**Attachment 4**

2021 Adult Training and Education Survey (ATES)

Cognitive Interviews – First Round Updated

Cognitive Interview Instrument

OMB# 1850-0803 v. 228

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**National Center for Education Statistics (NCES)**

# SECTION 1: EDUCATION

A. EDUCATION LEVEL

**A1. What is the highest degree or level of school you have completed?**

* Elementary or high school, but no high school diploma or GED --> Go to D1
* High school diploma--> Go to B1
* GED or alternative high school

credential --> Go to B1

* Some college credit, no degree --> Go to B1
* 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)

**A2. In what year did you get your highest degree?**

Year:  **\_\_\_ \_\_\_ \_\_\_ \_\_\_**

**A3. What was the field of study for your highest degree?**

Field of study:

**A4. Thinking back to when you first got this degree, which ONE of the following BEST describes why you got it?**

* To prepare for further education
* To enter the workforce
* To improve skills for a job I already had
* To advance or be promoted in my line of work
* To switch to a new line of work

STOP. If you have a degree --> Go to C1

B. CERTIFICATES

**B1. Some people enroll at a community college, technical or trade school, or other school after high school to earn a certificate rather than a degree. Have you ever earned this type of certificate? It is sometimes called a vocational diploma. Do not count a teaching certification or other certification.**

* Yes
* No --> Go to C1

**B2. Who gave you your certificate? If you have more than one, answer for your most recent one.**

* A community or technical college
* A vocational, trade, or business school
* Another college or university
* Someplace else:

**B3. How many hours of instruction did you complete in order to earn your last certificate?**

* 40 hours of instruction or less --> Go to C1
* More than 40 hours of instruction

**B4. Which ONE of the following was required for enrolling in your last certificate program?**

* Being enrolled in or having completed a bachelor's degree or higher degree program
* Having completed high school or a high school equivalency (such as a GED)
* None of the above

**B5. What was the field of study for your last certificate?**

Field of study:

**B6. Thinking back to when you first got this certificate, which ONE of the following BEST describes why you got it?**

* To prepare for further education
* To enter the workforce
* To improve skills for a job I already had
* To advance or be promoted in my line of work
* To switch to a new line of work

C. ENROLLMENT

**C1. Are you currently enrolled in or taking courses from a college, university, technical or trade school, or other school after high school?**

* Yes
* No --> Go to D1

**C2. Are you currently enrolled full time or part time?**

* Full time
* Part time

**C3. Are you currently enrolled in a degree program?**

* Yes
* No, but I plan to transfer to a degree

program

* No, and I do not plan to transfer to a degree program--> Go to C5

**C4. What degree are you working toward?**

* Associate's degree
* Bachelor's degree
* Master's degree
* Doctorate or professional degree beyond a bachelor’s degree

**C5. What is your primary field of study?**

Field of study:

**C6. Which ONE of the following BEST describes why you are in school?**

* To gain further education before beginning a career
* To get additional skills or knowledge to advance in my current line of work (including managing the work)
* To get new skills or knowledge so that I can switch to a different line of work
* For leisure or personal interest

**C7. Is your current schooling intended to prepare you to earn a professional license or certification? A professional license or certification shows you are qualified to perform a specific job and includes things like licensed realtor, certified medical assistant, certified teacher, or an IT certification.**

* Yes
* No

# SECTION 2: EMPLOYMENT

D. EMPLOYMENT STATUS

**D1. Are you currently working for pay or profit? If you are temporarily absent from a job (on vacation, temporary illness, maternity leave, etc.), answer “Yes”.**

* Yes --> Go to E1
* No

**D2. What is your MAIN reason for not working?**

* Retired
* On layoff from job
* Student
* Family responsibilities
* Chronic illness or permanent disability
* Suitable job not available
* Did not need or want to work
* Other

Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**D3. When did you last work for pay or profit?**

* Never worked for pay or profit --> Go to J1

Year last worked: \_\_\_ \_\_\_ \_\_\_ \_\_\_

**D4. What is the title of the last job you held?** (For example: 4th grade teacher, entry-level plumber, financial analyst)

Job title:

**STOP. If you are not currently working, go to I1.**

E. CURRENT EMPLOYMENT

**E1. How many jobs do you have? Count the same work with multiple clients as one job.**

Number of jobs: \_\_\_\_\_\_\_\_

**E2. Do you work at a full-time job (a job where you usually work 35 or more hours per week)?**

* Yes --> Go to E4
* No

**E3. Would you prefer to work full time rather than part time?**

* Yes
* No

**E4. Do you work at a permanent job, or are all your jobs temporary?**

* At least one job is permanent --> Go to E6
* All jobs are temporary

**E5. Would you prefer to work at a permanent job?**

* Yes
* No

**E6. We have some questions about your main job—that is, the job at which you work the MOST HOURS. First, which one of the following best describes your employer at this job? Are you…**

