for work?

↓ No
 Yes → **GO TO question 47 on page 16.**

46. Do you intend to look for work within the next 5 years?

- No
 Yes
 I don't know

47. When did you last work, even for a few days?

- Never worked for pay → **GO TO question 58 on page 17.**
- Over 12 months ago → **GO TO question 51.**
- Within the past 12 months

48. During the past 12 months (52 weeks), how many weeks did you work, including paid vacation, paid sick leave, and military service? (Mark one.)

- 50 to 52 weeks
- 48 to 49 weeks
- 40 to 47 weeks
- 27 to 39 weeks
- 14 to 26 weeks
- 13 weeks or less

49. During the past 12 months, in the weeks you worked, how many hours did you usually work each WEEK?

Usual hours worked each WEEK:

50. Which category best fits your earnings from wages, salary, commissions, bonuses or tips, from all jobs over the past 12 months? (Mark one.)

Report amount before deductions for taxes, bonds, dues, or other items.

- \$0 to \$10,000
- \$10,001 to \$20,000
- \$20,001 to \$30,000
- \$30,001 to \$40,000
- \$40,001 to \$50,000
- \$50,001 to \$60,000
- \$60,001 to \$75,000
- \$75,001 to \$150,000
- \$150,001 or more

51. For the next few questions, please describe your chief job activity or business last week.

If you had more than one job, describe the one at which you worked the most hours. If you had no job or business last week, give information for your last job or business.

In your current or last job, which one of the following were you? (Mark one.)

- An employee of a private for-profit company or business, or of an individual, for wages, salary, or commissions
- An employee of a private not-for-profit, tax-exempt, or charitable organization
- A local government employee (city, county, etc.)
- A state government employee
- A Federal government employee
- Self-employed in own business, professional practice, or farm
- Working without pay in family business or farm

52. For whom did you work?

- If now on active duty in the Armed Forces, mark (X) this box and print the branch of the Armed Forces below. All others, enter name of company, business, or other employer below.*

Name of company, business, or other employer:

53. What kind of business or industry was this?

(For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)


54. What kind of work were you doing?

(For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

55. What were your most important activities or duties?

(For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

56. What kind of position did you hold? (Mark one.)


- Permanent  **GO TO question 58.**
- Temporary with no set end date
- Temporary with set end date

57. Would you have preferred to work at a permanent job?

- No
- Yes

Background

58. Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? (Mark one.)

- No, never served in the military  **GO TO question 60.**

- Yes, but only on active duty for training in the Reserve or National Guard
- Yes, on active duty now or in past

59. Have you served on active duty since September 2001?

- No
- Yes

60. Do you speak a language other than English at home?

- No  **GO TO question 62.**
- Yes

61. How well do you speak English? (Mark one.)

- Very well
- Well
- Not well
- Not at all

62. Are you male or female?

- Male
- Female

63. How old are you?

 years old

64. Are you of Hispanic or Latino origin?

- No
- Yes

65. What is your race? Choose one or more.

- White
- Black or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander

**66. What is your current marital or partner status?
(Mark one.)**

- Married
- In a registered domestic partnership or civil union
- Living with a partner
- Widowed, divorced, or separated
- Never married

Thank you.

Please return this questionnaire in the postage-paid envelope provided. If you have lost the envelope, mail the completed questionnaire to:

**National Household Education Survey
[RETURN ADDRESS HERE]**

Commonly Asked Questions

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A: You were randomly selected from lists of people who have obtained work-related credentials. The sample was designed to represent people who have many different kinds of education, training, and jobs. Even if you don't currently have a work-related credential or aren't currently working, it's still important that you participate so all kinds of people are represented.

Q: Why should I participate? Do I have to do this?

A: Your answers are very important to the success of this study. You represent other adults like yourself, and you cannot be replaced. This survey is voluntary. You may choose not to answer any or all questions in this survey, but in order for the survey to be representative, it is important that you complete and return it. Those who do not return the survey will not be represented in statistics used by policymakers and researchers. There are no penalties should you choose not to participate in the study.

Q: Will the information I provide be kept confidential? Will my privacy be protected?

A: Yes. Your responses will be combined with those from other adults to produce statistical summaries about education and training in the United States. Your individual data will not be reported. Your answers may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 USC § 9573).

Q: How will my response help the Federal Government?

A: The U.S. Departments of Education and Labor want to understand how adults acquire and maintain the skills they need for work. This survey is the only way these Departments can learn about the education and training that adults receive from schools, employers, and other training sponsors. The survey will allow policymakers and researchers to better understand the demand for education and training programs, and can help direct national policy in these areas. Your responses will be combined with others to inform educators, policy makers, and schools about how adults in the U.S. learn the skills needed for work.

Q: Who is sponsoring this study?

A: The National Center for Education Statistics (NCES), within the U.S. Department of Education, is authorized to conduct this study (20 USC § 9543). The U.S. Census Bureau is conducting this survey on behalf of NCES. This study has been approved by the Office of Management and Budget (OMB), the office that reviews all federally sponsored surveys. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB approval number assigned to this study is 1850-0803. You may send any comments about this survey, including its length, to the Federal Government. Write to: Lisa Hudson, National Center for Education Statistics, U.S. Department of Education, 1990 K Street NW, Washington, DC 20006-5650.

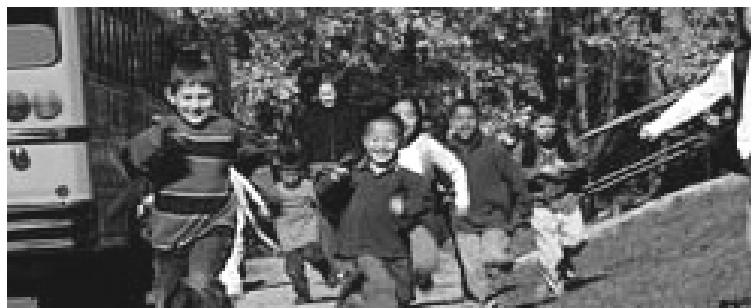
Q: What if I have other questions?

A: If you have any questions about the study, you may send e-mail to xxxx@census.gov or you may call the Census Bureau toll-free at 1-800-xxx-xxxx.

C.5 After-School Programs and Activities Survey (ASPA) version A

The National Household Education Survey

A Survey about Students' After-School Activities



Thank you for helping us with this survey. Based on the information we received from your household in your last survey, we're asking you to complete this final step.

Conducted by

UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau

Instructions

- ◆ In response to the survey you answered earlier, we recorded that the child/youth listed below attends school. If this child is homeschooled instead of attending public or private school, or if this child has not yet started kindergarten, please call us at the toll-free number below so we can be sure you received the correct survey.

- ◆ These questions should be filled in by a parent or guardian who knows about:

Please answer all the survey questions thinking about this child or youth.

- ◆ To answer a question, simply mark the box that best represents your answer.
 - ◆ Please use a black or blue pen, if available, to complete this survey.
 - ◆ If this questionnaire has been sent to the wrong household or the child/youth listed above does not live here, please call to let us know.
 - ◆ Our toll-free number is 1-888-XXX-XXXX.
-
-

We are authorized to collect this information by Section 9543, 20 U.S. Code. You do not have to provide the information requested. However, the information you provide will help the Department of Education's ongoing efforts to learn more about the educational experiences of children and families. There are no penalties should you choose not to participate in this study. Your answers may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (Section 9573, 20 U.S. Code). Your responses will be combined with those from other participants to produce summary statistics and reports.

This survey is estimated to take an average of 20 minutes, including time for reviewing instructions, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Sarah Carroll, National Center for Education Statistics, U.S. Department of Education, 1990 K Street NW, Washington, DC 20006-5650. Do not return the completed form to this address.


1. Child's Schooling

- ▶ Thank you for your help with the previous survey your household completed.
- ▶ Answer all the survey questions thinking about the child listed below:

1. What is this child's current grade or year of school?

If this child is not assigned a specific grade, mark or write the grade he/she would be in at a school with regular grades.

Child has not yet started kindergarten

 **Please STOP now and call 1-888-XXX-XXXX.**

Full-day kindergarten

Partial-day kindergarten

grade (1 through 12)

2. Is this child homeschooled instead of going to a public or private school for some classes or subjects?

No

Yes – For how many hours each week does this child attend a public or private school?

3. What type of school does this child attend?

Private, Catholic

Private, religious but not Catholic

Private, not religious

GO TO question 6

 Public school

4. Is it his/her regularly assigned school?

No

Yes

5. Is this school a charter school?

No

Yes

6. How much do you agree or disagree with the following statement:

"This child enjoys school."

Strongly agree

Agree

Disagree

Strongly disagree

7. Please tell us about this child's grades during this school year. Overall, across all subjects, what grades does this child get?

Mostly A's

Mostly B's

Mostly C's

Mostly D's and lower

This child's school does not give these grades

8. Since the beginning of this school year, how many times have any of this child's teachers or school staff contacted your household about...

Write '0' if none.

Number

a. Behavior problems this child is having in school.....

b. Problems this child is having with school work.....

c. Very good behavior

d. Very good school work

9. Since the beginning of this school year, how many days has this child been absent from school?

days

10. Since starting kindergarten, has this child repeated any grades?

No  **GO TO question 12**

 Yes

11. What grade or grades did he/she repeat?

Mark all that apply.

