



2021 National Training, Education, and Workforce Survey

Conducted for the
National Center for Science and Engineering Statistics
and the National Center for Education Statistics by



*Please make any name/address
changes below:*

First Name M.I.

Last Name

Number and Street

City/Town

State ZIP Code

NATIONAL TRAINING, EDUCATION, AND WORKFORCE SURVEY

INSTRUCTIONS

People can participate in different types of education and training to get the skills and knowledge needed for a job. Participation in education and training may result in a credential. High school diplomas and college degrees are types of credentials. Other types of credentials include vocational certificates, professional certifications, and licenses. In this survey, we will be asking you questions about your education, your work, and if you have any of these credentials.

- Directions for filling it out are provided with each question.
- Follow all appropriate skip instructions after marking a box. If no skip instruction is provided, you should continue to the next question.
- If you have any questions or concerns, please email us at xxxx@xxxxx.gov or call us toll-free at 1-888-xxx-xxxx.

Thank you for your help. We really appreciate it.

The information collected in this questionnaire is solicited under the authority of the National Science Foundation (NSF) Act of 1950, as amended. The information collected in this questionnaire is solicited under the authority of the National Science Foundation (NSF) Act of 1950, as amended. The U.S. Census Bureau is conducting this survey under the authority of Title 13, Section 8 of the United States Code. The Census Bureau is required by law to keep your information confidential and can use your responses for statistical purposes only. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Federal law protects your privacy and keeps your answers confidential (Title 13, United States Code, Section 9). Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. Your response is voluntary, and failure to provide some or all of the requested information will not in any way adversely affect you. Actual time to complete the questionnaire may vary depending on your circumstances but on average, it will take about 15 minutes. If you have any comments on the time required for this survey, please send them to the Reports Clearance Officer, Office of the General Counsel, National Science Foundation, 2415 Eisenhower Ave., Alexandria, VA 22314.

Employment Status

1. Are you currently working for pay or profit?

If you are temporarily absent from a job because you are on vacation, out sick, on maternity leave, etc., please answer "Yes".

1 Yes → **Go to Question 6**

2 No

2. (If No) Did you look for work during the last 4 weeks?

1 Yes

2 No

3. What is your MAIN reason for not working?

Mark one answer.

1 Retired

2 On layoff from job

3 Student

4 Family responsibilities

5 Chronic illness or permanent disability

6 Suitable job not available

7 Do not need or want to work

8 Other – *Specify* ↴

4. Have you ever worked for pay or profit?

1 Yes

2 No → **Go to Question 23**

5. (If Yes) When did you last work for pay or profit?

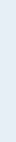
LAST
WORKED

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MONTH

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YEAR



Go to Question 23

Current Employment

6. How many jobs do you have?

If you are self-employed, count work with multiple customers or clients as one job.

NUMBER OF JOBS

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

- 1 Yes
- 2 No

8. During the PAST 12 MONTHS (52 weeks), did you work EVERY week?

Count paid vacation, paid sick leave, and military service as work.

- 1 Yes → **Go to Question 10**
- 2 No

9. (If No) During the PAST 12 MONTHS (52 weeks), how many WEEKS did you work?

Include paid time off and include weeks when you worked for only a few hours.

NUMBER OF WEEKS

10. During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did you usually work each WEEK?

NUMBER OF HOURS WORKED

11. What were your earnings from wages, salary, commissions, bonuses, or tips, from all jobs during the PAST 12 MONTHS?

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

EARNINGS \$, , ,

12. What is the name of your MAIN job?

If you have more than one job, answer for the job that you worked the most hours during the past 12 months.

For example: 4th grade teacher, entry-level plumber, web developer.

NAME OF MAIN JOB

The next few questions ask about the MAIN job you wrote in Question 12. Please answer for just that job.

13. For the job you wrote in Question 12, what are your most important activities or duties?

For example: instruct and evaluate students and create lesson plans; assemble and install pipe sections and review building plans for work details; design, create, and modify websites.

