

Greetings,

Thank you for agreeing to participate in this research study. On the next screen, you will be asked to fill out a questionnaire that will take about 10 minutes. The information you provide will contribute to valuable research at the Census Bureau.

*The U.S. Census Bureau is required by law to protect your information. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. We are conducting this voluntary survey under the authority of Title 13, United States Code, Sections 8(b), 182, and 196. 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.*

*We estimate that completing this survey will take 10 minutes on average. Send comments regarding this estimate or any other aspect of this survey, including suggestions for reducing the time it takes to complete this survey to [adrm.pra@census.gov](mailto:adrm.pra@census.gov). This collection has been approved by the Office of Management and Budget (OMB). This eight-digit OMB approval number, 0607-0725, confirms this approval and expires on 12/31/2022. We are required to display this number to conduct this survey. By proceeding, you give your consent to participate in this study.*

*Your privacy is protected by the Privacy Act. The information provided may be shared with other Census Bureau staff for the work-related purposes identified in this statement. For more information on this collection, see SORN "[CENSUS-3 Demographic Survey Collection \(Census Bureau Sampling Frame\)](#)" by visiting our website at [census.gov](https://www.census.gov) and click on "Data Protection and Privacy Policy" at the bottom of the home page.*

**Start Survey**

Are there any children under the age of 18 living in this household?

Yes

No



**When answering this set of questions, please think of your oldest child under the age of 18.**

What type of school does this child attend?  
*Please select Yes or No for each item.*

	Yes	No
Private, Catholic	<input type="radio"/>	<input type="radio"/>
Private, religious but not Catholic	<input type="radio"/>	<input type="radio"/>
Private, not religious	<input type="radio"/>	<input type="radio"/>
Public school	<input type="radio"/>	<input type="radio"/>
Other type of school	<input type="radio"/>	<input type="radio"/>
Not in school	<input type="radio"/>	<input type="radio"/>



Has any adult in this child's household ever done any of the following things at this child's current school?

*Please select Yes or No for each item.*

	Yes	No
Attended a school or class event, such as a play, dance, sports event, or science fair	<input type="radio"/>	<input type="radio"/>
Served as a volunteer in this child's classroom or elsewhere in the school	<input type="radio"/>	<input type="radio"/>
Attended a general school meeting, for example, an open house, or a back-to-school night	<input type="radio"/>	<input type="radio"/>
Attended a meeting of the parent-teacher organization or association	<input type="radio"/>	<input type="radio"/>
Gone to a regularly scheduled parent-teacher conference with this child's teacher	<input type="radio"/>	<input type="radio"/>
Participated in fundraising for the school	<input type="radio"/>	<input type="radio"/>
Served on a school committee	<input type="radio"/>	<input type="radio"/>
Met with a guidance counselor in person	<input type="radio"/>	<input type="radio"/>



In the past week, has anyone in your family done the following things with this child?

*Please select Yes or No for each item.*

	Yes	No
Told him/her a story (do not include reading to this child)	<input type="radio"/>	<input type="radio"/>
Done activities like arts and crafts, coloring, painting, pasting, or using clay	<input type="radio"/>	<input type="radio"/>
Played board games or did puzzles with him/her	<input type="radio"/>	<input type="radio"/>
Worked on a project like building, making, or fixing something	<input type="radio"/>	<input type="radio"/>
Played sports, active games, or exercised together	<input type="radio"/>	<input type="radio"/>
Discussed with him/her how to manage time	<input type="radio"/>	<input type="radio"/>
Talked with him/her about the family's history or ethnic heritage?	<input type="radio"/>	<input type="radio"/>



In the past month, has anyone in your family done the following things with this child?

*Please select Yes or No for each item.*

	Yes	No
Visited a library	<input type="radio"/>	<input type="radio"/>
Visited a bookstore	<input type="radio"/>	<input type="radio"/>
Gone to a play, concert, or other live show	<input type="radio"/>	<input type="radio"/>
Visited an art gallery, museum, or historical site	<input type="radio"/>	<input type="radio"/>
Visited a zoo or aquarium	<input type="radio"/>	<input type="radio"/>
Attended an event sponsored by a community, religious, or ethnic groups	<input type="radio"/>	<input type="radio"/>
Attended an athletic or sporting event outside of school in which this child was not a player	<input type="radio"/>	<input type="radio"/>



Do you have a child under the age of 5?

