

## Attachment 2

### Phase 2

# Screener and Individual Innovation Questionnaire

September 4, 2018

#### Platform ad

Survey description: This survey is about people creating goods or services outside of work.

Time allowed: 20 minutes

Expires: 12/28/2018

Qualifications required: Resides in U.S.

Item ID	Description	Class and Type	Batch ID	Count	Price	Time Ago	Actions
str11223344	Select matching item	Class and Type	- Soft Goods - Batch ID #21273	1	\$0.05	16h ago	Preview Qualify
TurkLab	Questions about survey confidentiality(~ 15 minutes)			1	\$2.00	16h ago	Preview Accept & Work
Description		Time Allotted	Qualifications Required	Your Values			
This is a survey about how survey respondents think and feel about survey confidentiality		30 Min	✓ Exc: [79503-78914] has not been granted	None			
		Expires 4/14/2018	✓ Inc: [19-78914] has been granted	100			

Figure 1. Example ad from previous study

#### Screener Survey

##### Introduction

This survey is conducted by the National Center for Science and Engineering Statistics (NCSES) within the National Science Foundation (NSF). This survey is being collected by NCSES under OMB No. 3145-0174.

This survey will take approximately three minutes to complete. Your participation is voluntary. The information you provide will contribute to valuable research at NCSES, one of the principal Federal statistical agencies.

This survey is being administered by Mathematica Policy Research, Inc. and resides on a server outside of the NCSES domain. NCSES cannot guarantee the protection of survey responses and advises against the inclusion of sensitive personal information in any response. By proceeding, you give your consent to participate in this survey.

1. Are you  
[Radio button]  
(1) Male  
(2) Female
2. What is your age?  
[Fill In]  
Age \_\_\_\_
3. What is your state or territory of legal residence? *Mark one*  
[Drop down box]

TO 27 - Individual Innovation Survey

- (1) AL
- (2) AK
- (3) AZ
- (4) AR
- (5) CA
- (6) CO
- (7) CT
- (8) DE
- (9) DC
- (10) FL
- (11) GA
- (12) HI
- (13) ID
- (14) IL
- (15) IN
- (16) IA
- (17) KS
- (18) KY
- (19) LA
- (20) ME
- (21) MD
- (22) MA
- (23) MI
- (24) MN
- (25) MS
- (26) MO
- (27) MT
- (28) NE
- (29) NV
- (30) NH
- (31) NJ
- (32) NM
- (33) NY
- (34) NC
- (35) ND
- (36) OH
- (37) OK
- (38) OR
- (39) PA
- (40) RI
- (41) SC
- (42) SD
- (43) TN
- (44) TX
- (45) UT
- (46) VT
- (47) VA
- (48) WA

- (49) WV
- (50) WI
- (51) WY
- (52) AS
- (53) GU
- (54) MP
- (55) PR
- (56) VI
- (57) Other Not Specified

4. What is the highest degree or level of school you have completed? *Mark one*  
[Radio Button]
- (1) Less than high school/secondary school graduate
  - (2) Regular high school diploma
  - (3) GED or alternative credential
  - (4) Some college credit, but less than 1 year of college credit
  - (5) 1 or more years of college credit, no degree
  - (6) Associate's degree (for example: AA, AS)
  - (7) Bachelor's degree (for example: BA, BS)
  - (8) Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
  - (9) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
  - (10) Doctorate degree (for example: PhD, EdD)
  - (11) Not applicable/Unknown
5. Are you of Hispanic, Latino, or Spanish origin? *Mark one*  
[Radio Button]
- (1) No, not of Hispanic, Latino, or Spanish origin
  - (2) Yes, Mexican, Mexican Am., Chicano
  - (3) Yes, Puerto Rican
  - (4) Yes, Cuban
  - (5) Yes, another Hispanic, Latino, or Spanish origin
6. What is your race? *Mark one or more*  
[Check Box]
- (1) White
  - (2) Black or African American
  - (3) American Indian or Alaska Native
  - (4) Asian
  - (5) Native Hawaiian or Other Pacific Islander
7. During the three years 2015 to 2017, did you create a new or improved good or service?  
[Radio Button]
- (1) Yes
  - (2) No