SELF-EMPLOYED or a BUSINESS OWNER

* In a NON-INCORPORATED business, professional practice, or farm
* In an INCORPORATED business, professional practice, or farm

PRIVATE SECTOR employee

* In a FOR-PROFIT company or organization
* In a NOT-FOR-PROFIT organization (including tax-exempt and charitable organizations)

GOVERNMENT employee

* In a LOCAL government (for example, city, county, school district)
* In a STATE government (including state colleges and universities)
* In the U.S. MILITARY service, active duty, or Commissioned Corps (for example, USPHS, NOAA)
* In the U.S. FEDERAL GOVERNMENT (for example, civilian employee)
* ANOTHER type of employee

Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E7. What is the title of your main job (the job at which you work the MOST HOURS)?** (For example: 4th grade teacher, entry-level plumber, financial analyst)

Job title:

**E8.What kind of work do you do on this job—that is, what are your duties and responsibilities?** (For example: instruct and evaluate students and create lesson plans; assemble and install pipe sections and review building plans for work details; analyze financial information and prepare technical reports)

Duties and responsibilities:

**E9. As part of this job, are you a member of a labor union or an employee association similar to a union (for example, AFL/CIO, Change to Win Federation, NEA)?**

* Yes
* No

**E10. Please rate your satisfaction with this job's…**

**a. Salary**

* Very satisfied
* Somewhat satisfied
* Somewhat dissatisfied
* Very dissatisfied

**b. Benefits**

* Very satisfied
* Somewhat satisfied
* Somewhat dissatisfied
* Very dissatisfied

**c. Job Security**

* Very satisfied
* Somewhat satisfied
* Somewhat dissatisfied
* Very dissatisfied

**d. Opportunities for advancement**

* Very satisfied
* Somewhat satisfied
* Somewhat dissatisfied
* Very dissatisfied

**e. Working conditions**

* Very satisfied
* Somewhat satisfied
* Somewhat dissatisfied
* Very dissatisfied

# SECTION 3: WORK LICENSES AND CERTIFICATIONS

F. LICENSES

**F1. Do you have a license or certification that is REQUIRED BY A GOVERNMENT AGENCY (such as a state board) to work in this job? For example, state boards of education require that public school teachers be certified.**

* Yes
* No --> Go to G1

**F2. What is the name of this license or certification? Please write out the full name; do not use abbreviations. If you are required to have more than one, report the one you obtained first.**

Name:

**F3. Thinking back to when you first got this license or certification, which ONE of the following BEST describes why you got it?**

* To enter the workforce
* To improve skills for a job I already had
* To advance or be promoted in my line of work
* To switch to new line of work

**F4. Which type of government agency requires that you have this license or certification? Please mark “Yes” or “No” for each type.**

**a. Local (city or county) government agency**

* Yes
* No

**b. State government agency**

* Yes
* No

**c. Federal government agency**

* Yes
* No

**F5. We will refer to meeting this government requirement as "being licensed". In how many states are you licensed for this job?**

* One
* Two or more, but not all
* All states

**F6. Are you licensed for this job in the state you live in now?**

* Yes --> Go to F8
* No

**F7. What was the FIRST state in which you were licensed for this job?**

State:

**F8. In order to be licensed for this job, did you first have to get a professional certification? Certifications are usually awarded by professional or trade associations, and include things like certified medical assistant, Microsoft certified professional, and ASE certification.**

* Yes
* No

**F9. To get the knowledge and skills needed when you were FIRST licensed for this job, did you COMPLETE a degree program or other program from a college, university, technical or trade school, or other school after high school?**

* Yes
* No --> Go to F11

**F10. What type of program did you complete?**

* Certificate or diploma program after high school
* Associate's degree program
* Bachelor's degree program
* Master's degree program
* PhD or professional degree program, above the master's degree level
* A program of one or more courses with no degree, certificate, or diploma

**F11. To get the knowledge and skills needed when you were FIRST licensed for this job, did you take…**

**a. Classes related to this field of work during high school?**

* Yes
* No

**b. Classes from a college, university, technical or trade school, or another school after high school?**

* Yes
* No

**c. Classes from the military, a union, association, business, or another organization?**

* Yes
* No

**F12. Did you prepare to get licensed through a FREE state or city program?**

* Yes
* No

G. CERTIFICATIONS

**G1. For your main job, do you have a professional certification that is NOT required by a government agency? Certifications are usually awarded by professional or trade associations, and include things like certified medical assistant, Microsoft certified professional, and ASE certification.**

* Yes
* No --> Go to H1

**G2. How many certifications do you have for your main job?**

Number of certifications: \_\_\_\_\_\_\_\_

**G3. What is the name of your MOST IMPORTANT certification for this job? Please write out the full name; do not use abbreviations.**