Elementary through Middle school

- Kindergarten
- First grade
- Second grade
- Third grade
- Fourth grade
- Fifth grade
- Sixth grade
- Seventh grade
- Eighth grade

High school

- Ninth grade - *freshman*
- Tenth grade - *sophomore*
- Eleventh grade - *junior*
- Twelfth grade - *senior*

12. Has this child ever had the following experiences?

Mark ONE box for each item below.

- | | No | Yes |
|--|--------------------------|--------------------------|
| | ▼ | ▼ |
| a. An out-of-school suspension | <input type="checkbox"/> | <input type="checkbox"/> |
| b. An in-school suspension not counting detentions | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Been expelled from school | <input type="checkbox"/> | <input type="checkbox"/> |

13. How far do you expect this child to go in his/her education?

Mark ONE only.

- Complete less than a high school diploma
- Graduate from high school
- Attend a vocational or technical school after high school
- Attend two or more years of college
- Earn a bachelor's degree
- Earn a graduate degree or professional degree beyond a bachelor's

14. How would you describe his/her work at school?

Mark ONE only.

- Excellent
- Above average
- Average
- Below average
- Failing

2. Choosing After-School Arrangements

Children spend their after-school time in many different ways. Some children are with parents or relatives after-school, some care for themselves, and others attend a supervised care program or participate in clubs, lessons, sports or other organized activities. After-school hours are the hours after the child is finished with school before 8pm.

These next questions ask about what is important to your family when deciding how this child spends his or her time after-school.

15. Do you feel there are good choices for after-school care, programs, or activities where you live?

- No
- Yes
- Don't know

16. Does your child's school or your local community provide information about after-school care, programs, or activities where you live?

- No
- Yes
- Don't know

17. Have you looked for information about after-school care, programs, or activities for your child?

- No
- Yes

18. How satisfied are you with the actual after-school care, programs, and activities available to you in your community?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied

19. Is this child's parent with him or her each day when this child finishes school until 8pm?

- No
- Yes

20. Not counting times when an adult is at home and this child is outside playing, is this child responsible for him or herself each day for 30 minutes or more after school?

- No
- Yes

21. This school year, does this child attend a supervised care program, or participate in clubs, lessons, sports or other organized activities during after-school hours?

- No  **GO TO question 25**
- Yes



Continue with question 22 on the next page.

22. How important was each of the following reasons when your family was making decisions about where this child spends after-school hours until 8pm?

Mark ONE box for each line.

	Not at all important	A little important	Somewhat important	Very important	Not applicable
a. A convenient location.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Cost.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Adult supervision.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. A safe environment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. A nurturing environment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Child is cared for by someone your family knows.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Transportation to and from the care, program, or activity.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. All of your children can be at the same place.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. The hours and schedule are convenient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Quality of facilities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. The provider is licensed or accredited.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Ability of someone to speak child or family's first language.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Ability of someone to care for child's special needs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Adequate number of staff.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. No other care/programs available.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Other than the reasons on the previous page, how important was each of the following reasons when your family was making decisions about where this child spends after-school hours until 8pm?

Mark ONE box for each line.

	Not at all important	A little important	Somewhat important	Very important	Not applicable
a. Child enjoys it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Child spends time with other kids his/her age.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Child spends time with family.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cultural diversity of the children.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Provides music, art, and culture.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Provides access to computers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Provides math and science activities ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Provides academic support/tutoring.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Provides help for this child to learn English.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Provides help for this child to learn another language.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Provides reading activities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Provides physical activities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Provides mentors or role models.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. You or your family like the staff.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Religious affiliation of program.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. Other than the reasons listed above, were there any other reasons your family considered when making decisions about where this child spends after-school hours until 8pm?

25. Last week, where was this child during after school hours until 8pm?

For each day of the week below, mark the box that corresponds to the location where this child spent at least 30 minutes after school hours. Mark all that apply.

If last week this child missed his or her regular activities, please answer about the most recent typical week.

Child spends at least 30 minutes...

	Monday	Tuesday	Wednesday	Thursday	Friday
a. At this child's home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. At another home, including relative or care provider's home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. At this child's school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. At a community center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. At a day-care or after-school care center located in its own building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. At a college or university	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. At a library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. At a church, synagogue, temple, or other place of worship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. At a parent or guardian's workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. At another location not listed, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. Last week, who looked after this child during after school hours until 8pm?

For each day of the week, mark the box with the individual who typically looked after this child after school for at least 30 minutes. Mark all that apply.

If last week this child missed his or her regular activities, please answer about the most recent typical week.

Child spends at least 30 minutes with...	Monday	Tuesday	Wednesday	Thursday	Friday
a. Mother (birth, adoptive, step, or foster)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Father (birth, adoptive, step, or foster)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Grandmother or grandfather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Aunt or uncle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Another relative not listed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Child takes care of him/herself for more than 30 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. A nanny, babysitter, or another person not related to the child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. An adult staff person at a formal after-school program or center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. An adult at an organized club, sports or activity (e.g., coach, art teacher)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. Last week, which of the following activities did this child do during after school hours until 8pm, if any?

For each day of the week, mark the box if this child typically participated in the listed activity. Mark all that apply.

If last week this child missed his or her regular activities, please answer about the most recent typical week.

	Monday	Tuesday	Wednesday	Thursday	Friday
a. Homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Receiving tutoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Reading or writing for fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Mathematics, like math labs or math clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Science, like science labs or science clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Engineering or technology, like computer programming or robotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Music, like lessons, band, or chorus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Arts, like drawing, painting, performing, or dance lessons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. School clubs, like yearbook, chess or debate team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Community activities, like 4-H and Scouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Volunteering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. A religious activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. Last week, which of the following activities did this child do during after school hours until 8pm, if any?

For each day of the week, mark the box if this child typically participated in the listed activity. Mark all that apply.

If last week this child missed his or her regular activities, please answer about the most recent typical week.

	Monday	Tuesday	Wednesday	Thursday	Friday
a. Sports (team or individual)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical activities, like jumping rope, biking, dancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Other playing outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Playing indoors, like playing board games and playing with toys inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Socializing with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Watching TV or movies (includes things like, online streaming, Netflix, VHS, DVD, or Blu-ray)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Playing video games, like computer games and games for Xbox, Wii, and PlayStation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Using a smartphone, computer, or tablet, for Facebook, Twitter, Instagram, or Internet browsing (Does not include computer games and homework)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Working at a job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Chores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Taking care of a sibling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Another activity not listed, Specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Formal After-School Programs

The Department of Education would like to know more information about formal after-school programs that children attend. These are programs that provide supervision and structured activities. These programs are usually held in a school or a center, and are different from individual activities like sports, scouts, clubs, or special lessons.

29. Is this child now attending an after-school program at a school or in a center, either on a scheduled or a drop-in basis, at least once each week?

No

Yes → **GO TO question 33**

30. In the past year, have you tried to enroll this child in an after-school program either at your child's school or at another location?

No

Yes

31. What is the main reason you did not enroll this child in an after-school program in a school or center?

Mark ONE box

- Child did not need to be in a program
- Child was not eligible because of grades
- Child was not eligible because of age
- Hours of the program(s) do not fit family's needs
- Program(s) are too expensive
- Program(s) were at capacity/full
- Poor program quality
- Staff does not speak child's primary language
- Transportation was unavailable
- Program(s) not available where I live
- Other reason not to enroll this child
Specify: _____

GO TO question 47

32. If you answered **No** to question 29, GO TO question 47, otherwise continue with question 33.

33. How many different formal after-school programs does this child attend?

One

Two

Three or more

34. How many hours **each week** does this child spend at formal after-school program(s) or center(s) after school, before 8pm?

hours each week

35. These next questions ask about the after-school program where this child spends the most time.

Is there any charge or fee for this program, paid either by you or some other person or agency?

GO TO question 39

No →

Yes

36. Do any of the following people, programs, or organizations help pay for this child to go to this program?

Mark ONE box for each item below.

- | | No
▼ | Yes
▼ |
|---|--------------------------|--------------------------|
| a. A friend or relative of this child outside your household who provides money <u>specifically</u> for that program, not including general child support | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Temporary Assistance for Needy Families, or TANF... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Another social service, welfare, or child care agency | <input type="checkbox"/> | <input type="checkbox"/> |
| d. An employer, not including a tax-free spending account for child care..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Someone else | <input type="checkbox"/> | <input type="checkbox"/> |

37. How much does your household pay for this child to go to this program, not counting any money that you may receive from others to help pay for care?

Write '0' if your household does not pay for this program.

\$.00

Is that amount per...

- Hour
- Day
- Week
- Month
- Year
- Every 2 weeks
- Other **→** Specify:

38. How many children from your household is this amount for, including this child?

- Do not pay for program
- This child only
- 2 children
- 3 children
- 4 children
- 5 or more children

39. How many years/months has this child been attending this program?

years months

40. How often do you or another adult in your family talk to a staff member at this program?

- Less than once a month
- Once or twice a month
- Once or twice a week
- Three or more times a week

41. How would you rate the overall quality of this program?

- Best I can imagine
- Better than I expected
- Good
- Not as good as I expected
- Not good enough

42. How does this child get to the after-school program?

- Does not need transportation
- Parent drives
- Friend or relative drives
- Activity bus
- Public transportation
- Other **→** Specify:

43. Is this program run by his or her school?

- No
- Yes

44. How many programs does this child participate in that are run by his or her school?

- None
- One
- Two
- Three or more

45. How many hours each weekend does this child spend at formal after-school program(s) or center(s)?

hours each weekend

46. Last summer, did this child participate in any school or center-based programs, at least once each week for at least 4 weeks?