[If 7 = No, go to end of survey]

8. Was this new or improved good or service created for your work?

TO 27 - Individual Innovation Survey

[Radio Button]

- (1) Yes
- (2) No
- (3) Both

[If 8 = Yes, go to end of survey]

9. Was this new or improved good or service developed on your own time?

[Radio Button]

- (1) Yes
- (2) No

[If 9 = No, go to end of survey]

10. Was this new or improved good or service a home-built version of an existing product or process currently on the market?

[Radio Button]

- (1) Yes
- (2) No

[If 10 = Yes, go to end of survey]

11. Did this new or improved good or service modify products or processes to create something functionally novel?

[Radio Button]

- (1) Yes
- (2) No

12. Was this new or improved good or service a completely new good or service not available on the market?

[Radio Button]

- (1) Yes
- (2) No

[If 11 and 12 = No, go to end of survey]

13. Do you use this new good or service or has it been made available to others?

[Radio Button]

- (1) I use it
- (2) It has been made available to others
- (3) I do not use it and it is not available for others to use

[If 13 = (3), go to end of survey]

## Individual Innovation Survey

Based on your responses, you are eligible to complete an additional survey about personal innovation. This survey will take approximately 20 minutes to complete. If you complete this survey, you will be awarded a bonus payment of \$3.00 in addition to your payment for completing the first survey.

Are you interested in completing this survey?

- Yes, I am interested in completing an additional survey for a bonus payment of \$3.00
- No, but I would be willing to be invited to complete this survey at a later date
- No, I am not interested in completing an additional survey

<if yes>

This survey is conducted by the National Center for Science and Engineering Statistics (NCSES) within the National Science Foundation (NSF). This survey is being collected by NCSES under OMB No. 3145-0174. This survey will take approximately 15 minutes to complete. Your participation is voluntary and you have the right to stop at any time.

Please take your time as you answer these questions. The information you provide will contribute to valuable research at NCSES, one of the principal Federal statistical agencies.

This survey is being administered by Mathematica Policy Research, Inc. and resides on a server outside of the NCSES domain. NCSES cannot guarantee the protection of survey responses and advises against the inclusion of sensitive personal information in any response. By proceeding, you give your consent to participate in this survey.

1. Which of the following best describes the area you live in?

*Mark one*

[Radio Button]

- (1) Urban - a city
- (2) Suburban - a smaller community adjacent to or within commuting distance of a city
- (3) Rural - the country or an area located outside towns and cities

2. How many people live or stay in your household?

- INCLUDE everyone who is living or staying in your household for more than 2 months.
- INCLUDE anyone else staying in your household who does not have another place to stay, even if they are there for 2 months or less.
- DO NOT INCLUDE anyone who is living somewhere else for more than 2 months, such as a college student living away or someone in the Armed Forces on deployment.

[Fill In]

Number of people \_\_\_\_

The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM.

3. Do you have difficulty seeing, even if wearing glasses?

[Radio Button]

- (1) No
- (2) Yes

4. Do you have difficulty hearing, even if using a hearing aid?

[Radio Button]

- (1) No
- (2) Yes

5. Do you have difficulty walking or climbing steps?

[Radio Button]

- (1) No
- (2) Yes

6. Do you have difficulty remembering or concentrating?

[Radio Button]

- (1) No
- (2) Yes

7. Do you have difficulty (with self-care such as) washing all over or dressing?

[Radio Button]

- (1) No
- (2) Yes

8. Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?

