**ASK U.S. PANEL PILOT BASELINE QUESTIONNAIRE  
DoD Version**

MODE = WEB, PHONE (inbound; outbound nonresponse follow-up)

LANGUAGE = ENGLISH

All questions are classified optional unless otherwise specified as “required”.

For PHONE include volunteered “DK” and “RF” response options on all questions.

For WEB display DK/REF options if respondent advances without answering question.

DEFINE RTYPE: Type of respondent = Military member OR spouse identified in sample   
RTYPE 1 = MEMBER; RTYPE 2 = SPOUSE

**PROGRAMMER NOTE**: For any questions that ask for any of the following and the respondent enters an invalid response, display the following error message:

Email: “Please enter a valid email address.”

Phone number: “Please enter a valid phone number, including the area code.”

Zip code: “Please enter a valid 5-digit zip code”

**CONSENT.**

**Description and Purpose of the Ask U.S. Panel pilot:** The Ask U.S. Panel is a national survey panel by the U.S. Census Bureau. The purpose for collecting this information is to track public opinion on a variety of topics of interest to numerous federal agencies and their partners, and for conducting experimentation on alternative question wording and methodological approaches. A key objective of the Panel will be to produce representative and reliable statistics on a rapid turnaround suitable for use by federal agencies. The Panel will ensure availability of frequent data collection for nationally representative estimates on a variety of topics and a variety of subgroups of the population. The panel pilot also will test feasibility and procedures that will be used to develop and implement future panels. The pilot panel will consist of individuals and households living across the U.S., including active-duty service members and spouses of active-duty service members, that have agreed to be contacted and invited to participate in surveys led by the U.S. Census Bureau and other federal agencies, including Department of Defense (DoD).

**Privacy Act Statement:** The legal authority for the Ask U.S. Panel Pilot is provided under 13 U.S.C §§ 8(b), 131, 141, 161, 181, 182, and 193; 49 U.S.C. § 329; the Education Sciences Reform Act of 2002, 20 U.S.C. §9543. Section 1110(a) of the Social Security Act as amended, 42 U.S.C. 1310(a); 7 U.S.C. § 3318; 7 U.S.C. 2204(a); Section 306 of the Public Health Service Act, 42 U.S.C. 242k; and 10 U.S.C. § 1782.

The U.S. Census Bureau is conducting this survey in partnership with the Economic Research Service of the USDA, Food and Nutrition Service of the USDA, Social Security Administration, National Center for Education Statistics, National Center for Health Statistics, Department of Labor, Department of Defense, and the Department of Transportation (partner agencies).

Personally identifiable information (PII) collected includes: Name, Address, Telephone/cell phone number, Date of Birth or age, Email address, Race or ethnicity, and Unique Identifier (Code).

Your privacy is protected by the Privacy Act of 1974 (5 U.S.C. § 552a). Disclosure and use of this information are subject to the published routine uses identified in the Privacy Act System of Records Notice COMMERCE/Census-3 Demographic Survey Collection (Census Bureau Sampling Frame); COMMERCE/Census-5 (Decennial Census Program); and COMMERCE/Census-7 Demographic Survey Collection (non-Census Bureau Sampling Frame).

Partner agencies may provide PII to the Census Bureau under the Privacy Act ((5 U.S.C. § 552a(b)(4)). All PII will be secured by staff (employees and contractors) that have received training on privacy and confidentiality laws, policies, and practices. Access to the information that you provide is restricted to authorized personnel. The information will be shared only with staff, contractors, and non-Census sponsors that are authorized and have a need to know.

Furnishing this information is voluntary. Failure to do so will result in the Census Bureau’s inability to create a robust probability-based nationwide survey panel.

**Sponsor:** The Ask U.S. Panel pilot is sponsored by the U.S. Census Bureau in partnership with DoD and other federal agencies. RTI International, a not-for-profit research organization, is establishing and maintaining the pilot panel on behalf of the U.S. Census Bureau and DoD.

**Procedures:** Your participation in the pilot panel will last up to 1 year, during which time you will be asked to complete a 20-minute enrollment survey, followed by an additional 15-minute survey later in 2022.