- No
- Yes
- Don't know or can't remember

4. Organized After-School Activities

The following questions ask about organized clubs or activities that this child might participate in outside of school hours that are not part of a formal after-school program. These might include activities such as organized sports, music lessons, scouts, or religious education.

47. Is this child participating in any organized clubs or activities after school at least once each week?

- No **➔** GO TO question 60
- Yes

48. How many hours each week does this child participate in activities or lessons after-school, before 8pm?

hours each week

49. Does this child's participation in these activities help to cover the hours when you need adult supervision for him/her?

- No
- Yes

50. Is there any charge or fee for these activities, paid either by you or some other person or agency?

- No **➔** GO TO question 54
- Yes

51. Do any of the following people, programs, or organizations help pay for this child to go to these activities?

Mark ONE box for each item below

- | | No
▼ | Yes
▼ |
|---|--------------------------|--------------------------|
| a. A friend or relative of this child outside your household who provides money <u>specifically</u> for the activities, not including general child support | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Temporary Assistance for Needy Families, or TANF | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Another social service, welfare, or child care agency ... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. An employer, not including a tax-free spending account for child care | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Someone else | <input type="checkbox"/> | <input type="checkbox"/> |

52. How much does your household pay for this child to participate in organized activities, not counting any money that you may receive from others to help pay for the activities?

Write '0' if your household does not pay for these activities.

↙ \$.00

Is that amount per...

- Hour
- Day
- Week
- Month
- Year
- Every 2 weeks
- Other **➔** Specify:


53. How many children from your household is this amount for, including this child?

- Do not pay for activities
- This child only
- 2 children
- 3 children
- 4 children
- 5 or more children

54. How many years/months has this child been participating in organized activities after-school?

years months

55. How does this child get to the activities?

- Does not need transportation
- Parent drives
- Friend or relative drives
- Activity bus
- Public transportation
- Other  Specify:

56. How many activities does this child participate in that are run by his or her school?

- None
- One
- Two
- Three or more

57. How often do you or another adult in your family talk to a coach, supervisor, or staff member at this child's after-school activities?

- Less than once a month
- Once or twice a month
- Once or twice a week
- Three or more times a week

58. How many hours each weekend does this child participate in activities or lessons?

hours each weekend

59. Last summer, did this child participate in any organized clubs or activities, at least once each week for at least 4 weeks?

- No
- Yes
- Don't know or can't remember

5. Other Arrangements

60. How many hours each week is this child looked after by a relative other than this child's parent (e.g. grandparent, brother, sister, or other relative) after school until 8pm?

Write 0 if child was not looked after by a relative.

hours each week

61. How many hours each week is this child responsible for himself/herself for 30 minutes or more at a time after school until 8pm?

Write 0 if child is never responsible for him or herself for more than 30 minutes at a time.

hours each week

62. How many hours each week is this child looked after by a nanny, babysitter, or another person not related to the child, after school until 8pm?

Write 0 if child was not looked after by someone not related him or her.

hours each week

63. Last week, what time did this child's school day end?

:

AM

PM

64. Last week, what time was this child's bedtime during the school week?

:

AM

PM

6. Child's Health

65. In general, how would you describe this child's health?

- Excellent
- Very good
- Good
- Fair
- Poor

66. Has a health or education professional told you that this child has any of the following conditions?

Mark all that apply.

- A specific learning disability
- An intellectual disability (mental retardation)
- A speech or language impairment
- A serious emotional disturbance
- Deafness or another hearing impairment
- Blindness or another visual impairment not corrected with glasses
- An orthopedic impairment
- Autism
- Pervasive Developmental Disorder (PDD)
- Attention Deficit Disorder, ADD or ADHD
- A developmental delay
- Traumatic brain injury
- Another health impairment lasting 6 months or more

67. Did you mark any condition in question 66?

No →

GO TO question 75

↙ Yes

68. Is this child receiving services for his/her condition?

No →

GO TO question 74

↙ Yes

69. Are any of these services provided through an Individualized Education Program (IEP)?

- No
- Yes

70. Are any of these services provided during after-school hours?

No →

GO TO question 74

Yes

71. Who mainly provides services for this child after-school?

Mark ONE box for each item below.

- | | No
▼ | Yes
▼ |
|--|--------------------------|--------------------------|
| a. Your local school district | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A state or local health or social service agency | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A community center or organization..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A private doctor, clinic, or other health care provider | <input type="checkbox"/> | <input type="checkbox"/> |

72. Where does this child typically receive services during after-school hours?

- At this child's home
- At another private home
- At this child's school
- At an after-school center
- At a hospital, doctor's office, or clinic
- Someplace else

73. During this school year, how satisfied or dissatisfied have you been with the services this child receives during after-school hours?

a. The service provider's communication with your family?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied
- Does not apply

b. The child's service provider?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied
- Does not apply

c. The service provider's ability to accommodate the child's special needs?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied
- Does not apply

d. The service provider's commitment to help your child learn?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied
- Does not apply

74. Does this child's condition interfere with his/her ability to do any of the following things?

Mark ONE box for each item below.

Child no longer has condition

	No	Yes
	▼	▼
a. Learn.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Participate in sports, clubs, or other organized activities.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Attend school on a regular basis.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Make friends.....	<input type="checkbox"/>	<input type="checkbox"/>

► **Continue with question 75 on the next page.**

7. Child's Background

75. In what month and year was this child born?

/

month year

76. Where was this child born?

One of the 50 United States or the District of Columbia
 **GO TO question 78**

One of the U.S. territories
(Puerto Rico, Guam, American Samoa,
U.S. Virgin Islands, or Mariana Islands)

Another country

77. How old was this child when he/she first moved to the 50 United States or the District of Columbia?

age

78. Is this child of Spanish, Hispanic, or Latino origin?

- No
- Yes

79. What is this child's race? You may mark one or more races.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

80. What is this child's sex?

- Male
- Female

81. Does this child split his or her time between two households, for example, because of a joint custody arrangement?

Do not include vacation properties.

- No
- Yes

82. What language does this child speak most at home?

Mark ONE only.

- Child is not able to speak
- English
- Spanish
- A language other than English or Spanish
- English and Spanish equally
- English and another language equally

GO TO question 84

83. Is this child currently enrolled in English as a second language, bilingual education, or an English immersion program?

- No
- Yes

► Continue with section 8, on the next page.

8. Child's Family

PARENT 1 LIVING IN HOUSEHOLD

Answer questions 84 to 105 about yourself if you are the child's parent or guardian.

If you are not the child's parent or guardian, answer questions 84 to 105 about one of this child's parents or guardians living in the household.

84. Is this parent or guardian the child's...


- Biological parent
- Adoptive parent
- Stepparent
- Foster parent
- Grandparent
- Other guardian

85. Is this person male or female?


- Male
- Female

86. What is this person's current marital status?

Mark ONE only.

- Now married  **GO TO question 89**
- Widowed
- Divorced
- Separated
- Never Married

87. Is this person currently living with a boyfriend/girlfriend or partner in this household?


- No  **GO TO question 89**
- Yes

88. Is this person currently in a registered domestic partnership or civil union?

- No
- Yes


89. What was the first language this parent or guardian learned to speak?

Mark ONE only.

- English  **GO TO question 92**
- Spanish
- A language other than English or Spanish
- English and Spanish equally
- English and another language equally

90. What language does this person speak most at home now?

Mark ONE only.

- English  **GO TO question 92**
- Spanish
- A language other than English or Spanish
- English and Spanish equally
- English and another language equally

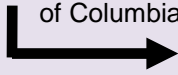
91. How difficult is it for this person to participate in activities at this child's school because he/she speaks a language other than English?

- Very difficult
- Somewhat difficult
- Not at all difficult

► Continue with question 92 on the next page.

92. Where was this parent or guardian born?

One of the 50 United States or the District of Columbia



GO TO question 94

One of the U.S. territories
(*Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, or Mariana Islands*)

Another country

93. How old was this person when he or she first moved to the 50 United States or the District of Columbia?

--	--

age

94. Is this person of Spanish, Hispanic, or Latino origin?

No

Yes

95. What is this person's race? You may mark one or more races.

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

96. What is the highest grade or level of school that this parent or guardian completed?

Mark *ONE* only.

8th grade or less

High school, but no diploma

High school diploma or equivalent (GED)

Vocational diploma after high school

Some college, but no degree

Associate's degree (AA, AS)

Bachelor's degree (BA, BS)

Some graduate or professional education, but no degree

Master's degree (MA, MS)

Doctorate degree (PhD, EdD)

Professional degree beyond bachelor's degree (MD, DDS, JD, LLB)

97. Is he or she currently attending or enrolled in a school, college, university, or adult learning center, or receiving vocational education or job training?

No

Yes

98. Which of the following best describes this person's employment status?

Mark *ONE* only.

Employed for pay or income

Self-employed

Unemployed or out of work



GO TO question 101

Full-time student

Stay at home parent

Retired

Disabled or unable to work



GO TO question 102

99. (If employed or self-employed) Does he or she mostly work a regular day shift, regular shift other than during the day, variable shifts or works when work is available?

Mark ONE only.