[Radio Button]

- (1) No
- (2) Yes

9. Were you working for pay or profit during the past week?

*Working includes being self-employed and not getting paid that week, on a postdoctoral appointment, traveling while employed, or on any type of paid or unpaid leave, including vacation.*

[Radio Button]

- (1) Yes
- (2) No

[If 9 = Yes go to 11]

10. Did you look for work during the four weeks preceding today?

[Radio Button]

- (1) Yes
- (2) No

11. What is the job category that best describes the last job you held prior to the week of [survey posting date]? *Mark one*

[Radio Button]

- (1) Management Occupations  
*[Top Executives; Advertising, Marketing, Promotions, Public Relations, and Sales Managers; Operations Specialties Managers; Other Management Occupations]*
- (2) Business and Financial Operations Occupations  
*[Business Operations Specialists; Financial Specialists]*
- (3) Computer and Mathematical Occupations  
*[Computer Occupations; Mathematical Science Occupations]*
- (4) Architecture and Engineering Occupations  
*[Architects, Surveyors, and Cartographers; Engineers; Drafters, Engineering Technicians; and Mapping Technicians]*
- (5) Life, Physical, and Social Science Occupations  
*[Life Scientists; Physical Scientists; Social Scientists and Related Workers; Life, Physical, and Social Science Technicians; Occupational Health and Safety Specialists and Technicians]*
- (6) Community and Social Service Occupations  
*[Counselors, Social Workers, and Other Community and Social Service Specialists; Religious Workers]*
- (7) Legal Occupations  
*[Lawyers, Judges, and Related Workers; Legal Support Workers]*
- (8) Educational Instruction and Library Occupations  
*[Postsecondary Teachers; Preschool, Elementary, Middle, Secondary, and Special Education Teachers; Other Teachers and Instructors; Librarians, Curators, and Archivists; Other Educational Instruction and Library Occupations]*
- (9) Art, Design, Entertainment, Sports, and Media Occupations  
*[Art and Design Workers; Entertainers and Performers, Sports and Related Workers; Media and Communication Workers; Media and Communication Equipment Workers]*
- (10) Healthcare Practitioners and Technical Occupations  
*[Healthcare Diagnosing or Treatment Practitioners; Health Technologists and Technicians; Other Healthcare Practitioners and Technical Occupations]*
- (11) Healthcare Support Occupations  
*[Home Health and Personal Care Aides; and Nursing Assistants, Orderlies, and Psychiatric Aides; Occupational Therapy and Physical Therapist Assistants and Aides; Other Healthcare Support Occupations]*
- (12) Protective Service Occupations  
*[Supervisors of Protective Service Workers; Firefighting and Prevention Workers; Law Enforcement Workers; Other Protective Service Workers]*
- (13) Food Preparation and Serving Related Occupations  
*[Supervisors of Food Preparation and Serving Workers; Cooks and Food Preparation Workers; Food and Beverage Serving Workers; Other Food Preparation and Serving Related Workers]*
- (14) Building and Grounds Cleaning and Maintenance Occupations  
*[Supervisors of Building and Grounds Cleaning and Maintenance Workers; Building Cleaning and Pest Control Workers; Grounds Maintenance Workers]*
- (15) Personal Care and Service Occupations  
*[Supervisors of Personal Care and Service Workers; Animal Care and Service Workers; Entertainment Attendants and Related Workers; Funeral Service Workers; Personal Appearance Workers; Baggage Porters, Bellhops, and Concierges; Tour and Travel Guides; Other Personal Care and Service Workers]*