**Financial Considerations:** Participation in the Ask U.S. Panel pilot will involve no cost to you. You previously received $5 in your initial invitation letter. If you complete the enrollment survey, you will receive an additional $20. Once enrolled in the panel, you will receive $10 for completing an additional 15-minute panel survey later in 2022.

**Voluntary Participation:** Your participation in the pilot panel is completely voluntary. While your responses are very important to us, you can refuse to answer any and all questions, or choose not to participate in future surveys. You can elect to leave the panel at any time. You may also withdraw your response at any time by contacting the panel project team.

**Possible Benefits and Risks:** There are no direct benefits to you for participating in the pilot panel, but your answers may help improve military policies. The potential exists for loss of privacy, though our procedures are designed to protect and secure your personal information. Please see the Privacy section above for details on the procedures in place to protect your privacy.

**Further Questions:** If you have any questions about the research now or in the future you can contact the Ask U.S. Panel pilot project team at askuspanel@rti.org or 1-866-558-0774 from 9:00 am-12:00 am Monday through Thursday, 9:00 am-11:00 pm on Fridays, 10:00 am-9:00 pm on Saturdays, and 1:30 pm-11:00 pm on Sundays (EST). If you have any questions or concerns about your rights as a research subject, you may call the University of Southern Maine Office of Research Integrity and Outreach at (207) 780-4517 and/or email [usmorio@maine.edu](mailto:usmorio@maine.edu).

[IF PHONE] Do you agree to enroll in the Ask U.S. Panel pilot and receive an invitation to a future Ask U.S. Panel pilot survey?

1. YES
2. NO [GO TO OUTRO]

By clicking “Next” below, you are agreeing to enroll in the Ask U.S. Panel pilot and receive an invitation to a future Ask U.S. Panel pilot survey.

**DEM14.** REQUIRED Are you or your spouse currently serving in the U.S. Armed Forces (Active Duty, Reserve, or National Guard)? Reserve and Guard members/spouses who are full-time active duty (AGR/FTS/AR) or currently “activated” should select the “Reserve or National Guard” response(s). *Please* [IF PHONE OR IN-PERSON: *tell me*] [IF WEB: *select*] *all that apply*.

1. No

2. Yes, I’m serving on active duty

3. Yes, I'm serving in the Reserve or National Guard

4. Yes, my spouse is serving on active duty

5. Yes, my spouse is serving in the Reserve or National Guard

**PROGRAMMER NOTE**: IF DEM14 ≠2|4, GO TO SCREENOUT

**PROGRAMMER NOTE**: If “No” is selected with any other option, display error message: “You cannot select “No” with any other option. Please check and correct your answer.”

**LINK1**. Thank you for agreeing to join this panel. Your participation in this survey and other surveys you receive as a panel member will provide valuable information to the Department of Defense and federal statistical agencies, such as the US Census Bureau, the Bureau of Labor Statistics, and the National Center for Health Statistics.   
  
We can learn more from the information you provide in this survey if you give your permission to combine your answers with your data collected by the Department of Defense and other government agencies. Do we have your permission to combine these data?

1. Yes
2. No

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First, we would like to ask some questions about your living situation.

**DR5a.** [IF RTYPE = 1] Where do you live at your permanent duty station?

1. Aboard ship

2. Government-owned barracks, dorm, bachelor quarters, or unaccompanied enlisted or officer housing on base

3. Government-owned family housing on base

4. Government-owned or leased family housing off base

5. Privatized housing on base that you rent

6. Privatized housing off base that you rent

7. Civilian/community housing off base that you own or pay mortgage on

8. Civilian/community housing off base that you rent

9. Other (please specify)  
  
**DR5b.** [IF RTYPE = 2] Which of the following best describes where you currently live?

1. Military housing on base
2. Military housing off base
3. Civilian housing off base that you own or pay mortgage on
4. Civilian housing off base that you rent

PROGRAMMER: IF DR5a | DR5b = BLANK, SHOW ERROR MESSAGE: This question is important for classification purposes. Please try to answer if you can.

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**R4.** REQUIRED Including yourself, how many **adults 18 years of age or older** consider [FILL ADDRESS FROM SAMPLE] their primary residence?

