

Appendix A: Survey protocol

Introduction

This is a survey for the US Bureau of Labor Statistics. This voluntary study is being collected by the Bureau of Labor Statistics under OMB No. 1220-0141. This survey will take approximately 20 minutes to complete. Your participation is voluntary and you have the right to stop at any time.

We are looking for information about how respondents answer our surveys. Please take your time as you answer these questions. The information you provide will contribute to valuable research at the BLS, one of the leading Federal statistical agencies.

This survey is being administered by Qualtrics and resides on a server outside of the BLS Domain. The BLS cannot guarantee the protection of survey responses and advises against the inclusion of sensitive personal information in any response. By proceeding with this study, you give your consent to participate in this study.

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First we have some questions about your household.

1. How many people, **15 years old or older**, are living or staying with you, including yourself?
 - 1 (just yourself)
 - 2 people
 - 3 people
 - 4 people
 - 5 people
 - 6 or more people

2. Please enter the initials (first, middle, and last) of each of the people who are living or staying with you.
<insert appropriate number of text boxes based on response to Q1>

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1. (skip if only 1 person living in the household) You indicated that [TEXT FILL] other [person/people] are living or staying with you. In the space(s) below, please indicate how you are related to [that/each] person.

[TEXT FILL initials of Person 1]
[TEXT FILL initials of Person 2]
....and so forth as appropriate.

<Dropdown menu with the following selections for each person>

- Opposite sex spouse (husband/wife)
- Opposite sex unmarried partner
- Same sex spouse (husband/wife)
- Same sex unmarried partner
- Child
- Grandchild
- Parent
- Brother/ sister
- Other relative (aunt, uncle, cousin, in law)
- Foster child
- Housemate/roommate
- Roomer/boarder
- Other nonrelative

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2. What is your sex?
 - Male
 - Female
 - Don't know
 - Prefer not to say
3. Was your sex recorded as male or female at birth?
 - Male
 - Female
 - Don't know
 - Prefer not to say
4. Do you describe yourself as male, female, or transgender?
 - Male
 - Female
 - Transgender
 - Don't know
 - Prefer not to say
5. Which of the following best represents how you think of yourself?
 - Gay or Lesbian
 - Straight, that is not gay, lesbian, or bisexual
 - Bisexual
 - Something else

- Don't know
- Prefer not to say

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[This section will randomly select 3 of the household members entered into the roster]

1. You indicated that Person 1, your [TEXT FILL PERSON 1's RELATION], is living or staying with you. What is their sex?
 - Male
 - Female
 - Don't know
 - Prefer not to say

2. Was their sex recorded as male or female at birth?
 - Male
 - Female
 - Don't know
 - Prefer not to say

3. Do they describe themselves as male, female, or transgender?
 - Male
 - Female
 - Transgender
 - Don't know
 - Prefer not to say

4. Which of the following best represents how they think of themselves?
 - Gay or Lesbian
 - Straight, that is not gay, lesbian, or bisexual
 - Bisexual
 - Something else
 - Don't know
 - Prefer not to say

<REPEAT LOOP FOR THE NUMBER OF PEOPLE IN THE HOUSEHOLD, UP TO 3>

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1. What is your current marital status?
 - Married
 - Widowed
 - Divorced
 - Separated

- Never married
 - Don't know
 - Prefer not to say
2. What is your age?
- _____
 - Prefer not to say
3. Are you of Hispanic, Latino or Spanish origin?
- Yes
 - No
 - Don't know
 - Prefer not to say
4. What is your race?
- White
 - Black or African American
 - American Indian or Alaska Native
 - Asian
 - Other
 - Don't know
 - Prefer not to say
5. What is the highest level of education you've completed?
- Less than high school
 - High school diploma or GED
 - Some college
 - Associate degree
 - Bachelor's degree
 - Graduate school degree
 - Prefer not to say
6. Are you currently employed:
- Full time (go to 7)
 - Part time (go to 7)
 - Unemployed (go to next page)
 - Student (go to next page)
 - Retired (go to next page)
 - Other, specify (go to 7)
 - Prefer not to say (go to 7)
7. What is your occupation?
- Administrator, manager
 - Teacher