Yes

No



Who provides child care or early education for your youngest child on a REGULAR BASIS?

*Please select Yes or No for each item.*

	Yes	No
A parent or guardian	<input type="radio"/>	<input type="radio"/>
A relative such as a grandparent, brother, sister or other relative	<input type="radio"/>	<input type="radio"/>
A person NOT related to this child such as a neighbor, home child care provider, nanny, or au pair	<input type="radio"/>	<input type="radio"/>
A teacher or staff person in a day care center, child care center, preschool, or prekindergarten (not in a private home)	<input type="radio"/>	<input type="radio"/>





In the past 12 months, did your family ever receive benefits from any of the following programs?

*Please select Yes or No for each item.*

	Yes	No
Temporary Assistance for Needy Families, or TANF	<input type="radio"/>	<input type="radio"/>
Your state welfare or family assistance program	<input type="radio"/>	<input type="radio"/>
Women, Infants, and Children, or WIC	<input type="radio"/>	<input type="radio"/>
Food Stamps	<input type="radio"/>	<input type="radio"/>
Medicaid	<input type="radio"/>	<input type="radio"/>
Child Health Insurance Program (CHIP)	<input type="radio"/>	<input type="radio"/>
Section 8 housing assistance	<input type="radio"/>	<input type="radio"/>



Do you or any member of your household have access to the Internet using a -

*Please select Yes or No for each item.*

	Yes	No
Cellular data plan for a smartphone or other mobile device?	<input type="radio"/>	<input type="radio"/>
Broadband (high speed) Internet service such as cable, fiber optic, or DSL service installed in this household	<input type="radio"/>	<input type="radio"/>
Satellite Internet service installed in this household	<input type="radio"/>	<input type="radio"/>
Dial-up Internet service installed in this household	<input type="radio"/>	<input type="radio"/>
Some other service	<input type="radio"/>	<input type="radio"/>



Are you currently covered by any of the following types of health insurance or health coverage plans?

*Please select Yes or No for each item.*

	Yes	No
Insurance through a current or former employer or union (of you or another family member)	<input type="radio"/>	<input type="radio"/>
Insurance purchased directly from an insurance company (by you or another family member)	<input type="radio"/>	<input type="radio"/>
Medicare, for people 65 and older, or people with certain disabilities	<input type="radio"/>	<input type="radio"/>
Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	<input type="radio"/>	<input type="radio"/>
TRICARE or other military health care	<input type="radio"/>	<input type="radio"/>
VA (enrolled for VA health care)	<input type="radio"/>	<input type="radio"/>
Indian Health Service	<input type="radio"/>	<input type="radio"/>
Any other type of health insurance or health coverage plan	<input type="radio"/>	<input type="radio"/>

Are you currently working?

Yes

No



In the past month, which of the following work activities have occupied at least 10% of your time?

*Please select Yes or No for each item.*

	Yes	No
Accounting, finance, contracts	<input type="radio"/>	<input type="radio"/>
Basic research - study directed toward gaining scientific knowledge primarily for its own sake	<input type="radio"/>	<input type="radio"/>
Applied research - study directed toward gaining scientific knowledge to meet a recognized need	<input type="radio"/>	<input type="radio"/>
Development - using knowledge gained from research for the production of materials, devices	<input type="radio"/>	<input type="radio"/>
Design of equipment, processes, structures, models	<input type="radio"/>	<input type="radio"/>
Computer programming, systems or applications development	<input type="radio"/>	<input type="radio"/>
Human resources - including recruiting, personnel development, training	<input type="radio"/>	<input type="radio"/>
Managing or supervising people or projects	<input type="radio"/>	<input type="radio"/>
Production, operations, maintenance (e.g., chip production, operating lab equipment)	<input type="radio"/>	<input type="radio"/>

Professional services (e.g., health care, counseling, financial services, legal services)	<input type="radio"/>	<input type="radio"/>
Sales, purchasing, marketing, customer services, public relations	<input type="radio"/>	<input type="radio"/>
Quality or productivity management	<input type="radio"/>	<input type="radio"/>
Teaching	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>



Considering all jobs you held this week, were any of the following benefits available to you, even if you chose not to take them?