- (16) Sales and Related Occupations  
*[Supervisors of Sales Workers; Retail Sales Workers; Sales Representatives, Services; Sales Representatives, Wholesale and Manufacturing; Other Sales and Related Workers]*
- (17) Office and Administrative Support Occupations  
*[Supervisors and Office and Administrative Support Workers; Communications Equipment Operators; Financial Clerks; Information and Record Clerks; Material Recording, Scheduling, Dispatching, and Distributing Workers; Secretaries and Administrative Assistants; Other Office and Administrative Support Workers]*
- (18) Farming, Fishing, and Forestry Occupations  
*[Supervisors of Farming, Fishing, and Forestry Workers; Agricultural Workers; Fishing and Hunting Workers; Forest, Conservation, and Logging Workers]*
- (19) Construction and Extraction Occupations  
*[Supervisors of Construction and Extraction Workers; Construction Trades Workers; Helpers, Construction Trades; Other Construction and Related Workers; Extraction Workers]*
- (20) Installation, Maintenance, and Repair Occupations  
*[Supervisors of Installation, Maintenance, and Repair Workers; Electrical and Electronic Equipment Mechanics, Installers, and Repairers; Vehicle and Mobile Equipment Mechanics, Installers, and Repairers; Other Installation, Maintenance, and Repair Occupations]*
- (21) Production Occupations  
*[Supervisors of Production Workers; Assemblers and Fabricators; Food Processing Workers; Metal Workers and Plastic Workers; Printing Workers; Textile, Apparel, and Furnishings Workers; Woodworkers; Plant and System Operators; Other Production Occupations]*
- (22) Transportation and Material Moving Occupation  
*[Supervisors of Transportation and Material Moving Workers; Air Transportation Workers; Motor Vehicle Operators; Rail Transportation Workers, Water Transportation Workers; Other Transportation Workers; Material Moving Workers]*
- (23) Military Specific Occupations  
*[Military Officer Special and Tactical Operations Leaders; First-Line Enlisted Military Supervisors; Military Enlisted Tactical Operations and Air/Weapons Specialists and Crew Members]*
- (24) Other Occupations Not Specified

12. Which of the following categories best describes your total household income from all sources, before taxes and deductions, in 2017?

[Drop down box]

- (1) Less than \$25,000
- (2) \$25,000 to \$49,999
- (3) \$50,000 to \$74,999
- (4) \$75,000 to \$99,999
- (5) \$100,000 to \$124,999
- (6) \$125,000 to \$144,999
- (7) \$150,000 or higher
- (8) Decline to answer

The next questions ask about new or significantly improved products (goods or services) you developed on your own time.



13. Within the past three years, did you ever use your own time to create your own **computer software including mobile or web apps**?

A potential example of computer software is [Example(s): Vignette(s) chosen from Phase 1.]

[Radio Button]

- (1) Yes  
(2) No

[If 13 = No go to 16]

14. Did you create **multiple computer software** products including mobile or web apps during your own time in the last three years?

[Radio Button]

- (1) Yes  
(2) No

[If 14 = No go to 16]

15. How many **computer software** products including mobile or web apps have you created on your own time during the last three years?

[Fill In]

Number of software products \_\_\_\_

16. Within the past three years, did you ever use your own time to create your own **household fixture or furnishing**, such as kitchen- and cookware, cleaning devices, lighting, furniture, and more?

A potential example of a household fixture or furnishing is [Example(s): Vignette(s) chosen from Phase 1.]

[Radio Button]

- (1) Yes  
(2) No

[If 16 = No go to 19]

17. Did you create **multiple household fixtures or furnishings** during your own time in the last three years?

[Radio Button]

- (1) Yes  
(2) No

[If 17 = No go to 19]

18. How many **household fixtures or furnishings** have you created on your own time during the last three years?

[Fill In]

Number of household fixture or furnishings \_\_\_\_

19. Within the past three years, did you ever use your own time to create your own **transport or vehicle-related product or part**, such as cars, bicycles, scooters or anything related?

A potential example of a transport or vehicle related product or part is [Example(s): Vignette(s) chosen from Phase 1.]

[Radio Button]

- (1) Yes  
(2) No

[If 19 = No go to 22]

20. Did you create **multiple transport or vehicle-related products or parts** during your own time in the last three years?

[Radio Button]

- (1) Yes  
(2) No

[If 20 = No go to 22]

21. How many **transport or vehicle-related products or parts** have you created on your own time during the last three years?

[Fill In]

Number of transport or vehicle-related product or parts \_\_\_\_

22. Within the past three years, did you ever use your own time to create **your own tools or equipment**, such as utensils, molds, gardening tools, mechanical or electrical devices, and so on?

A potential example of tools or equipment is [Example(s): Vignette(s) chosen from Phase 1.]