- Professional
- Administrative support, including clerical
- Sales
- Technician
- Protective Services
- Other service
- Machine or transportation operator
- Construction worker, mechanic
- Farming
- Forestry, fishing or grounds keeping
- Armed Forces
- Other, specify: _____
- Don't know
- Prefer not to say

8. What is your job title? _____
- Don't know
 - Prefer not to say

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1. What is your annual income? _____
- Don't know
 - Prefer not to say

2. [If 1 is blank], In which of these ranges does your annual income fall?
- Less than \$25,000
 - \$25,000 - \$50,000
 - \$50,001 - \$75,000
 - \$75,001 - \$100,000
 - More than \$100,000
 - Don't know
 - Prefer not to say

3. What is your annual household income? _____
- Don't know
 - Prefer not to say

4. [If 3 is blank] In which of these ranges does your annual household income fall?
- Less than \$25,000
 - \$25,000 - \$50,000
 - \$50,001 - \$75,000
 - \$75,001 - \$100,000
 - More than \$100,000

- Don't know
- Prefer not to say

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1. Because of a physical, mental, or emotional condition, do you or anyone in your household have serious difficulty concentrating, remembering, or making decisions?
 - Yes
 - No
 - Don't know
 - Prefer not to say

2. Do you have difficulty dressing or bathing?
 - Yes
 - No
 - Don't know
 - Prefer not to say

3. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?
 - Yes
 - No
 - Don't know
 - Prefer not to say

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In the survey we're looking at, we ask one person to answer a set of questions for everyone in the household. Now we'd like to get your feedback on some of the questions you answered, and what it would be like to answer these questions about other household members 15 years old or older.

Thanks for answering the questions so far. Now we'd like to get your feedback on some of them, to understand how well they worked and what your reactions are. Please answer the next set of questions as completely as possible, as that will give us the most information to understand your experience.

For background, we're testing a survey where one person answers the same set of questions for everyone in their household.

1. Did any of the questions stand out to you for any reason? Please explain the reasons they stood out to you.

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One of the questions asked:

“Was your sex recorded as male or female at birth?”

1. In your own words, what is this question asking? _____

2. What was your reaction to this question? _____

3. How easy or difficult was it to answer this question about yourself?
 - Very easy
 - Easy
 - Neither easy nor difficult
 - Difficult
 - Very difficultPlease explain (optional): _____

4. How easy or difficult was it to answer this question for [TEXT FILL PERSON 1]?
<repeat question for up to 3 household members>
 - Very easy
 - Easy
 - Neither easy nor difficult
 - Difficult
 - Very difficultPlease explain (optional): _____

5. How confident are you about your response to this question for [TEXT FILL PERSON 1]? <repeat question for up to 3 household members>
 - Not at all confident
 - A little confident
 - Moderately confident
 - Very confident
 - Completely confidentPlease explain (optional): _____

6. If someone in your household was answering this question about you, how confident are you that they would give the correct answer?
 - Not at all confident
 - A little confident
 - Moderately confident

- Very confident
 - Completely confident
 - It depends (please explain): _____
7. If other members of your household were nearby and could listen to your answer, how comfortable would you feel answering this question about yourself?
- Not at all comfortable
 - A little comfortable
 - Moderately comfortable
 - Very comfortable
 - Completely comfortable
 - It depends (please explain): _____
8. If other members of your household were nearby and could listen to your answer, how comfortable would you feel answering this question about them?
- Not at all comfortable
 - A little comfortable
 - Moderately comfortable
 - Very comfortable
 - Completely comfortable
 - It depends (please explain): _____

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We have another question we'd like your feedback on. It asked:

“Do you describe yourself as male, female, or transgender?”

1. In your own words, what is this question asking?
2. What does “transgender” mean to you?
3. How easy or difficult was it to answer this question about yourself?
 - Very easy
 - Easy
 - Neither easy nor difficult
 - Difficult
 - Very difficultPlease explain (optional): _____