[IF DR5a = 1|2 FILL: If you are currently living aboard a ship or in government owned barracks, dorms, bachelor quarters, or unaccompanied enlisted or officer housing on base please don’t count your roommates.; ELSE FILL: Please don’t count anyone who lives most of their time somewhere else, even if they are currently staying here.]

\_\_\_\_\_\_\_ # of adults 18 years of age or older, including yourself (RANGE 1-25)

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**DROSTER1.** [ASK IF **D**R5a ≠ 1 | 2] REQUIRED How many **children** **under the age of 18** are currently staying here? If none, enter 0.

\_\_\_\_\_\_ # of children under 18 years old currently staying here (RANGE 0-12)

----------------------------------------------NEXT PAGE---------------------------------------------

**DROSTER2**. REQUIRED How many **legal dependent** children do you have **under the age of 18** that **do not** currently live here with you? If none, enter 0.

[RTYPE = 1 FILL: Legal dependent children include children who have, or are eligible to have, a Uniformed Services Identification and Privilege card (also called a military ID card) or is eligible for military health care benefits and is enrolled in the Defense Enrollment Eligibility Reporting System (DEERS).]

\_\_\_\_\_\_# of legal dependent children under 18 that **do not** currently live with you (RANGE 0-12)  
  
----------------------------------------------NEXT PAGE---------------------------------------------

**PROGRAMMER NOTE**:   
IF R4 | DROSTER1 | DROSTER2 = BLANK, DON’T KNOW, REFUSED, SHOW ERROR MESSAGE: This question is required to continue.

DEFINE HHNUMBER: Total # of people in household  
HHNUMBER = R4 + DROSTER1

DEFINE CHILDNUMBER: Total # of children in the household  
CHILDNUMBER = DROSTER1   
  
**HH ROSTER**

[IF HHNUMBER>1] Now we’d like to ask you for a little more information about you and others living with you.

**ROSTER4.** Are you?

1. Male  
2. Female

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[IF R4 = 2] Now we’d like to ask for some information about the other **adult** who lives with you.

[IF R4 > 2] Now we’d like to ask for some information about the other **adults** that live with you. Let's start with the oldest and work down to the youngest, **not including yourself**.

**DROSTER6a.** [IF R4 >1] What is the [oldest/next oldest] adult’s age?

\_\_\_\_\_\_ years (RANGE 18-99)

----------------------------------------------NEXT PAGE---------------------------------------------

**DROSTER7a.** [IF R4 > 1] How is the [oldest/next oldest] adult related to you?

1. Husband/wife/spouse

2. Unmarried domestic partner

3. Biological son or daughter

4. Adopted son or daughter

5. Stepson or stepdaughter

6. Brother or sister

7. Father or mother

8. Grandchild

9. Parent-in-law

10. Son-in-law or daughter-in-law

11. Roommate or housemate

12. Foster child

13. Other relative (please specify): \_\_\_\_\_\_ [MAX 20 CHARACTERS]

14. Other nonrelative (please specify): \_\_\_\_\_\_\_ [MAX 20 CHARACTERS]

----------------------------------------------NEXT PAGE---------------------------------------------

**DROSTER8a.** [IF R4 > 1] What is the [oldest/next oldest] adult’s sex?

1. Male

2. Female

----------------------------------------------NEXT PAGE---------------------------------------------

**DROSTER9a.** [IF RTYPE = 1 & (R4 >1 & ROSTER6 ≠ 2 | 13)] Is this adult your **legal dependent**?

Legal dependents include anyone in your family who have, or are eligible to have, a Uniformed Services Identification and Privilege card (also called a military ID card) or is eligible for military health care benefits and is enrolled in the Defense Enrollment Eligibility Reporting System (DEERS).

1. Yes
2. No

**PROGRAMMER NOTE**: REPEAT DROSTER6a – DROSTER9a [R4 – 2] times.   
IF ANY DROSTER6a – DROSTER9a = BLANK, SHOW ERROR MESSAGE: This question is important for classification purposes. Please try to answer if you can.

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[IF CHILDNUMBER = 1] Now we’d like to ask for some information about the **child under 18** who lives here.

[IF CHILDNUMBER > 1] Now we’d like to ask for some information about the **children under 18** who live here. Let's start with the oldest and work down to the youngest.