- Regular day shift most of the hours between 6 am to 6 pm
- A regular shift at times other than between 6 am and 6 pm
- A variable shift-one that changes from days to evenings or nights
- Where he/she chooses their own hours
- Works when work is available

100. About how many hours per week does he or she usually work for pay or income, counting all jobs?

--	--

hours



GO TO question 102

101. (If unemployed or out of work) Has this parent or guardian been actively looking for work in the past 4 weeks?

- No
- Yes

102. In the past 12 months, how many months (if any) has this person worked for pay or income?

--	--

Months

103. Have this child's after-school care needs influenced this person's choice of job or work schedule in any way?

- No
- Yes

104. How old is this person?

--	--

age

105. How old was this person when he or she first became a parent to any child?

--	--

age

- Don't know

► **Continue with question 106 on the next page.**

PARENT 2 LIVING IN HOUSEHOLD

Answer questions 106 to 128 about a second parent or guardian living in the household.

106. Is there a second parent or guardian living in this household?

No → **GO TO question 129**

Yes

107. Is this person the child's...

- Biological parent
- Adoptive parent
- Stepparent
- Foster parent
- Grandparent
- Other guardian

108. Is this person male or female?

- Male
- Female

109. What is their current marital status?

Mark ONE only.

Now married → **GO TO question 112**

- Widowed
- Divorced
- Separated
- Never Married

110. Is this person currently living with a boyfriend/girlfriend or partner in this household?

No → **GO TO question 112**

Yes

111. Is this person currently in a registered domestic partnership or civil union?

- No
- Yes

112. What was the first language this parent or guardian learned to speak?

Mark ONE only.

English → **GO TO question 115**

- Spanish
- A language other than English or Spanish
- English and Spanish equally
- English and another language equally

113. What language does this person speak most at home now?

Mark ONE only.

English → **GO TO question 115**

- Spanish
- A language other than English or Spanish
- English and Spanish equally
- English and another language equally

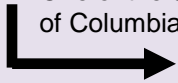
114. How difficult is it for this person to participate in activities at this child's school because he/she speaks a language other than English?

- Very difficult
- Somewhat difficult
- Not at all difficult

▶ Continue with question 115 on the next page.

115. Where was this parent or guardian born?

One of the 50 United States or the District of Columbia



GO TO question 117

One of the U.S. territories
(Puerto Rico, Guam, American Samoa,
U.S. Virgin Islands, or Mariana Islands)

Another country

116. How old was this person when he or she first moved to the 50 United States or the District of Columbia?

--	--

age

117. Is this person of Spanish, Hispanic, or Latino origin?

No

Yes

118. What is this person's race? You may mark one or more races.

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

119. What is the highest grade or level of school that this parent or guardian completed?

Mark [X] *ONE* only.

8th grade or less

High school, but no diploma

High school diploma or equivalent (GED)

Vocational diploma after high school

Some college, but no degree

Associate's degree (AA, AS)

Bachelor's degree (BA, BS)

Some graduate or professional education,
but no degree

Master's degree (MA, MS)

Doctorate degree (PhD, EdD)

Professional degree beyond bachelor's
degree (MD, DDS, JD, LLB)

120. Is he or she currently attending or enrolled in a school, college, university, or adult learning center, or receiving vocational education or job training?

No

Yes

121. Which of the following best describes this person's employment status?

Mark *ONE* only.

Employed for pay or income

Self-employed

Unemployed or
out of work



GO TO question 124

Full-time student

Stay at home
parent

Retired

Disabled or
unable to work

GO TO question 125

122. (If employed or self-employed) Does he or she mostly work a regular day shift, regular shift other than during the day, variable shifts or works when work is available?

Mark ONE only.

- Regular day shift most of the hours between 6 am to 6 pm
- A regular shift at times other than between 6 am and 6 pm
- A variable shift-one that changes from days to evenings or nights
- Where he/she chooses their own hours
- Works when work is available

123. About how many hours per week does he or she usually work for pay or income, counting all jobs?

--	--

hours



GO TO question 125

124. (If unemployed or out of work) Has this parent or guardian been actively looking for work in the past 4 weeks?

- No
- Yes

125. In the past 12 months, how many months (if any) has this person worked for pay or income?

--	--

Months

126. Have this child's after-school care needs influenced this person's choice of job or work schedule in any way?

- No
- Yes

127. How old is this person?

--	--

age

128. How old was this person when he or she first became a parent to any child?

--	--

age

- Don't know

► **Continue with section 9, question 129 on the next page.**

9. Your Household

129. How many of the following people live in this household with this child?

Do not include this child in your answer

Example: Brother(s)

Write '0' if none.

This child's....	Number
a. Parent(s).....	<input type="checkbox"/>
b. Brother(s).....	<input type="checkbox"/>
c. Sister(s).....	<input type="checkbox"/>
d. Aunt(s).....	<input type="checkbox"/>
e. Uncle(s).....	<input type="checkbox"/>
f. Grandmother(s)	<input type="checkbox"/>
g. Grandfather(s)...	<input type="checkbox"/>
h. Cousin(s).....	<input type="checkbox"/>
i. Parent's girlfriend/ boyfriend/ partner	<input type="checkbox"/>
j. Other relative(s)...	<input type="checkbox"/>
k. Other non- relative(s).....	<input type="checkbox"/>

130. Enter the total number of people living in this household with this child. (This number should be equal to the sum of a through k above).

Do not include this child in your answer

131. How are you related to this child?

Mark *ONE* only.

- Mother (*birth, adoptive, step, or foster*)
- Father (*birth, adoptive, step, or foster*)
- Aunt
- Uncle
- Grandmother
- Grandfather
- Parent's girlfriend/ boyfriend/ partner
- Other relationship – Specify:

132. Which language(s) are spoken at home by the adults in this household?

Mark *all that apply*.

- English
- Spanish or Spanish Creole
- French (including Patois, Creole, Cajun)
- Chinese
- Other languages – Specify:

► **Continue with question 133 on the next page.**

133. In the past 12 months, did your family ever receive benefits from any of the following programs?

Mark ONE box for each item below.

- | | No
▼ | Yes
▼ |
|--|--------------------------|--------------------------|
| a. Temporary Assistance for Needy Families, or TANF | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Your state welfare or family assistance program..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Women, Infants, and Children, or WIC | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Food Stamps or Supplemental Nutrition Assistance Program (SNAP) | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Medicaid..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Child Health Insurance Program (CHIP) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Section 8 housing assistance | <input type="checkbox"/> | <input type="checkbox"/> |

134. Which category best fits the total income of all persons in your household over the past 12 months?

Include your own income.

Include money from jobs or other earnings, pensions, interest, rent, Social Security payments, and so on.

- \$0 to \$10,000
- \$10,001 to \$20,000
- \$20,001 to \$30,000
- \$30,001 to \$40,000
- \$40,001 to \$50,000
- \$50,001 to \$60,000
- \$60,001 to \$75,000
- \$75,001 to \$100,000
- \$100,001 to \$150,000
- \$150,001 or more

135. How many years have you lived at this address?

Write '0' if less than 1 year.

years at this address

136. Is this house...

Mark ONE only.

- Owned or being bought by someone in this household,
- Rented by someone in this household, or
- Occupied by some other arrangement?

137. Other than this address, does anyone in this household currently receive mail at another address including P.O. Boxes?

- No
- Yes

138. Do you have access to the internet at this address?

- No
- Yes

139. Is there at least one telephone inside this home that is currently working and not a cell phone?

- No
- Yes

140. Do you have a working cell phone?

- No
- Yes

► **Continue with question 141 on the next page.**

141. We would like to identify this child's school so we can include information about the school in our study.

Using the list of schools below, mark the box next to the school this child attends. If this child's school is not in this list, GO TO question 142.

	School Name ▼	Address ▼	City ▼
<input type="checkbox"/>	{SCHOOL 1 UP TO ~40 CHARACTERS}	{ADDRESS 1 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 2 UP TO ~40 CHARACTERS}	{ADDRESS 2 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 3 UP TO ~40 CHARACTERS}	{ADDRESS 3 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 4 UP TO ~40 CHARACTERS}	{ADDRESS 4 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 5 UP TO ~40 CHARACTERS}	{ADDRESS 5 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 6 UP TO ~40 CHARACTERS}	{ADDRESS 6 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 7 UP TO ~40 CHARACTERS}	{ADDRESS 7 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 8 UP TO ~40 CHARACTERS}	{ADDRESS 8 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 9 UP TO ~40 CHARACTERS}	{ADDRESS 9 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 10 UP TO ~40 CHARACTERS}	{ADDRESS 10 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 11 UP TO ~40 CHARACTERS}	{ADDRESS 11 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 12 UP TO ~40 CHARACTERS}	{ADDRESS 12 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 13 UP TO ~40 CHARACTERS}	{ADDRESS 13 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 14 UP TO ~40 CHARACTERS}	{ADDRESS 14 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 15 UP TO ~40 CHARACTERS}	{ADDRESS 15 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}



If you found and marked this child's school in the list provided in question 141, then **SKIP** this question and return your survey in the postage-paid envelope. Otherwise, continue with question 142.

142. To help us identify the school this child attends, write the name and address of this child's school in the spaces below.

Please use block or capital letters, for example:

S C H O O L

a. School name

SCHOOL NAME

b. School street address

NUMBER AND STREET ADDRESS

c. School city

CITY

d. School state

STATE

e. School zip code

ZIP

Thank you.