ACTIVITIES OR DUTIES

14. For the job you wrote in Question 12, please rate your satisfaction with this job's...

Mark one answer for each item.

| | Very satisfied | Somewhat satisfied | Somewhat dissatisfied | Very dissatisfied | Does not apply |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a Wage or salary..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| b Benefits | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| c Job security..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| d Opportunities for Advancement..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| e Physical working Conditions..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

17. (If Yes) Which one of the following best describes your self-employment?

Mark one answer.

- 1 Self-employed in a NON-INCORPORATED business, professional practice, or farm
- 2 Self-employed in an INCORPORATED business, professional practice, or farm

18. What is your MAIN BUSINESS OR INDUSTRY— that is, what does this employer make or do?

Include the main activity, product, or services you provide.

For example: Web design, Management Consulting, Childcare, Landscaping, Realtor, etc.

BUSINESS OR INDUSTRY



Go to Question 21

18.

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15. How would you rate your overall satisfaction with this job?

Mark one answer.

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Somewhat dissatisfied
- 4 Very dissatisfied

16. For the job you wrote in Question 12, are you self-employed?

- 1 Yes
- 2 No → Go to Question 19

19. For the job you wrote in Question 12, which one of the following best describes your employer at this job?

Mark one answer.

- 1 FOR-PROFIT company, organization, or family business
- 2 NON-PROFIT organization (including tax-exempt and charitable organizations)
- 3 LOCAL GOVERNMENT (e.g., city, county, school district)
- 4 STATE GOVERNMENT (including state colleges and universities)
- 5 US MILITARY SERVICE, ACTIVE DUTY OR COMMISSIONED CORPS (e.g., USPHS, NOAA)
- 6 FEDERAL GOVERNMENT (e.g., civilian employee)
- 7 Other – Specify ↴

20. What is your employer's MAIN BUSINESS OR INDUSTRY—that is, what does this employer make or do?

Include the main activity, product, or service provided at the location where you work.

For example: Elementary school, residential construction, microprocessor chip production.

BUSINESS OR INDUSTRY

21. Is this mainly:

Mark one answer.

- 1 Manufacturing?
- 2 Wholesale trade?
- 3 Retail trade?
- 4 Other (agriculture, construction, service, government, etc.)?

22. What is the name and address of the business or employer for the job you wrote in Question 12?

If you have more than one job, report your MAIN job.

If your employer has more than one location, report the location where you work.

If you work for a contracting or consulting company, report the name of that company, not the client organization.

| |
|---------------------|
| Name |
| Department/Division |
| City/Town |
| State/Territory |
| Zip Code |

Licenses for Work

23. Do you have a CURRENTLY ACTIVE state or industry license?

For example, teaching license, realtor license, land surveyor license, registered nurse license, certified public accountant license, etc. Do not include vendor's licenses or other licenses to operate a business.

1 Yes

2 No → **Go to Question 37**

24. (If Yes) How many CURRENTLY ACTIVE licenses do you have?

If you earned a certification in order to get a license, count only the license.

NUMBER OF LICENSES

| | |
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25. Thinking of all the CURRENTLY ACTIVE licenses you have, did you get any of them for work-related reasons?

1 Yes

2 No → **Go to Question 28**

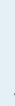
26. (If Yes) What is the name of your MOST RECENT work-related license?

Please write out the full name of the license. Do not use abbreviations.

NAME OF LICENSE

27. What is the primary subject area or field of study for this license?

SUBJECT AREA

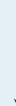


Go to Question 29

28. (If No) What is the name of your MOST RECENT license?

Please write out the full name of the license. Do not use abbreviations.

NAME OF LICENSE



Go to Question 37

The next few questions ask about the license you wrote in Question 26.

29. Were you legally required to have this license in order to work?

1 Yes

2 No

30. Who issued this license?

Mark one answer.

- 1 City or county government agency
(e.g., County Electrical Licensing Board, County Department of Land Use)
- 2 State government agency
(e.g., State Board of Education or other state board)
- 3 Federal government agency (e.g., OSHA, FAA)
- 4 Professional or trade association
(e.g., American Culinary Federation, CompTIA)
- 5 Business or company (e.g., Xerox, 3M Company)
- 6 Other – Specify ↴

31. Does this license need to be renewed?

- 1 Yes
- 2 No → **Go to Question 33**

32. (If Yes) How often does it need to be renewed?