[IF DROSTER2 > 0 FILL: If you have **legal dependents** under 18 that **do not** live with you, we will ask about them next]

**DROSTER6b.** [IF R4 >1] What is the [oldest/next oldest] child’s age?

\_\_\_\_\_ Years (RANGE 1-17)

Less than 1 year

**DROSTER7b.** [IF CHILDNUMBER > 0] How is the [oldest/next oldest] child that lives here related to you?

1. Biological son or daughter

2. Adopted son or daughter

3. Stepson or stepdaughter

4. Grandchild

5. Foster child

6. Other relative (please specify): \_\_\_\_\_\_ [MAX 20 CHARACTERS]

7. Other nonrelative (please specify): \_\_\_\_\_\_\_ [MAX 20 CHARACTERS]

**DROSTER8b.** [IF CHILDNUMBER > 0] What is the [oldest/next oldest] child’s sex?

1. Male

2. Female

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**DROSTER9b.** [IF RTYPE = 1 & CHILDNUMBER > 0] Is this child your **legal dependent**?

Legal dependents include those who have, or is eligible to have, a Uniformed Services Identification and Privilege card (also called a military ID card) or is eligible for military health care benefits and is enrolled in the Defense Enrollment Eligibility Reporting System (DEERS).

1. Yes
2. No

**PROGRAMMER NOTE**: REPEAT DROSTER6b – DROSTER9b = CHILDNUMBER -1 times.  
IF ANY DROSTER6b– DROSTER9b = BLANK, SHOW ERROR MESSAGE: This question is important for classification purposes. Please try to answer if you can.

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[ASK IF DROSTER2 = 1] Now we’d like to ask for some information about your **dependent child under the age of 18** that does **not** live with you.

[ASK IF DROSTER2 > 1] Now we’d like to ask for some information about the **dependent children under the age of 18** that **do not** live with you. Let's start with the oldest and work down to the youngest.

**DROSTER6c.** [IF DROSTER2 > 0] What is the [oldest/next oldest] child’s age?

\_\_\_\_\_ Years (RANGE 1-17)

Less than 1 year

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**DROSTER7c.** [IF DROSTER2 > 0] How is the [oldest/next oldest] child related to you?

1. Biological son or daughter

2. Adopted son or daughter

3. Stepson or stepdaughter

4. Grandchild

5. Foster child

6. Other relative (please specify): \_\_\_\_\_\_ [MAX 20 CHARACTERS]

7. Other nonrelative (please specify): \_\_\_\_\_\_\_ [MAX 20 CHARACTERS]

----------------------------------------------NEXT PAGE---------------------------------------------

**DROSTER8c.** [IF DROSTER2 > 0] What is the [oldest/next oldest] child’s sex?

1. Male

2. Female

**PROGRAMMER NOTE**: REPEAT DROSTER6c – DROSTER8c DROSTER2 -1 TIMES.

IF ANY DROSTER6c – DROSTER8c = BLANK, SHOW ERROR MESSAGE: This question is important for classification purposes. Please try to answer if you can.

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**LANGUAGE** (ACS)

**LANG1.** Do you speak a language other than English at home?

1. Yes

2. No

**LANG2.** [IF LANG1=1] What language other than English do you speak at home?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [MAX 50 CHARACTERS]

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**LANG3.** [IF RTYPE = 2 & LANG1=1] How well do you speak English?

1. Very well

2. Well

3. Not well

4. Not at all

----------------------------------------------NEXT PAGE---------------------------------------------

**PROXY REPORTING**

**PROX1**. [IF R4 >1] For the following topics, please rate, on average, how ***willing*** you are to report this information for ***every adult*** in your household:

[IF PHONE: Very willing, somewhat willing, not very willing, not at all willing]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Very willing** | **Somewhat willing** | **Not very willing** | **Not at all willing** |
| 1. Income |  |  |  |  |
| 1. Job search activities |  |  |  |  |
| 1. Political party affiliation |  |  |  |  |
| 1. Dietary needs and preferences |  |  |  |  |

----------------------------------------------NEXT PAGE---------------------------------------------

**PROX2a**. [IF R4 >1] For the following topics, please rate, on average, how **accurately** you could report this information for **every adult** in your household.