Please return this questionnaire in the postage-paid envelope provided. If you have lost the envelope, mail the completed questionnaire to:

**National Household Education Survey
[RETURN ADDRESS HERE]**

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Commonly Asked Questions

Q: How did you get my address?

A: Your address was randomly selected from among all of the home addresses in the nation. It was selected using scientific sampling methods to represent other households in the United States.

Q: How did you get my child's name and grade?

A: When you returned the initial National Household Education Survey to us, we randomly chose one child to ask additional questions about. We are interested in understanding your child's experiences with after-school activities.

Q: Why should I take part in this study? Do I have to do this?

A: You represent thousands of other households like yours, and you cannot be replaced. Your answers and opinions are very important to the success of this study. You may choose not to answer any or all questions in this survey. In order for the survey to be representative, it is important that you complete and return this questionnaire. Those who do not return the survey will not be represented in key statistics used by policymakers and researchers.

Q: How will the information I provide be used? Will my privacy be protected?

A: Your responses will be combined with those of others to produce statistical summaries and reports. Your individual data will not be reported. Your answers may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (Section 9573, 20 U.S. Code).

Q: I have more than one child in my household. Will I receive additional surveys for the other children in my household?

A: No, each household will receive a survey for only one child, even if there are multiple children living in the household. In households with multiple children, one child was randomly selected to be included in the study.

Q: How will my response help the Department of Education?

A: The Department of Education wants to understand the condition of education in the United States. This survey is the only way that the Department of Education can learn about schooling from your perspective. Your responses will be combined with those from other households to inform educators, policymakers, schools, and universities about changes in the condition of education in the United States. Reports from past surveys can be found at www.nces.ed.gov/nhes.

Q: Who is sponsoring the study? Is this study conducted by the Federal Government?

A: The National Center for Education Statistics (NCES), within the U.S. Department of Education, is authorized to conduct this study (20 USC § 9543). The U.S. Census Bureau is conducting this survey on behalf of NCES. This study has been approved by the Office of Management and Budget (OMB), the office that reviews all federally sponsored surveys. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB approval number assigned to this study is 1850-0803. You may send any comments about this survey, including its length, to the Federal Government. Write to: Sarah Carroll, National Center for Education Statistics, U.S. Department of Education, 1990 K Street NW, Washington, DC 20006-5650.

C.6 ASPA version B

The National Household Education Survey

A Survey about Students' After-School Activities



Thank you for helping us with this survey. Based on the information we received from your household in your last survey, we're asking you to complete this final step.

Conducted by

UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau

Instructions

- ◆ In response to the survey you answered earlier, we recorded that the child/youth listed below attends school. If this child is homeschooled instead of attending public or private school, or if this child has not yet started kindergarten, please call us at the toll-free number below so we can be sure you received the correct survey.
- ◆ These questions should be filled in by a parent or guardian who knows about:

Please answer all the survey questions thinking about this child or youth.

- ◆ To answer a question, simply mark the box that best represents your answer.
 - ◆ Please use a black or blue pen, if available, to complete this survey.
 - ◆ If this questionnaire has been sent to the wrong household or the child/youth listed above does not live here, please call to let us know.
 - ◆ Our toll-free number is 1-888-XXX-XXXX.
-
-

We are authorized to collect this information by Section 9543, 20 U.S. Code. You do not have to provide the information requested. However, the information you provide will help the Department of Education's ongoing efforts to learn more about the educational experiences of children and families. There are no penalties should you choose not to participate in this study. Your answers may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (Section 9573, 20 U.S. Code). Your responses will be combined with those from other participants to produce summary statistics and reports.

This survey is estimated to take an average of 20 minutes, including time for reviewing instructions, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Sarah Carroll, National Center for Education Statistics, U.S. Department of Education, 1990 K Street NW, Washington, DC 20006-5650. Do not return the completed form to this address.

1. Child's Schooling

- ▶ Thank you for your help with the previous survey your household completed.
- ▶ Answer all the survey questions thinking about the child listed below:

1. What is this child's current grade or year of school?

If this child is not assigned a specific grade, mark or write the grade he/she would be in at a school with regular grades.

Child has not yet started kindergarten



Please STOP now and call 1-888-XXX-XXXX.

Full-day kindergarten

Partial-day kindergarten

grade (1 through 12)

2. Is this child homeschooled instead of going to a public or private school for some classes or subjects?

No

Yes – For how many hours each week does this child attend a public or private school?

3. What type of school does this child attend?

Private, Catholic

Private, religious but not Catholic

Private, not religious

GO TO question 6



Public school

4. Is that his or her regularly assigned school or a school that you chose?

Assigned school

School of choice

Assigned school is school of choice

5. Is this school a charter school?

No

Yes

6. How much do you agree or disagree with the following statement:

“This child enjoys school.”

Strongly agree

Agree

Disagree

Strongly disagree

7. Please tell us about this child's grades during this school year. Overall, across all subjects, what grades does this child get?

Mostly A's

Mostly B's

Mostly C's

Mostly D's and lower

This child's school does not give these grades

8. Since the beginning of this school year, how many times have any of this child's teachers or school staff contacted your household about...

Write '0' if none.

Number

a. Behavior problems this child is having in school.....

b. Problems this child is having with school work.....

c. Very good behavior

d. Very good school work

9. Since the beginning of this school year, how many days has this child been absent from school?

days

10. Since starting kindergarten, has this child repeated any grades?

No  **GO TO question 12**

 Yes

11. What grade or grades did he/she repeat?

Mark all that apply.

Elementary through Middle school

- Kindergarten
- First grade
- Second grade
- Third grade
- Fourth grade
- Fifth grade
- Sixth grade
- Seventh grade
- Eighth grade

High school

- Ninth grade - *freshman*
- Tenth grade - *sophomore*
- Eleventh grade - *junior*
- Twelfth grade - *senior*

12. Has this child ever had the following experiences?

Mark ONE box for each item below.

No Yes
▼ ▼

- a. An out-of-school suspension
- b. An in-school suspension not counting detentions
- c. Been expelled from school

13. How far do you expect this child to go in his/her education?

Mark ONE only.

- Complete less than a high school diploma
- Graduate from high school
- Attend a vocational or technical school after high school
- Attend two or more years of college
- Earn a bachelor's degree
- Earn a graduate degree or professional degree beyond a bachelor's

14. How would you describe his/her work at school?

Mark ONE only.

- Excellent
- Above average
- Average
- Below average
- Failing

2. Choosing After-School Arrangements

Children spend their after-school time in many different ways. Some children are with parents or relatives after-school, some care for themselves, and others attend a supervised care program or participate in clubs, lessons, sports or other organized activities. After-school hours are the hours after the child is finished with school before 8pm.

These next questions ask about what is important to your family when deciding how this child spends his or her time after-school.

15. Do you feel there are good choices for after-school care, programs, or activities where you live?

- No
- Yes
- Don't know

16. Does your child's school or your local community provide information about after-school care, programs, or activities where you live?

- No
- Yes
- Don't know

17. Have you looked for information about after-school care, programs, or activities for your child?

- No
- Yes

18. How satisfied are you with the actual after-school care, programs, and activities available to you in your community?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied

19. Is this child's parent with him or her each day when this child finishes school until 8pm?

- No
- Yes

20. Not counting times when an adult is at home and this child is outside playing, is this child responsible for him or herself each day for 30 minutes or more after school?

- No
- Yes

21. This school year, does this child attend a supervised care program, or participate in clubs, lessons, sports or other organized activities during after-school hours?

- No → **GO TO question 27**
- Yes



Continue with question 22 on the next page.

22. There are many different reasons why parents select after-school care, programs, and activities for their children. Which of the following reasons did you consider when your family was making decisions about this child's after-school hours until 8pm?

Mark all that apply

- | | |
|---|--------------------------|
| a. A convenient location | <input type="checkbox"/> |
| b. Cost | <input type="checkbox"/> |
| c. Adult supervision | <input type="checkbox"/> |
| d. A safe environment | <input type="checkbox"/> |
| e. A nurturing environment | <input type="checkbox"/> |
| f. Child is cared for by someone your family knows | <input type="checkbox"/> |
| g. Transportation to and from the care, program, or activity | <input type="checkbox"/> |
| h. All my children can be at the same place | <input type="checkbox"/> |
| i. The hours and schedule are convenient | <input type="checkbox"/> |
| j. Quality of facilities | <input type="checkbox"/> |
| k. The provider is licensed or accredited | <input type="checkbox"/> |
| l. Ability of someone to speak child or family's first language | <input type="checkbox"/> |
| m. Ability of someone to care for child's special needs | <input type="checkbox"/> |
| n. Adequate number of staff | <input type="checkbox"/> |
| o. No other care/programs available | <input type="checkbox"/> |

23. Of the reasons you marked in question 22, which three would you say were the most important when your family was making decisions about this child's after-school hours until 8pm?

Write the letter from question 22.

1. |__| letter from question 22
2. |__| letter from question 22
3. |__| letter from question 22

24. Other than the reasons on the previous page, which of the following reasons did you consider when your family was making decisions about this child's after-school hours until 8pm?