4. How easy or difficult was it to answer this question for [TEXT FILL PERSON 1]?
<repeat question for up to 3 household members>
- Very easy
 - Easy
 - Neither easy nor difficult
 - Difficult
 - Very difficult
- Please explain (optional): _____
5. How confident are you about your response to this question for [TEXT FILL PERSON 1]? <repeat question for up to 3 household members>
- Not at all confident
 - A little confident
 - Moderately confident
 - Very confident
 - Completely confident
- Please explain (optional): _____
6. If someone in your household was answering this question about you, how confident are you that they would give the correct answer?
- Not at all confident
 - A little confident
 - Moderately confident
 - Very confident
 - Completely confident
 - It depends (please explain): _____
- Please explain (optional): _____
7. If other members of your household were nearby and could listen to your answer, how comfortable would you feel answering this question about yourself?
- Not at all comfortable
 - A little comfortable
 - Moderately comfortable
 - Very comfortable
 - Completely comfortable
 - It depends (please explain): _____
- Please explain (optional): _____
8. If other members of your household were nearby and could listen to your answer, how comfortable would you feel answering this question about them?
- Not at all comfortable
 - A little comfortable
 - Moderately comfortable

- Very comfortable
 - Completely comfortable
 - It depends (please explain): _____
- Please explain (optional): _____

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We have another question we'd like your feedback on. It asked:

“Which of the following best represents how you think of yourself?”

- Gay or Lesbian**
- Straight, that is not gay, lesbian, or bisexual**
- Something else**
- Don't know**
- Prefer not to say**

1. What was your overall reaction to this question? _____

2. In your own words, what is this question asking? _____

3. How easy or difficult was it to answer this question about yourself?
 - Very easy
 - Easy
 - Neither easy nor difficult
 - Difficult
 - Very difficult

Please explain (optional): _____

4. How easy or difficult was it to answer this question about [TEXT FILL PERSON 1]?
<repeat question for up to 3 household members>
 - Very easy
 - Easy
 - Neither easy nor difficult
 - Difficult
 - Very difficult

Please explain (optional): _____

5. How confident are you about your response to this question about [TEXT FILL PERSON 1]? <repeat question for up to 3 household members>
 - Not at all confident
 - A little confident

- Moderately confident
 - Very confident
 - Completely confident
- Please explain (optional): _____

6. If someone in your household was answering this question about you, how confident are you that they would give the correct answer?

- Not at all confident
 - A little confident
 - Moderately confident
 - Very confident
 - Completely confident
 - It depends (please explain): _____
- Please explain (optional): _____

7. If other members of your household were nearby and could listen to your answer, how comfortable would you feel answering this question about yourself?

- Not at all comfortable
- A little comfortable
- Moderately comfortable
- Very comfortable
- Completely comfortable
- It depends (please explain): _____

Please explain (optional): _____

8. If other members of your household were nearby and could listen to your answer, how comfortable would you feel answering this question about them?

- Not at all comfortable
- A little comfortable
- Moderately comfortable
- Very comfortable
- Completely comfortable
- It depends (please explain): _____

Please explain (optional): _____

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We are thinking about asking questions about sexual orientation and gender identity in a national government survey about employment.

By sexual orientation, we mean the question that asked if you were gay or lesbian, straight or something else. By gender identity, we mean the questions that asked if you were male, female or transgender.

These questions are not currently asked on our employment survey, so we're looking for feedback on the idea of adding them.

1. What are your reactions to this idea?

2. Why do you think the government is interested in asking people about sexual orientation and gender identity in a survey about employment?

3. How negative or positive would you feel if you were asked to provide information about your sexual orientation and gender identity in a government survey about employment?
 - Very negative
 - Negative
 - Neither negative nor positive
 - Positive
 - Very positivePlease explain (optional): _____

4. How negative or positive would **others in your household** feel if they were asked provide information about **your** sexual orientation and gender identity in a government survey about employment?
 - Very negative
 - Negative
 - Neither negative nor positive
 - Positive
 - Very positive
 - Don't knowPlease explain (optional): _____

5. How negative or positive would you feel if you were asked to provide information about the sexual orientation and gender identity of everyone else in your household 15 years old or older?
 - Very negative
 - Negative
 - Neither negative nor positive
 - Positive
 - Very positivePlease explain (optional): _____

6. How likely would you be to participate in a government survey in the future that asked you to provide information about the sexual orientation and gender identity of everyone else in your household 15 years old or older?

- Not at all likely
- A little likely
- Moderately likely
- Very likely
- Extremely likely

Please explain (optional): _____

7. Do you have anything else you would like to tell us about the collection of information about sexual orientation and gender identity?