[IF R4 > 2 FILL: Let's start with the oldest and work down to the youngest, **not including yourself**.]

How accurately could you report this information for [IF R4 = 2, FILL: the other; IF R4 > 2, FILL: the oldest/next oldest] adult in your household?

[IF PHONE: Very accurately, somewhat accurately, not very accurately, not at all accurately]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Very accurately** | **Somewhat accurately** | **Not very accurately** | **Not at all accurately** |
| 1. Income |  |  |  |  |
| 1. Job search activities |  |  |  |  |
| 1. Political party affiliation |  |  |  |  |
| 1. Dietary needs and preferences |  |  |  |  |

**PROGRAMMER NOTE**: REPEAT PROX2a R4-2 times

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**TRANSIENCE**

**TRAN1.** [IF RTYPE = 2] In the past 2 years, how many times have you moved, either temporarily or permanently? If none, enter 0.

\_\_\_\_ number of times [RANGE: 0- 24]

**DTRAN2**. [IF RTYPE =1] In the past 2 years, how many times have you made a Permanent Change of Station (PCS) move? If none, enter 0.

\_\_\_\_ number of times [RANGE: 0- 24]

**DTRAN3**. [IF RTYPE =1] In the past 2 years, how many times have you been away from your permanent duty station (homeport) for longer than 30 consecutive days because of your military duties? If none, enter 0.

\_\_\_\_ number of times [RANGE: 0- 24]

**TRAN2.** How long have you lived at your current address?

\_\_\_ Years \_\_\_\_\_ Months [RANGE: 0 – 11]

**PROGRAMMER NOTE**: If Years=0 AND Months=0, display error message: “Either Years or Months must be greater than 0, they cannot both be 0.”

**DTRAN5**. In the past 2 years, have you had to live apart from your spouse permanently or temporarily for any reason other than deployment?

1. Yes
2. No

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**CONTACT**

**CON1a**. [IF NOT MISSING EMAIL FROM SAMPLE] We usually send updates, notifications, and survey links via email. The email address we have on record for you is [EMAIL]. Is this the best email for us to use?

1. Yes

2. No

**CON1b**. [IF MISSING EMAIL FROM SAMPLE] We usually send updates, notifications, and survey links via email. Do you have an email address you can use for this purpose?

1. Yes

2. No

**CON2**. [IF CON1a=2 | CON1b=1] What is the best email address for us to reach you?

\_\_\_\_\_\_\_\_\_\_\_ [MAX OF 50 CHARACTERS; VALID EMAIL FORMAT]

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**CON3b**. We can also send updates, notifications, and survey links via text message. Do you have a cellphone you can use for this purpose?

1. Yes

2. No

**CON4**. [IF CON3b=1] What is the best cellphone number for us to reach you?

\_\_\_\_\_\_\_\_\_\_\_\_\_ [MAX OF 30 CHARACTERS; VALID PHONE FORMAT]

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**CON5**. How would you prefer we contact you? *Please [IF PHONE: tell me] [IF WEB: select] all that apply.*

1. Email

2. Text message

**PROGRAMMER NOTE**: PROGRAM CON5 AS MULTI-SELECT.

**INTERNET ACCESS**

Now, we have some questions about your access to and use of the internet.

**INT1:** Do you use the Internet at home? This includes accessing the Internet with a cell phone, computer, tablet, or other device.

1. Yes

2. No

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**INT2:** [IF INT1=2] What are the reasons why you do not use the Internet at home? *Please [IF PHONE: tell me] [IF WEB: select] all that apply.*

1. Don’t need it or not interested

2. Can’t afford it

3. Not worth the cost

4. Can use it elsewhere

5. Not available in area

6. No computing device, or device inadequate or broken

7. Online privacy or cybersecurity concerns

8. Personal safety concerns

9. Household moved or is in the process of moving

10. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [MAX 100 CHARACTERS]

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**INT3**. [IF INT1=1] How frequently do you use the Internet in your home? *This includes accessing the Internet through a cell phone, computer, or tablet.*