Mark all that apply

- a. Child enjoys it
- b. Child spends time with other kids his/her age
- c. Child spends time with family
- d. Cultural diversity of the children
- e. Provides music, art, and culture
- f. Provides access to computers
- g. Provides math and science activities
- h. Provides academic support/tutoring
- i. Provides help for this child to learn English
- j. Provides help for this child to learn another language
- k. Provides reading activities
- l. Provides physical activities
- m. Provides mentors or role models
- n. You or your family like the staff
- o. Religious affiliation of program

25. Of the reasons you marked in question 24, which three would you say were the most important when your family was making decisions about this child's after-school hours until 8pm?

Write the letter from question 24.

1. |__| letter from question 24
2. |__| letter from question 24
3. |__| letter from question 24

26. Other than the reasons listed above, were there any other reasons your family considered when making decisions about where this child spends after-school hours until 8pm?

27. Last week, how many days was this child at each location during after school hours until 8pm?

Mark ONE box for each item below. If last week this child missed his or her regular activities, please answer about the most recent typical week

Child spends at least 30 minutes...	0 days	1-2 days	3-4 days	5 or more days
a. At this child's home.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. At another home, including relative or care providers home..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. At this child's school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. At a community center.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. At a day-care or after-school care center located in its own building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. At a college or university.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. At a library.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. At a church, synagogue, temple, or other place of worship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. At a parent or guardian's workplace...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. At another location not listed, specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. Last week, how many days did each person look after this child during after school hours until 8pm?

Mark ONE box for each item below. If last week this child missed his or her regular activities, please answer about the most recent typical week

Child spends at least 30 minutes...	0 days	1-2 days	3-4 days	5 or more days
a. Mother (birth, adoptive, step, or foster).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Father (birth, adoptive, step, or foster).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Grandmother or Grandfather.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Aunt or Uncle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Brother or Sister.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Another relative not listed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Child takes care of him/herself for more than 30 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. A nanny, babysitter, or another person not related to the child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. An adult staff person at a formal after-school program or center.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. An adult at an organized club, sports or activity (e.g., coach, art teacher)...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Last week, how many days did this child participate in the following activities during after school hours until 8pm?

Mark ONE box for each item below. If last week this child missed his or her regular activities, please answer about the most recent typical week

	0 days ▼	1-2 days ▼	3-4 days ▼	5 or more days ▼
a. Homework.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Receiving tutoring ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Reading or writing for fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Mathematics, like math labs or math clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Science, like science labs or science club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Engineering or technology like computer programming or robotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Music, like lessons, band, or chorus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Arts, like drawing, painting, performing, or dance lessons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. School clubs, like yearbook, chess or debate team.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Community activities, like 4-H and scouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Volunteering.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. A religious activity.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. Last week, how many days did this child participate in the following activities during after school hours until 8pm?

Mark ONE box for each item below. If last week this child missed his or her regular activities, please answer about the most recent typical week

	0 days ▼	1-2 days ▼	3-4 days ▼	5 or more days ▼
a. Sports (team or individual).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical activities, like jumping rope, biking, dancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Other playing outdoors.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Playing indoors, like playing board games and playing with toys inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Socializing with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Watching TV or movies (includes things like, online streaming, Netflix, VHS, DVD, or Blu-ray).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Playing video games, like computer games, games for Xbox, Wii, and PlayStation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Using a smart phone, computer, or tablet, for Facebook, Twitter, Instagram, or Internet browsing (Does not include computer games and homework).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Working at a job.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Chores.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Taking care of a sibling...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Another activity not listed, Specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Formal After-School Programs

The Department of Education would like to know more information about formal after-school programs that children attend. These are programs that provide supervision and structured activities. These programs are usually held in a school or a center, and are different from individual activities like sports, scouts, clubs, or special lessons.

31. Is this child now attending an after-school program at a school or in a center, either on a scheduled or a drop-in basis, at least once each week?

No

Yes → **GO TO question 35**

32. In the past year, have you tried to enroll this child in an after-school program either at your child's school or at another location?

No

Yes

33. What is the main reason you did not enroll this child in an after-school program in a school or center?

Mark ONE box

- Child did not need to be in a program
- Child was not eligible because of grades
- Child was not eligible because of age
- Hours of the program(s) do not fit family's needs
- Program(s) are too expensive
- Program(s) were at capacity/full
- Poor program quality
- Staff does not speak child's primary language
- Transportation was unavailable
- Program(s) not available where I live
- Other reason not to enroll this child
Specify: _____

GO TO question 49

34. If you answered **No** to question 31, GO TO question 49, otherwise continue with question 35.

35. How many different formal after-school programs does this child attend?

- One
- Two
- Three or more

36. How many hours each week does this child spend at formal after-school program(s) or center(s) after school, before 8pm?

hours each week

37. These next questions ask about the after-school program where this child spends the most time.

Is there any charge or fee for this program, paid either by you or some other person or agency?

GO TO question 41

No →

Yes

38. Do any of the following people, programs, or organizations help pay for this child to go to this program?

Mark ONE box for each item below.

	No ▼	Yes ▼
a. A friend or relative of this child outside your household who provides money <u>specifically</u> for that program, not including general child support	<input type="checkbox"/>	<input type="checkbox"/>
b. Temporary Assistance for Needy Families, or TANF...	<input type="checkbox"/>	<input type="checkbox"/>
c. Another social service, welfare, or child care agency	<input type="checkbox"/>	<input type="checkbox"/>
d. An employer, not including a tax-free spending account for child care.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Someone else	<input type="checkbox"/>	<input type="checkbox"/>

39. How much does your household pay for this child to go to this program, not counting any money that you may receive from others to help pay for care?

Write '0' if your household does not pay for this program.

\$.00

Is that amount per...

- Hour
- Day
- Week
- Month
- Year
- Every 2 weeks
- Other Specify:

40. How many children from your household is this amount for, including this child?

- Do not pay for program
- This child only
- 2 children
- 3 children
- 4 children
- 5 or more children

41. How many years/months has this child been attending this program?

years months

42. How often do you or another adult in your family talk to a staff member at this program?

- Less than once a month
- Once or twice a month
- Once or twice a week
- Three or more times a week

43. How would you rate the overall quality of this program?

- Best I can imagine
- Better than I expected
- Good
- Not as good as I expected
- Not good enough

44. How does this child get to the after-school program?

- Does not need transportation
- Parent drives
- Friend or relative drives
- Activity bus
- Public transportation
- Other Specify:

45. Is this program run by his or her school?

- No
- Yes

46. How many programs does this child participate in that are run by his or her school?

- None
- One
- Two
- Three or more

47. How many hours each weekend does this child spend at formal after-school program(s) or center(s)?

hours each weekend

48. Last summer, did this child participate in any school or center-based programs, at least once each week for at least 4 weeks?

- No
- Yes
- Don't know or can't remember

4. Organized After-School Activities

The following questions ask about organized clubs or activities that this child might participate in outside of school hours that are not part of a formal after-school program. These might include activities such as organized sports, music lessons, scouts, or religious education.

49. Is this child participating in any organized clubs or activities after school at least once each week?

- No **➔** GO TO question 62
- Yes

50. How many hours each week did this child participate in activities or lessons after-school, before 8pm?

hours each week

51. Does this child's participation in these activities help to cover the hours when you need adult supervision for him/her?

- No
- Yes

52. Is there any charge or fee for these activities, paid either by you or some other person or agency?

- No **➔** GO TO question 56
- Yes

53. Do any of the following people, programs, or organizations help pay for this child to go to these activities?

Mark ONE box for each item below

- | | No
▼ | Yes
▼ |
|--|--------------------------|--------------------------|
| a. A friend or relative of this child outside your household who provides money specifically for the activities, not including general child support | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Temporary Assistance for Needy Families, or TANF | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Another social service, welfare, or child care agency ... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. An employer, not including a tax-free spending account for child care | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Someone else | <input type="checkbox"/> | <input type="checkbox"/> |

54. How much does your household pay for this child to participate in organized activities, not counting any money that you may receive from others to help pay for the activities?

Write '0' if your household does not pay for these activities.

➔ \$.00

Is that amount per...

- Hour
- Day
- Week
- Month
- Year
- Every 2 weeks
- Other **➔** Specify:


55. How many children from your household is this amount for, including this child?

- Do not pay for activities
- This child only
- 2 children
- 3 children
- 4 children
- 5 or more children

56. How many years/months has this child been participating in organized activities after-school?

years months

57. How does this child get to the activities?

- Does not need transportation
- Parent drives
- Friend or relative drives
- Activity bus
- Public transportation
- Other  Specify:

58. How many activities does this child participate in that are run by his or her school?

- None
- One
- Two
- Three or more

59. How often do you or another adult in your family talk to a coach, supervisor, or staff member at this child's after-school activities?

- Less than once a month
- Once or twice a month
- Once or twice a week
- Three or more times a week

60. How many hours each weekend does this child participate in activities or lessons?

hours each weekend

61. Last summer, did this child participate in any organized clubs or activities, at least once each week for at least 4 weeks?

- No
- Yes
- Don't know or can't remember

5. Other Arrangements

62. How many hours each week is this child looked after by a relative other than this child's parent (e.g. grandparent, brother, sister, or other relative) after school until 8pm?

Write 0 if child was not looked after by a relative.

hours each week

63. How many hours each week is this child responsible for himself/herself for 30 minutes or more at a time after school until 8pm?

Write 0 if child is never responsible for him or herself for more than 30 minutes at a time.

hours each week

64. How many hours each week is this child looked after by a nanny, babysitter, or another person not related to the child, after school until 8pm?