[Radio Button]

- (1) Yes  
(2) No

[If 22 = No go to 25]

23. Did you create **multiple tools or pieces of equipment** during your own time in the last three years?

[Radio Button]

- (1) Yes  
(2) No

[If 23 = No go to 25]

24. How many **tools or pieces of equipment** have you created on your own time during the last three years?

TO 27 - Individual Innovation Survey

[Fill In]

Number of tools or equipment \_\_\_\_

25. Within the past three years, did you ever use your own time to create your own **sports-, hobby- or entertainment product**, such as sports devices or games?

A potential example of a sports hobby or entertainment product is [Example(s): Vignette(s) chosen from Phase 1.]

[Radio Button]

- (1) Yes
- (2) No

[If 25 = No go to 28]

26. Did you create **multiple sports-, hobby- or entertainment products** during your own time in the last three years?

[Radio Button]

- (1) Yes
- (2) No

[If 26 = No go to 28]

27. How many **sports-, hobby- or entertainment products** have you created on your own time during the last three years?

[Fill In]

Number of sports-, hobby- or entertainment products \_\_\_\_

28. Within the past three years, did you ever use your own time to create your own **children- or education-related product**, such as toys and tutorials?

A potential example of children or education related product is [Example(s): Vignette(s) chosen from Phase 1.]

[Radio Button]

- (1) Yes
- (2) No

[If 28 = No go to 31]

29. Did you create **multiple children- or education-related products** during your own time in the last three years?

[Radio Button]

- (1) Yes
- (2) No

[If 29 = No go to 31]

30. How many **children- or education-related products** have you created on your own time during the last three years?

[Fill In]

Number of children- or education-related products \_\_\_\_

31. Within the past three years, did you ever use your own time to create your own **help-, care- or medical-related product**?

A potential example of a help care or medical related product is [Example(s): Vignette(s) chosen from Phase 1.]

[Radio Button]

(1) Yes

(2) No

[If 31 = No go to 34]

32. Did you create **multiple help-, care- or medical-related products** during your own time in the last three years?

[Radio Button]

(1) Yes

(2) No

[If 32 = No go to 34]

33. How many **help-, care- or medical-related products** have you created on your own time during the last three years?

[Fill In]

Number of help-, care- or medical-related products \_\_\_\_

34. Within the past three years, did you ever use your own time to create or modify any **other types of products**?

[Radio Button]

(1) Yes

(2) No

[If 34 = No go to next decision point]

35. Did you create **multiple other type of products** during your own time in the last three years?

[Radio Button]

(1) Yes

(2) No

[If 35 = No go to next decision point]

36. How many **other types of products** have you created on your own time during the last three years?

[Fill In]

Number of other types of products \_\_\_\_

37. What kind of **other type of product** did you create?

[Open Answer]

[If number of valid innovations (13, 16, 19, 22, 25, 28, 31, 34 = No) = 0 go to End]

[If number of valid innovations (13, 16, 19, 22, 25, 28, 31, 34 = Yes) > 1 go to 38]

[If number of valid innovations (13, 16, 19, 22, 25, 28, 31, 34 = Yes) = 1 go to 39]

38. You just identified a number of creations. Which one do you consider most significant?

- (1) Computer software
- (2) Household fixture or furnishing
- (3) Transport or vehicle-related product or part
- (4) Tool or piece of equipment
- (5) Sports-, hobby- or entertainment product
- (6) Children- or education-related product
- (7) Help-, care- or medical-related product
- (8) Other types of products

The next questions ask about the creation you consider most significant. The questions will refer to it as the [insert innovation (response from 38 or if number of valid innovations = 1 response from (13, 16, 19, 22, 25, 28, 31, 34 = Yes))].