1. Daily
2. At least once a week
3. At least once a month
4. Less than once a month
5. Never

**INT4** [IF INT3=1|2|3|4] Which of the following devices do you usually use to access the internet? *Please [IF PHONE: tell me] [IF WEB: select] all that apply.*

1. A computer
2. A tablet
3. Smartphone or cell phone
4. Other device: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [MAX 20 CHARACTERS]

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**INT5** [IF INT3=1|2|3|4] Do you have access to the Internet using a:

*Please [IF PHONE: tell me] [IF WEB: select] all that apply.*

1. Cellular data plan for a smartphone or other mobile device?
2. Broadband (high speed) Internet service such as cable, fiber optic, or DSL service installed in this household?
3. Satellite Internet service installed in this household?
4. Dial-up Internet service installed in this household?
5. Some other service? (please specify) \_\_\_\_\_\_\_\_ [MAX 100 CHARACTERS]

**INT6.** Overall, would you say you can access the internet whenever you need to?

1. Yes
2. No

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**DIGITAL AFFINITY**

**DIG1.** [IF INT3=4|5] Do you regularly access the internet outside of your home?

1. Yes
2. No

----------------------------------------------NEXT PAGE---------------------------------------------

**DIG2a.** For which of the following communication purposes have you used the internet in the past 6 months? *Please* [IF PHONE: *tell me*] [IF WEB: *select*] *all that apply.*

1. E-mail  
2. Texting or instant messaging  
3. Social media (e.g., Facebook, Twitter, Instagram, TikTok)  
4. Video or voice calls or conferencing  
5. None of the above

**DIG2b.** For which of the following entertainment purposes have you used the internet in the past 6 months? *Please* [IF PHONE: *tell me*] [IF WEB: *select*] *all that apply.*

1. Streaming or watching videos  
2. Streaming or downloading music, radio programs, or podcasts  
3. Posting or uploading blog posts, videos, or other content you created  
4. None of the above

**DIG2c.** For which of the following work purposes have you used the internet in the past 6 months? *Please* [IF PHONE: *tell me*] [IF WEB: *select*] *all that apply.*

1. Telecommute or working from home  
2. Search or apply for a job  
3. Online classes or job training  
4. None of the above

**DIG2d.** For which of the following retail or service purposes have you used the internet in the past 6 months? *Please* [IF PHONE: *tell me*] [IF WEB: *select*] *all that apply.*

1. Request services provided by other people (e.g., Lyft, Uber, Airbnb, Angie’s List)  
2. Advertise products or services  
3. Online shopping, travel reservation, or other consumer services.   
4. Sell goods (e.g., Etsy, or eBay)  
5. Banking, investing, or paying bills online   
6. None of the above

**DIG2e.** For which of the following other purposes have you used the internet in the past 6 months? *Please* [IF PHONE: *tell me*] [IF WEB: *select*] *all that apply.*

1. Interact with appliances connected to the Internet, such as a thermostat, light bulb, or security system  
2. Communicate with a doctor or other health professional  
3. Accessing health records or health insurance records online  
4. Accessing news or information  
5. None of the above

**PROGRAMMER NOTE**: Cannot select “None of the above” in combination with other response options for DIG2a-DIG2e. If this happens, display error message: “You cannot select “None of the above” with any other option. Please check and correct your answer.””

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**NEWS SOURCES**

The next several questions will ask about your use of various media outlets, your participation in your community, and your opinion of government institutions.

**NEWS1**. [IF WEB: How often do you get news from…] [IF PHONE: How often do you get news from the following sources - Never, rarely, sometimes, or often?]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Never** | **Rarely** | **Sometimes** | **Often** |
| 1. Television | 4 | 3 | 2 | 1 |
| 1. Radio |  |  |  |  |
| 1. Print publications |  |  |  |  |
| 1. A smartphone, computer, or tablet |  |  |  |  |

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**VOTING**

**VOTE1** In any election, some people are not able to vote because they are sick or busy or have some other reason, and others do not want to vote. Did you vote in the most recent presidential election held on November 3, 2020?

1. Yes  
2. No

**VOTE2** [IF VOTE1=2]Were you registered to vote in the November 3, 2020 election?

1. Yes   
2. No

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**VOLUNTEERING**

The next questions will ask about volunteer activities you have participated in during the past year. For these questions, please include ***any*** volunteering you have done for an organization as well as any informal donations of time to help with an event or project.