Write 0 if child was not looked after by someone not related him or her.

hours each week

65. Last week, what time did this child's school day end?

:

AM

PM

66. Last week, what time is this child's bedtime during the school week?

:

AM

PM

6. Child's Health

67. In general, how would you describe this child's health?

- Excellent
- Very good
- Good
- Fair
- Poor

68. Has a health or education professional told you that this child has any of the following conditions?

Mark all that apply.

	No ▼	Yes ▼
a. A specific learning disability ..	<input type="checkbox"/>	<input type="checkbox"/>
b. An intellectual disability (mental retardation).....	<input type="checkbox"/>	<input type="checkbox"/>
c. A speech or language impairment	<input type="checkbox"/>	<input type="checkbox"/>
d. A serious emotional disturbance	<input type="checkbox"/>	<input type="checkbox"/>
e. Deafness or another hearing impairment	<input type="checkbox"/>	<input type="checkbox"/>
f. Blindness or another visual impairment not corrected with glasses	<input type="checkbox"/>	<input type="checkbox"/>
g. An orthopedic impairment.....	<input type="checkbox"/>	<input type="checkbox"/>
h. Autism	<input type="checkbox"/>	<input type="checkbox"/>
i. Pervasive Developmental Disorder (PDD).....	<input type="checkbox"/>	<input type="checkbox"/>
j. Attention Deficit Disorder, ADD or ADHD.....	<input type="checkbox"/>	<input type="checkbox"/>
k. A developmental delay.....	<input type="checkbox"/>	<input type="checkbox"/>
l. Traumatic brain injury.....	<input type="checkbox"/>	<input type="checkbox"/>
m. Another health impairment lasting 6 months or more	<input type="checkbox"/>	<input type="checkbox"/>

69. Did you mark yes any condition in question 69?

No → **GO TO question 77**

Yes

70. Is this child receiving services for his/her condition?

No → **GO TO question 76**

Yes

71. Are any of these services provided through an Individualized Education Program (IEP)?

No

Yes

72. Are any of these services provided during after-school hours?

No → **GO TO question 76**

Yes

73. Who mainly provides services for this child after-school?

Mark ONE box for each item below.

	No ▼	Yes ▼
a. Your local school district	<input type="checkbox"/>	<input type="checkbox"/>
b. A state or local health or social service agency	<input type="checkbox"/>	<input type="checkbox"/>
c. A community center or organization.....	<input type="checkbox"/>	<input type="checkbox"/>
c. A private doctor, clinic, or other health care provider	<input type="checkbox"/>	<input type="checkbox"/>

74. Where does this child typically receive services during after-school?

- At this child's home
- At another private home
- At this child's school
- At an after-school center
- At a hospital, doctor's office, or clinic
- Someplace else

75. During this school year, how satisfied or dissatisfied have you been with the services this child receives during after-school hours?

a. The service provider's communication with your family?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied
- Does not apply

b. The child's service provider?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied
- Does not apply

c. The service provider's ability to accommodate the child's special needs?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied
- Does not apply

d. The service provider's commitment to help your child learn?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied
- Does not apply

76. Does this child's condition interfere with his/her ability to do any of the following things?

Mark ONE box for each item below.

	No ▼	Yes ▼
<input type="checkbox"/> Child no longer has condition		
a. Learn.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Participate in sports, clubs, or other organized activities.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Attend school on a regular basis.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Make friends.....	<input type="checkbox"/>	<input type="checkbox"/>

► **Continue with question 77 on the next page.**

7. Child's Background

77. In what month and year was this child born?

		/				
--	--	---	--	--	--	--

month

year

78. Where was this child born?

- One of the 50 United States or the District of Columbia

GO TO question 80

- One of the U.S. territories
(Puerto Rico, Guam, American Samoa,
U.S. Virgin Islands, or Mariana Islands)

- Another country

79. How old was this child when he/she first moved to the 50 United States or the District of Columbia?

--	--

age

80. Is this child of Spanish, Hispanic, or Latino origin?

- No
 Yes

81. What is this child's race? You may mark one or more races.

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or other Pacific Islander
 White

82. What is this child's sex?

- Male
 Female

83. Does this child split his or her time between two households, for example, because of a joint custody arrangement?

Do not include vacation properties.

- No
 Yes

84. What language does this child speak most at home?

Mark ONE only.

- Child is not able to speak
- English
- Spanish
- A language other than English or Spanish
- English and Spanish equally
- English and another language equally

GO TO question 86

85. Is this child currently enrolled in English as a second language, bilingual education, or an English immersion program?

- No
 Yes

► Continue with section 8, on the next page.

8. Child's Family

PARENT 1 LIVING IN HOUSEHOLD

Answer questions 86 to 105 about yourself if you are the child's parent or guardian.

If you are not the child's parent or guardian, answer questions 86 to 105 about one of this child's parents or guardians living in the household.

86. Is this parent or guardian the child's...

- Biological parent
- Adoptive parent
- Stepparent
- Foster parent
- Grandparent
- Other guardian

87. Is this person male or female?

- Male
- Female

88. What is the current marital or partner status of this parent or guardian?

Mark ONE only.

- Married
- In a registered domestic partnership or civil union
- Living with a partner
- Separated
- Divorced
- Widowed
- Never Married

89. What was the first language this parent or guardian learned to speak?

Mark ONE only.

- English → **GO TO question 92**
- Spanish
- A language other than English or Spanish
- English and Spanish equally
- English and another language equally

90. What language does this person speak most at home now?

Mark ONE only.

- English → **GO TO question 92**
- Spanish
- A language other than English or Spanish
- English and Spanish equally
- English and another language equally

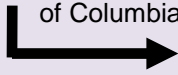
91. How difficult is it for this person to participate in activities at this child's school because he/she speaks a language other than English?

- Very difficult
- Somewhat difficult
- Not at all difficult

► Continue with question 92 on the next page.

92. Where was this parent or guardian born?

One of the 50 United States or the District of Columbia



GO TO question 94

One of the U.S. territories
(*Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, or Mariana Islands*)

Another country

93. How old was this person when he or she first moved to the 50 United States or the District of Columbia?

--	--

age

94. Is this person of Spanish, Hispanic, or Latino origin?

No

Yes

95. What is this person's race? You may mark one or more races.

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

96. What is the highest grade or level of school that this parent or guardian completed?

Mark *ONE* only.

8th grade or less

High school, but no diploma

High school diploma or equivalent (GED)

Vocational diploma after high school

Some college, but no degree

Associate's degree (AA, AS)

Bachelor's degree (BA, BS)

Some graduate or professional education, but no degree

Master's degree (MA, MS)

Doctorate degree (PhD, EdD)

Professional degree beyond bachelor's degree (MD, DDS, JD, LLB)

97. Is he or she currently attending or enrolled in a school, college, university, or adult learning center, or receiving vocational education or job training?

No

Yes

98. Which of the following best describes this person's employment status?

Mark *ONE* only.

Employed for pay or income

Self-employed

Unemployed or out of work



GO TO question 101

Full-time student

Stay at home parent

Retired

Disabled or unable to work



GO TO question 102

99. (If employed or self-employed) Does he or she mostly work a regular day shift, regular shift other than during the day, variable shifts or works when work is available?

Mark ONE only.

- Regular day shift most of the hours between 6 am to 6 pm
- A regular shift at times other than between 6 am and 6 pm
- A variable shift-one that changes from days to evenings or nights
- Where he/she chooses their own hours
- Works when work is available

100. About how many hours per week does he or she usually work for pay or income, counting all jobs?

--	--

hours



GO TO question 102

101. (If unemployed or out of work) Has this parent or guardian been actively looking for work in the past 4 weeks?

- No
- Yes

102. In the past 12 months, how many months (if any) has this person worked for pay or income?

--	--

Months

103. Have this child's after-school care needs influenced this person's choice of job or work schedule in any way?

- No
- Yes

104. How old is this person?

--	--

age

105. How old was this person when he or she first became a parent to any child?

--	--

age

- Don't know

► **Continue with question 106 on the next page.**

PARENT 2 LIVING IN HOUSEHOLD

Answer questions 106 to 126 about a second parent or guardian living in the household.

106. Is there a second parent or guardian living in this household?

No → **GO TO question 127**

Yes

107. Is this person the child's...

- Biological parent
- Adoptive parent
- Stepparent
- Foster parent
- Grandparent
- Other guardian

108. Is this person male or female?

- Male
- Female

109. What is the current marital or partner status of this parent or guardian?

Mark ONE only.

- Married
- In a registered domestic partnership or civil union
- Living with a partner
- Separated
- Divorced
- Widowed
- Never Married

110. What was the first language this parent or guardian learned to speak?

Mark ONE only.

- English → **GO TO question 113**
- Spanish
- A language other than English or Spanish
- English and Spanish equally
- English and another language equally

111. What language does this person speak most at home now?

Mark ONE only.

- English → **GO TO question 113**
- Spanish
- A language other than English or Spanish
- English and Spanish equally
- English and another language equally

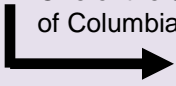
112. How difficult is it for this person to participate in activities at this child's school because he/she speaks a language other than English?