39. What kind of [insert innovation] did you create?

[Open Answer]

40. What was new about this [insert innovation]?

[Open Answer]

41. At the time you developed the [insert innovation], could you have bought ready-made similar products on the market?

[Radio Button]

- (1) Yes
- (2) No

[If 41 = Yes go to End]

42. Did you primarily create the [insert innovation] to sell, to use yourself, or for some other reason?

[Radio Button]

- (1) To sell
- (2) To use myself
- (3) Other

[If 42 = To sell or To use myself go to 44]

43. Other - Please specify

[Open Answer]

44. Did you develop this [insert innovation] because you personally needed it?

[Radio Button]

(1) Yes

(2) No

45. Did you develop this [insert innovation] because you want to sell it or make money?

[Radio Button]

(1) Yes

(2) No

46. Did you develop this [insert innovation] because you wanted to learn or to develop your skills?

[Radio Button]

(1) Yes

(2) No

47. Did you develop this [insert innovation] because you were helping other people?

[Radio Button]

(1) Yes

(2) No

48. Did you develop this [insert innovation] for the fun of doing it?

[Radio Button]

(1) Yes

(2) No

49. Did you work with other people to develop this [insert innovation]?

[Radio Button]

(1) Yes

(2) No

[If 49 = No go to 51]

50. Approximately how many others contributed to developing this [insert innovation]?

[Fill In]

Number of people \_\_\_\_

51. Did you spend any money developing this [insert innovation]?

[Radio Button]

(1) Yes

(2) No

52. Did you use any of the following methods to protect this [insert innovation]?

a. Utility patents (patents for inventions) (1) Yes (2) No

b. Design patents (patents for appearance) (1) Yes (2) No

TO 27 - Individual Innovation Survey

- |                             |                |
|-----------------------------|----------------|
| c. Trademarks               | (1) Yes (2) No |
| d. Copyrights               | (1) Yes (2) No |
| e. Trade secrets            | (1) Yes (2) No |
| f. Nondisclosure agreements | (1) Yes (2) No |

53. Have you made your [insert innovation] available to others, either for a price or for free?

[Radio Button]

- (1) Yes
- (2) No

[If 53 = Yes, go to 56]

54. Supposing that other people would be interested, would you be willing to FREELY share what you know about your [insert innovation]?

[Radio Button]

- (1) Yes, with anyone
- (2) Yes, but only selectively
- (3) No

55. Supposing that other people would offer some kind of COMPENSATION, would you be willing to share your [insert innovation]?

[Radio Button]

- (1) Yes, with anyone
- (2) Yes, but only selectively
- (3) No

56. Did you do anything to inform other people or businesses about your [insert innovation]? (For example: showing it off, communicating about it, posting its design to the web)

[Radio Button]

- (1) Yes
- (2) No

57. To the best of your knowledge, have any other people adopted your [insert innovation] for personal use?

[Radio Button]

- (1) Yes
- (2) No

[If 57 = Yes, go to 59]

58. Do you intend to contact other people who may adopt your [insert innovation] for personal use?

[Radio Button]

- (1) Yes
- (2) No

59. Do you, alone or with others, currently own a business you help manage, or are you self-employed?

[Radio Button]

TO 27 - Individual Innovation Survey

- (1) Yes
- (2) No

[If 59 = No go to 61]

60. Did you commercialize your [insert innovation] via your business? Or do you intend to do this?

[Radio Button]

- (1) Yes, I commercialized it
- (2) Yes, I intend to do so
- (3) No

[If 60 = Yes, I commercialized it or Yes, I intend to do so go to 63]

61. Are you currently, alone or with others, trying to start a new business?

[Radio Button]

- (1) Yes
- (2) No

[If 61 = No go to 63]

62. Do you intend to commercialize your [insert innovation] with this new business?

[Radio Button]

- (1) Yes
- (2) No

63. Commercial businesses may be interested in your [insert innovation]. Did any commercial business adopt your [insert innovation] with intent to sell?

[Radio Button]

- (1) Yes
- (2) No

[If 63 = Yes, go to end of survey]

64. Do you intend to contact commercial businesses to adopt your [insert innovation] for general sale?

[Radio Button]

- (1) Yes
- (2) No

End of Survey

Thank you for your time.