**VOL1** Since [CURRENT MONTH] 1st of last year, have you done any volunteer activities through or for an organization?

1. Yes

2. No

**VOL2** [IF VOL1=2]Sometimes people don’t think of activities they do infrequently or activities they do for children’s schools or youth organizations as volunteer activities. Since [CURRENT MONTH] 1st of last year, have you done any of these types of volunteer activities?

1. Yes

2. No

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**TRUST IN GOVERNMENT**

**TRUST1a.** Below is a list of institutions in American society. Please indicate how much confidence you, yourself, have in each one – a great deal, quite a lot, some or very little?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **A great deal** | **Quite a lot** | **Some** | **Very little** |
| 1. The military | 4 | 3 | 2 | 1 |
| 1. The police |  |  |  |  |
| 1. The U.S. Supreme Court |  |  |  |  |
| 1. The presidency |  |  |  |  |
| 1. Public schools |  |  |  |  |
| 1. The criminal justice system |  |  |  |  |
| 1. Congress |  |  |  |  |
| 1. U.S. Census Bureau |  |  |  |  |

**TRUST1b.** Below is a list of institutions in American society. Please indicate how much confidence you, yourself, have in each one – a great deal, quite a lot, some or very little.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **A great deal** | **Quite a lot** | **Some** | **Very little** |
| 1. Small business | 4 | 3 | 2 | 1 |
| 1. The church or organized religion |  |  |  |  |
| 1. The medical system |  |  |  |  |
| 1. Banks |  |  |  |  |
| 1. Newspapers |  |  |  |  |
| 1. Organized labor |  |  |  |  |
| 1. Big business |  |  |  |  |
| 1. News on the internet |  |  |  |  |
| 1. News on social media |  |  |  |  |
| 1. Television news |  |  |  |  |

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**DEMOGRAPHICS**

Now, we have some more questions about you and your background.

**DEM1.** What is your date of birth?

\_\_\_\_\_\_\_ (MM/DD/YYYY) [RANGE: 01/01/1921 – [CURRENT DATE – 18 YEARS]

**PROGRAMMER NOTE:** Define AGE:

AGE = CURRENT DATE – DEM1

**DEM1a.** [IF AGE <18] You entered [AGE] as your age. Is this correct?

1. Yes 🡪 GO TO OUTRO AND SET OUTCOME CODES AS “R INELIGIBLE (UNDER 18”)
2. No

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**DDEM13.** [IF DROSTER7a = 1] What is your marital status?

1. Married

2. Domestic partnership

3. Widowed

4. Divorced

5. Legally separated

6. Never married

**DSPOUSE1**. [IF DEM13=1 | 2| 5 & **DROSTER7a** ≠ 1 | 2 |] What is your [IF DEM13=1|5 FILL: spouse’s; IF DEM13 = 2 FILL: partner’s] age?

\_\_\_\_\_ Years [RANGE 14-99]

**DSPOUSE2**. [IF DEM13=1 | 2| 5 & **DROSTER7a** ≠ 1 | 2] What is your [IF DEM13=1|5 FILL: spouse’s; IF DEM13 = 2 FILL: partner’s] sex?

1. Male

2. Female

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**DEM3.** Are you of Hispanic, Latino, or Spanish origin?

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 – *for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.* [Specify]

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**DEM4.** What is your race? *Please* [IF PHONE: *tell me*] [IF WEB: *select*] *all that apply.*

1. White

2. Black or African American

3. American Indian or Alaska Native

4. Native Hawaiian or Other Pacific Islander

5. Asian

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**DDEM5.** What is the highest level of education that you have completed? [IF PHONE: *Tell me*][IF WEB: *Mark*] *ONE response. If currently enrolled,* [IF PHONE: *tell me*] [IF WEB: *select*] *the previous grade or highest degree received.*

* 1. Less than high school completion/diploma
  2. High school degree/GED/or equivalent
  3. Some college, no degree
  4. Associate’s degree
  5. Bachelor’s degree
  6. Master’s, doctorate, or professional degree

**DEM6.** [IF DDEM5=2|3|4|5|6] In what month and year was your highest degree/diploma awarded?

\_\_\_ Month [RANGE: 1 – 12] \_\_\_\_ Year [1922-2022]

**DEM7.** [IF DDEM5>3] What was the major field of study for your highest degree?

**PROGRAMMER NOTE:** Program DEM7 as drop-down list with filtered search. Program first level list of options from National Center for Educational Statistics (found here: <https://nces.ed.gov/ipeds/cipcode/browse.aspx?y=55>).