Name:

**G4. If you also reported a license in section F, did you get your most important certification in order to get that license?**

* Yes --> Go to H1
* No
* Did not report a license in section F

**G5. Thinking back to when you first got your most important certification, which ONE of the following BEST describes why you got it?**

* To enter the workforce
* To improve skills for a job I already had
* To advance or be promoted in my line of work
* To switch to a new line of work

**G6. In the process of getting the knowledge and skills needed for your most important certification, did you COMPLETE a degree program or other program from a college, university, technical or trade school, or other school after high school?**

* Yes
* No --> Go to G8

**G7. What type of program did you complete?**

* Certificate or diploma program after high school
* Associate's degree program
* Bachelor's degree program
* Master's degree program
* PhD or professional degree program, above the master's degree level
* A program of one or more courses with no degree, certificate, or diploma

**G8. To get the knowledge and skills needed for your most important certification, did you take…**

**a. Classes related to this field of work during high school?**

* Yes
* No

**b. Classes from a college, university, technical or trade school, or another school after high school?**

* Yes
* No

**c. Classes from the military, a union, association, business, or another organization?**

* Yes
* No

**G9. Did you prepare for your most important certification through a FREE state or city program?**

* Yes
* No

**G10. Does your employer require you to have this certification?**

* Yes
* No
* Does not apply—I am self-employed

**G11. Do you get paid more for having this certification?**

* Yes
* No
* Does not apply—I am self-employed

H. OTHER LICENSES AND CERTIFICATIONS

**H1. Do you have a license or certification that is REQUIRED by a government agency FOR ANY OTHER JOBS? Include any other licenses or certifications, even if you don’t have that job now.**

* Yes
* No

**H2. FOR ANY OTHER JOBS, do you have a certification that is NOT required by a government agency? Include any other certifications, even if you don’t have that job now.**

* Yes
* No

**H3. Are you currently working to get a new license or certification?**

* Yes
* No --> Go to I1

**H4. Are you getting this license or certification for your current main job?**

* Yes
* No

**H5. Has your employer let you work on this license or certification as part of your paid work hours?**

* Yes
* No
* Does not apply – I am self-employed or not working

# SECTION 4: WORK EXPERIENCE PROGRAMS

**I1. Have you ever COMPLETED an internship, apprenticeship, practicum, clerkship, externship, residency, clinical experience, or similar program?**

* Yes, I have completed this type of program
* No, and I am not in one now --> Go to J1
* No, but I am in one now --> Go to J1

**I2. We will refer to internships, apprenticeships, and similar programs as "work experience programs". Was your LAST COMPLETED work experience program for your current main job?**

* Yes --> Go to I4
* No

**I3. What type of work was this last work experience program for?**

Type of work:

**I4. In what year did you complete your last work experience program?**

 Year completed: \_\_\_ \_\_\_ \_\_\_ \_\_\_

**I5. How long did your last work experience program last?**

* Less than 3 months
* 3 months to less than 6 months
* 6 months to less than 1 year
* 1 year or more

**I6. What wage did you earn during your last work experience program?**

* No wage
* A wage that increased as I gained skills and experience
* A steady wage that was lower than the wage of a fully qualified worker
* The same wage as a fully qualified worker

**I7. Which ONE of the following BEST describes your last work experience program?**

* It was not part of a formal education program
* It was part of a high school program
* It was part of school program after high school and below an associate's degree
* It was part of an associate's degree program
* It was part of a bachelor's degree program
* It was part of an advanced degree program taken after a bachelor's degree

**I8. As part of your last work experience program, did you take classes from…**

**a. A college, university, technical or trade school, or other school after high school**

* Yes
* No

**b. A company, association, union, or other provider?**

* Yes
* No

**I9. As part of your last work experience program, did you get formal training from a co-worker or mentor?**

* Yes
* No --> Go to I11

**I10. How useful was this training for giving you the skills you needed?**

* Very useful
* Somewhat useful
* Not useful

**I11. Did (or will) your last work experience program help you earn a professional license or certification?**

* Yes
* No

**I12. At the START of your last work experience program, were you considered an employee of the company or business that sponsored the program?**

* Yes
* No

**I13. At the END of your last work experience program, were you hired by the company or business that sponsored the program?**

* Yes
* No --> Go to I16

**I14. How long did you work for that employer?**

* Less than 1 year

OR

 Number of years: \_\_\_ \_\_\_

**I15. Do you work for that employer now?**

* Yes
* No

**I16. Thinking back to when you first completed the program, was it a good launching pad for your career?**

* Very good launching pad
* Somewhat good launching pad
* Not a good launching pad

# SURVEY END

**J1.** Thank you. This is the end of the survey.