Mark one answer.

- 1 Yearly
- 2 Every other year
- 3 Other – Specify ↴

33. In what year did you first get this license?

YEAR

34. Do you use this license for your MAIN job you wrote in Question 12?

Mark one answer.

- 1 Yes
- 2 No
- 3 Does not apply—I am not currently working

35. To pay for this license, did you have any of the following support?

Mark one answer for each item.

- | | Yes | No |
|--|----------------------------|----------------------------|
| My own savings or earnings | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Employer support or reimbursement..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Loans, grants, or scholarships from someplace other than my employer | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Support from a professional association | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Some other support – Specify ↴ | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

36. To get the skills and knowledge needed for this license, did you take classes from a college, university, technical or trade school, or other school after high school?

- 1 Yes
- 2 No

Certifications for Work

37. Do you have a CURRENTLY ACTIVE professional certification?

For example, a nurse midwife certification, ASE master technician certification, or Cisco Networking Professional certification.

1 Yes

2 No → **Go to Question 51**

38. (If Yes) How many CURRENTLY ACTIVE professional certifications do you have?

If you earned a certification in order to get a license, count only the certification.

NUMBER OF
CERTIFICATIONS

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39. Thinking of all the CURRENTLY ACTIVE certifications you have, did you get any of them for work-related reasons?

1 Yes

2 No → **Go to Question 42**

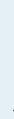
40. (If Yes) What is the name of your MOST RECENT work-related certification?

Please write out the full name. Do not use abbreviations.

NAME OF CERTIFICATION

41. What is the primary subject area or field of study for this certification?

SUBJECT AREA

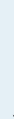


Go to Question 43

42. (If No) What is the name of your MOST RECENT certification?

Please write out the full name. Do not use abbreviations.

NAME OF CERTIFICATION



Go to Question 51

The next few questions ask about the certification you wrote in Question 40.

43. Were you legally required to have this certification in order to work?

1 Yes

2 No

44. Who issued this certification?

Mark one answer.

- 1 Professional or trade association
(e.g., American Culinary Federation, CompTIA)
- 2 Business or company (e.g., Xerox, 3M Company)
- 3 City or county government agency
(e.g., County Electrical Licensing Board, County Department of Land Use)
- 4 State government agency (e.g., State Board of Education or other state board)
- 5 Federal government agency (e.g., OSHA, FAA)
- 6 Other – Specify ↴

45. Does this certification need to be renewed?

- 1 Yes
- 2 No → **Go to Question 47**

46. (If Yes) How often does it need to be renewed?

Mark one answer.

- 1 Yearly
- 2 Every other year
- 3 Other – Specify ↴

47. In what year did you first get this certification?

YEAR

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48. Do you use this certification for your MAIN job you wrote in Question 12?

Mark one answer.

- 1 Yes
- 2 No
- 3 Does not apply—I am not currently working

49. To pay for this certification, did you have any of the following support?

Mark one answer for each item.

- | | Yes | No |
|--|----------------------------|----------------------------|
| My own savings or earnings | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Employer support or reimbursement..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Loans, grants, or scholarships from someplace other than my employer | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Support from a professional association | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Some other support – Specify ↴ | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

50. To get the skills and knowledge needed for this certification, did you take classes from a college, university, technical or trade school, or other school after high school?

- 1 Yes
- 2 No

Work Experience Programs

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

- 1 Yes, I have completed this type of program
- 2 No, but I am in one now
- 3 No, and I am not in one now
- } → **Go to Question 60**

In the next series of questions, we refer to internships, apprenticeships, and similar programs as “work experience programs.”

52. What type of work was your last completed work experience program for?

For example: administrative assistant, entry-level plumber, etc.

TYPE OF WORK

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53. How related is your last completed work experience program to your MAIN job you wrote in Question 12?

Mark one answer.

- 1 Very related
- 2 Somewhat related
- 3 Not related
- 4 Does not apply—I am not currently working → **Go to Question 55**

54. How often do you use the skills or knowledge that you gained during your last work experience program for your MAIN job you wrote in Question 12?

Mark one answer.