- Very difficult
- Somewhat difficult
- Not at all difficult

► **Continue with question 113 on the next page.**

113. Where was this parent or guardian born?

One of the 50 United States or the District of Columbia



GO TO question 115

One of the U.S. territories
(Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, or Mariana Islands)

Another country

114. How old was this person when he or she first moved to the 50 United States or the District of Columbia?

--	--

age

115. Is this person of Spanish, Hispanic, or Latino origin?

No

Yes

116. What is this person's race? You may mark one or more races.

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

117. What is the highest grade or level of school that this parent or guardian completed?

Mark [X] *ONE* only.

8th grade or less

High school, but no diploma

High school diploma or equivalent (GED)

Vocational diploma after high school

Some college, but no degree

Associate's degree (AA, AS)

Bachelor's degree (BA, BS)

Some graduate or professional education, but no degree

Master's degree (MA, MS)

Doctorate degree (PhD, EdD)

Professional degree beyond bachelor's degree (MD, DDS, JD, LLB)

118. Is he or she currently attending or enrolled in a school, college, university, or adult learning center, or receiving vocational education or job training?

No

Yes

119. Which of the following best describes this person's employment status?

Mark *ONE* only.

Employed for pay or income

Self-employed

Unemployed or out of work



GO TO question 122

Full-time student

Stay at home parent

Retired

Disabled or unable to work

GO TO question 123

120. (If employed or self-employed) Does he or she mostly work a regular day shift, regular shift other than during the day, variable shifts or works when work is available?

Mark ONE only.

- Regular day shift most of the hours between 6 am to 6 pm
- A regular shift at times other than between 6 am and 6 pm
- A variable shift-one that changes from days to evenings or nights
- Where he/she chooses their own hours
- Works when work is available

121. About how many hours per week does he or she usually work for pay or income, counting all jobs?

--	--

hours



GO TO question 123

122. (If unemployed or out of work) Has this parent or guardian been actively looking for work in the past 4 weeks?

- No
- Yes

123. In the past 12 months, how many months (if any) has this person worked for pay or income?

--	--

Months

124. Have this child's after-school care needs influenced this person's choice of job or work schedule in any way?

- No
- Yes

125. How old is this person?

--	--

age

126. How old was this person when he or she first became a parent to any child?

--	--

age

- Don't know

► Continue with section 9, question 127 on the next page.

9. Your Household

127. How many of the following people live in this household with this child?

Do not include this child in your answer

Example: Brother(s)

Write '0' if none.

This child's....	Number
a. Parent(s).....	<input type="checkbox"/>
b. Brother(s).....	<input type="checkbox"/>
c. Sister(s).....	<input type="checkbox"/>
d. Aunt(s).....	<input type="checkbox"/>
e. Uncle(s).....	<input type="checkbox"/>
f. Grandmother(s)	<input type="checkbox"/>
g. Grandfather(s)...	<input type="checkbox"/>
h. Cousin(s).....	<input type="checkbox"/>
i. Parent's girlfriend/ boyfriend/ partner	<input type="checkbox"/>
j. Other relative(s)...	<input type="checkbox"/>
k. Other non-relative(s).....	<input type="checkbox"/>

128. Enter the total number of people living in this household with this child. (This number should be equal to the sum of a through k above).

Do not include this child in your answer

129. How are you related to this child?

Mark *ONE* only.

- Mother (*birth, adoptive, step, or foster*)
- Father (*birth, adoptive, step, or foster*)
- Aunt
- Uncle
- Grandmother
- Grandfather
- Parent's girlfriend/ boyfriend/ partner
- Other relationship – Specify:

130. Which language(s) are spoken at home by the adults in this household?

Mark *all that apply*.

- English
- Spanish or Spanish Creole
- French (including Patois, Creole, Cajun)
- Chinese
- Other languages – Specify:

► **Continue with question 131 on the next page.**

131. In the past 12 months, did your family ever receive benefits from any of the following programs?

Mark ONE box for each item below.

- | | No
▼ | Yes
▼ |
|--|--------------------------|--------------------------|
| a. Temporary Assistance for Needy Families, or TANF | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Your state welfare or family assistance program..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Women, Infants, and Children, or WIC | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Food Stamps or Supplemental Nutrition Assistance Program (SNAP) | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Medicaid..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Child Health Insurance Program (CHIP) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Section 8 housing assistance | <input type="checkbox"/> | <input type="checkbox"/> |

132. Which category best fits the total income of all persons in your household over the past 12 months?

Include your own income.

Include money from jobs or other earnings, pensions, interest, rent, Social Security payments, and so on.

- \$0 to \$10,000
- \$10,001 to \$20,000
- \$20,001 to \$30,000
- \$30,001 to \$40,000
- \$40,001 to \$50,000
- \$50,001 to \$60,000
- \$60,001 to \$75,000
- \$75,001 to \$100,000
- \$100,001 to \$150,000
- \$150,001 or more

133. How many years have you lived at this address?

Write '0' if less than 1 year.

years at this address

134. Is this house...

Mark ONE only.

- Owned or being bought by someone in this household,
- Rented by someone in this household, or
- Occupied by some other arrangement?

135. Other than this address, does anyone in this household currently receive mail at another address including P.O. Boxes?

- No
- Yes

136. Do you have access to the internet at this address?

- No
- Yes

137. Is there at least one telephone inside this home that is currently working and not a cell phone?

- No
- Yes

138. Do you have a working cell phone?

- No
- Yes

► Continue with question 139 on the next page.

139. We would like to identify this child’s school so we can include information about the school in our study.

Using the list of schools below, mark the box next to the school this child attends. If this child’s school is not in this list, GO TO question 140.

	School Name ▼	Address ▼	City ▼
<input type="checkbox"/>	{SCHOOL 1 UP TO ~40 CHARACTERS}	{ADDRESS 1 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 2 UP TO ~40 CHARACTERS}	{ADDRESS 2 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 3 UP TO ~40 CHARACTERS}	{ADDRESS 3 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 4 UP TO ~40 CHARACTERS}	{ADDRESS 4 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 5 UP TO ~40 CHARACTERS}	{ADDRESS 5 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 6 UP TO ~40 CHARACTERS}	{ADDRESS 6 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 7 UP TO ~40 CHARACTERS}	{ADDRESS 7 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 8 UP TO ~40 CHARACTERS}	{ADDRESS 8 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 9 UP TO ~40 CHARACTERS}	{ADDRESS 9 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 10 UP TO ~40 CHARACTERS}	{ADDRESS 10 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 11 UP TO ~40 CHARACTERS}	{ADDRESS 11 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 12 UP TO ~40 CHARACTERS}	{ADDRESS 12 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 13 UP TO ~40 CHARACTERS}	{ADDRESS 13 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 14 UP TO ~40 CHARACTERS}	{ADDRESS 14 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 15 UP TO ~40 CHARACTERS}	{ADDRESS 15 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}



If you found and marked this child's school in the list provided in question 139, then **SKIP** this question and return your survey in the postage-paid envelope. Otherwise, continue with question 140.

140. To help us identify the school this child attends, write the name and address of this child's school in the spaces below.

Please use block or capital letters, for example:

S C H O O L

a. School name

SCHOOL NAME

b. School street address

NUMBER AND STREET ADDRESS

c. School city

CITY

d. School state

STATE

e. School zip code

ZIP

Thank you.

Please return this questionnaire in the postage-paid envelope provided. If you have lost the envelope, mail the completed questionnaire to:

**National Household Education Survey
[RETURN ADDRESS HERE]**

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Commonly Asked Questions

Q: How did you get my address?

A: Your address was randomly selected from among all of the home addresses in the nation. It was selected using scientific sampling methods to represent other households in the United States.

Q: How did you get my child's name and grade?

A: When you returned the initial National Household Education Survey to us, we randomly chose one child to ask additional questions about. We are interested in understanding your child's experiences with after-school activities.

Q: Why should I take part in this study? Do I have to do this?

A: You represent thousands of other households like yours, and you cannot be replaced. Your answers and opinions are very important to the success of this study. You may choose not to answer any or all questions in this survey. In order for the survey to be representative, it is important that you complete and return this questionnaire. Those who do not return the survey will not be represented in key statistics used by policymakers and researchers.

Q: How will the information I provide be used? Will my privacy be protected?

A: Your responses will be combined with those of others to produce statistical summaries and reports. Your individual data will not be reported. Your answers may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (Section 9573, 20 U.S. Code).

Q: I have more than one child in my household. Will I receive additional surveys for the other children in my household?

A: No, each household will receive a survey for only one child, even if there are multiple children living in the household. In households with multiple children, one child was randomly selected to be included in the study.

Q: How will my response help the Department of Education?

A: The Department of Education wants to understand the condition of education in the United States. This survey is the only way that the Department of Education can learn about schooling from your perspective. Your responses will be combined with those from other households to inform educators, policymakers, schools, and universities about changes in the condition of education in the United States. Reports from past surveys can be found at www.nces.ed.gov/nhes.

Q: Who is sponsoring the study? Is this study conducted by the Federal Government?

A: The National Center for Education Statistics (NCES), within the U.S. Department of Education, is authorized to conduct this study (20 USC § 9543). The U.S. Census Bureau is conducting this survey on behalf of NCES. This study has been approved by the Office of Management and Budget (OMB), the office that reviews all federally sponsored surveys. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB approval number assigned to this study is 1850-0803. You may send any comments about this survey, including its length, to the Federal Government. Write to: Sarah Carroll, National Center for Education Statistics, U.S. Department of Education, 1990 K Street NW, Washington, DC 20006-565