*Please select Yes or No for each item.*

	Yes	No
Health insurance that was at least partially paid by your employer	<input type="radio"/>	<input type="radio"/>
A pension plan or a retirement plan to which your employer contributed	<input type="radio"/>	<input type="radio"/>
A profit-sharing plan	<input type="radio"/>	<input type="radio"/>
Paid vacation, sick, or personal days	<input type="radio"/>	<input type="radio"/>



Did you receive any wages, salary, commissions, bonuses, or tips during the PAST 12 MONTHS?

Yes

No



What is the easiest way for you to tell us the amount of wages, salary, commissions, bonuses or tips you receive?

*This includes jobs before any deductions for taxes, bonds, dues, or other items.*

Weekly

Every 2 weeks

Twice a month

Monthly

Annually

What was the amount received annually?

*Report amount from all jobs before any deductions for taxes, bonds, dues, or other items.*

\$  .00





According to our calculations, you received \$10400 in wages, salary, commissions, bonuses, or tips last year. Is this correct?

Yes

No - Specify correct amount: \$  .00



Which of the following, if any, have happened to you personally?  
*Please select Yes or No for each item.*

	Yes	No
Overcharged by a mechanic or home repairman	<input type="radio"/>	<input type="radio"/>
Had your wallet or purse stolen	<input type="radio"/>	<input type="radio"/>
Had a home break-in	<input type="radio"/>	<input type="radio"/>
Had your identity stolen	<input type="radio"/>	<input type="radio"/>
Denied coverage by a health insurance company	<input type="radio"/>	<input type="radio"/>
Were asked to pay a bribe	<input type="radio"/>	<input type="radio"/>



Which of the following, if any, has happened to you or someone in your immediate family?

*Please select Yes or No for each item.*

	Yes	No
Lost a job and struggled to find another one	<input type="radio"/>	<input type="radio"/>
Been arrested	<input type="radio"/>	<input type="radio"/>
Filed for bankruptcy	<input type="radio"/>	<input type="radio"/>
Been treated for addiction to drugs or alcohol	<input type="radio"/>	<input type="radio"/>
Was seriously injured at work	<input type="radio"/>	<input type="radio"/>
Lost a home to foreclosure	<input type="radio"/>	<input type="radio"/>



Which of these describes you well?  
*Please select Yes or No for each item.*

	Yes	No
Compassion and helping others are my core values	<input type="radio"/>	<input type="radio"/>
Honor and duty are my core values	<input type="radio"/>	<input type="radio"/>
Willing to work with people I disagree with	<input type="radio"/>	<input type="radio"/>
Interested in visiting other countries	<input type="radio"/>	<input type="radio"/>
Focused on my professional life, career	<input type="radio"/>	<input type="radio"/>
Blue collar	<input type="radio"/>	<input type="radio"/>



Please enter the following phone number in the space below:  
(301) 763-3096



Please enter the following time in the space below:



HH:MM



Please enter the date displayed in the calendar below:

September 2020							^	v
Su	Mo	Tu	We	Th	Fr	Sa		
30	31	1	2	3	4	5		
6	7	8	9	10	11	12		
13	14	15	16	17	18	19		
20	21	22	23	24	25	26		
27	28	29	30	1	2	3		
4	5	6	7	8	9	10		

MM/DD/YYYY



How easy or difficult was it for you to enter the correct data for these last three questions which asked you to enter a phone number, a time, and a date?

Extremely easy

Somewhat easy

Neither easy nor difficult

Somewhat difficult

Extremely difficult