- 1 All or most of the time
- 2 Sometimes
- 3 Almost never
- 4 Never

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

YEAR

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56. What wage did you earn during your last completed work experience program?

Mark one answer.

- 1 No wage—I was not paid
- 2 A wage that increased as I gained skills and experience
- 3 A set wage that was lower than the wage of a fully qualified worker
- 4 The same wage as a fully qualified worker

57. Which **ONE** of the following best describes your last work experience program?

Mark one answer.

- 1 It was part of a high school program
- 2 It was part of a school program after high school
- 3 It was not part of a formal education program
- } → **Go to Question 59**

58. Did your last completed work experience program require that you take classes from...

Mark one answer for each item.

Yes No

A college, university, technical or trade school, or other school after high school?.....1 2

A company, association, union, or other provider?.....1 2

59. As part of your last completed work experience program, did you get formal training from a coworker or mentor?

1 Yes

2 No

Education Level

60. What is the highest degree or level of school that you have COMPLETED?

Mark one answer.

1 Elementary, middle, or high school, but no high school diploma or alternative high school credential (e.g., GED)

2 High school diploma

3 Alternative high school credential (e.g., GED)

4 Some college credit, no degree

5 Associate's degree (for example: AA, AS)

6 Bachelor's degree (for example: BA, BS)

7 Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)

8 Professional degree beyond a Bachelor's degree (for example: MD, DDS, DVM, LLB, JD)

9 Doctorate degree (for example: PhD, EdD)

Go to Question 65

Go to Question 62

61. (If elementary, middle, or high school, but no high school diploma or alternative high school credential) Are you currently enrolled in high school?

Do not include programs to earn an alternative high school credential (e.g., GED).

1 Yes → Go to Question 77

2 No → Go to Question 65

62. In what year did you get your highest degree?

YEAR

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

FIELD OF STUDY

64. Do you use this highest degree for your MAIN job you wrote in Question 12?

Mark one answer.

- 1 Yes
- 2 No
- 3 Does not apply—I am not currently working

Vocational Certificates

65. Have you earned a vocational certificate or diploma for completing a training program from a community college, technical or trade school, or some other school?

- 1 Yes
- 2 No → *Question 72*

66. Where did you earn your most recent vocational certificate?

If you have more than one, answer for your most recent one.

Mark one answer.

- 1 A high school
- 2 A community or technical college
- 3 A vocational, trade, or business school
- 4 Another college or university
- 4 Someplace else – *Specify* ↴

67. How many hours of instruction did you complete in order to earn your most recent vocational certificate?

Mark one answer.

- 1 50 hours of instruction or less (2 full-time school weeks or less)
- 2 51 to 299 hours of instruction (more than 2 weeks but less than 3 months of full-time schooling)
- 3 300 to 899 hours of instruction (3 full-time school months, but less than a full-time academic year)
- 3 900 or more hours of instruction (1 full-time academic year or more)

68. In what year did you get your most recent vocational certificate?

YEAR

69. What was the field of study for your most recent vocational certificate?

FIELD OF STUDY

70. Do you use this vocational certificate for your MAIN job you wrote in Question 12?

Mark one answer.

- 1 Yes
 2 No
 3 Does not apply—I am not currently working

71. To pay for this certificate, did you have any of the following support?

Mark one answer for each item.

| | Yes | No |
|---|----------------------------|----------------------------|
| My own savings or earnings | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Employer support or reimbursement..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Loans, grants, or scholarships from someplace other than my employer..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Support from a professional association..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Some other support – Specify ↘ | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

Enrollment

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

- 1 Yes
 2 No → Go to Question 77

73. (If Yes) Are you currently enrolled full time or part time?

Mark one answer.

- 1 Full time
 2 Part time

74. Are you currently enrolled in a degree program?

Do not count certificate or diploma programs.

Mark one answer.

- 1 Yes
 2 No, but I plan to transfer to a degree program
 3 No, and I do not plan to transfer to a degree program → Go to Question 76

75. What degree are you working toward?

Mark one answer.

- 1 Associate's degree (e.g., AA, AS)
 2 Bachelor's degree (e.g., BA, BS)
 3 Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
 4 Professional degree beyond a Bachelor's degree (e.g., MD, DDS, DVM, LLB, JD)
 5 Doctorate degree (e.g., PhD, EdD)
 6 Other – Specify ↘

76. What is your primary field of study?

FIELD OF STUDY

Background

77. Are you...

- 1 Male
2 Female

78. What is your birthdate?

| MONTH | DAY | YEAR |
|-------|-----|------|
| | | |
| | | |

79. Are you of Hispanic, Latino, or Spanish origin?

- 1 Yes
2 No

80. What is your race?

Mark one or more.

- 1 American Indian or Alaska Native

Specify tribal affiliation(s) ↴

- 2 Native Hawaiian or other Pacific Islander
3 Asian
4 Black or African American
5 White

81. What is your current marital status?

Mark one answer.

- 1 Married
2 Living in a marriage-like relationship
3 Widowed
4 Divorced
5 Separated
6 Never married

82. Are you a native English speaker?

- 1 Yes
2 No

83. How well do you need to speak English for your MAIN job you wrote in Question 12?

Mark one answer.

- 1 I need to be able to easily carry on a conversation
2 I need to be able to reply to or ask simple questions
3 I need to be able to use single words or short phrases
4 I do not need to speak English for this job
5 Does not apply—I am not currently working

84. How well do you need to speak Spanish for your MAIN job you wrote in Question 12?

Mark one answer.

- 1 I need to be able to easily carry on a conversation
2 I need to be able to reply to or ask simple questions
3 I need to be able to use single words or short phrases
4 I do not need to speak Spanish for this job
5 Does not apply—I am not currently working

85. Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?

Mark one answer.

- 1 Never served in the military
2 Only on active duty for training in the Reserves or National Guard
3 Now on active duty
4 On active duty in the past, but not now

86. Are you currently living in the United States or Puerto Rico, another U.S. territory, or are you living in another country?

Mark one answer.

1 United States or Puerto Rico

2 Another U.S. territory

3 Another country

87. In what U.S. state, U.S. territory, or foreign country were you born?

U.S. STATE, TERRITORY, OR FOREIGN COUNTRY

88. Are you a U.S. citizen?

1 Yes → **Go to question 90**

2 No

89. (If non-U.S. citizen) Are you currently a non-U.S. citizen with a...

Mark one answer.

1 Permanent U.S. Resident Visa (Green Card)?

2 Temporary U.S. Resident Visa?

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Go to the next page.**

90. This question will help us better understand the career paths of individuals with different types of limitations.

What is the USUAL degree of difficulty you have with...

Mark one answer for each item.

| | None ↓ | Slight ↓ | Moderate ↓ | Severe ↓ | Unable to do ↓ |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 SEEING words or letters in ordinary newsprint (with glasses/contact lenses, if you usually wear them) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 2 HEARING what is normally said in conversation with another person (with hearing aid, if you usually wear one)..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 3 WALKING without human or mechanical assistance or using stairs..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 4 LIFTING or carrying something as heavy as 10 pounds, such as a bag of groceries | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 5 CONCENTRATING, REMEMBERING, or MAKING DECISIONS because of a physical, mental, or emotional condition | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

91. Because we are interested in how education and employment change over time, we may be contacting you in the future. To help us contact you, please list phone numbers and an email address where you can be reached.

Home phone number - -

Area Code Number

Cell phone number - -

Area Code Number

I consent to receive text messages for follow-up purposes only.

Email address @

92. How would you like to complete future rounds of this survey?

Mark one answer.

- 1 A questionnaire sent in the mail
- 2 An online questionnaire
- 3 A telephone interview

**Thank you for your participation in the National Training,
Education, and Workforce Survey!**

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

**U.S. Census Bureau
1201 E. 10th St.
Jeffersonville, IN 47132-0001**

**If you have any questions or need assistance, please email us at
xxxx@xxxx.gov or call us toll-free at 1-888-xxx-xxxx.**

**Results of the National Training, Education, and Workforce Survey will be released
next year and can be found on the National Science Foundation's website at
<http://www.nsf.gov/statistics>.**

**You are not required to respond to any information collection unless it displays a
valid approval number from the Office of Management and Budget. The approval
number for this survey is 3145-XXXX.**