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**DEM8.** [IF RTYPE = 2] **Last week**, did you do **any** work for pay? By last week, we mean the week beginning on Sunday, [STARTDATE] and ending on Saturday [ENDDATE].

1. Yes

2 No

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**DEM9** [IF DEM8=2 & RTYPE = 2] What was your main reason for not working **last week**?

1. Retired

2. On layoff from a job

3. Student

4. Chronic illness or permanent disability

5. Did not need or want to work

6. Other

**DDEM9a** [IF DEM9=2|6 & RTYPE = 2] Are you currently looking for work?

1. Yes

2 No

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**DDEM10.** [IF DEM8=1 & MODE=WEB]Please review the list below and select the broad job category that **best** describes the kind of work you are doing at your current job.

[IF DEM8=1 & MODE=PHONE] I am now going to read a list of job categories. Please listen to the list and stop me when I read the broad job category that best describes the kind of work you are doing at your current job.

1. Administrative services (e.g., administrative assistant, secretary)
2. Childcare and child development (e.g., attend to children at schools, businesses, private households, and childcare institutions)
3. Communications and marketing (e.g., writer/editor, call center, film/TV, social media, web development)
4. Community and social services (e.g., mental health counselor, social worker, probation officers and correctional treatment specialists, school bus monitor)
5. Education (e.g., teacher, teacher's assistant)
6. Financial services (e.g., claim adjuster, credit analyst, accountant, financial counselor, banker, insurance agent)
7. Health care practitioners and technical occupations (e.g., nurse, dental hygienist, pharmacist, medical records specialist, dentist, doctor, paramedic, optician, veterinarian)
8. Health care support (e.g., home health aide, nursing assistant, occupational or physical therapy aid)
9. Information technology (e.g., network analyst, database administrator)
10. Legal (e.g., lawyer, paralegal, legal assistant, mediator, magistrate)
11. Protective services (e.g., correctional officer, firefighter, police officer, animal control worker, security guard)
12. Recreation and hospitality (e.g., restaurant, hotel business/management, personal trainer, ticket agent)
13. Retail and customer service (e.g., cashier, salesperson, customer service representative, manager)
14. Skilled trades (e.g., electrician, cosmetology, plumber, construction, welder)
15. Software development (e.g., coding)
16. Transportation and material moving occupations (e.g., aircraft service attendant; parking attendant; bus, taxi or truck driver)
17. Other occupations which require a state license
18. Other occupations which do NOT require a state license

**DDEM10a.** [IF DDEM10 = 17 | 18] What kind of professional license/certification/credential does your career field require?

1. Accounting
2. Architecture
3. Counseling (e.g., professional counselor, marriage and family therapist)
4. Dentistry/Dental hygiene
5. Law (e.g., attorney)
6. Massage therapy
7. Medicine
8. Nursing
9. Occupational therapy
10. Pharmacy/Pharmacy technician
11. Physical therapy
12. Professional engineer
13. Skilled trade (e.g., master electrician, plumber, heating, air conditioning, ventilation and refrigeration)
14. Social work
15. Teaching (elementary and secondary)
16. Other (please specify):\_\_\_\_\_\_ [MAX 100 CHARACTERS]

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**DEM11.** Are you currently enrolled in a college or university either full-time or part-time? If you are on a holiday break from school, but plan to return when the break is over, please answer yes.

1. Yes

2. No

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**DEM15.** How many automobiles, vans, and trucks of one-ton capacity or less (i.e., for noncommercial or regular use) are kept at home for use by members of this household?

1. None

2. 1

3. 2

4. 3

5. 4

6. 5

7. 6 or more

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**DEM16.** [IF DEM8=1] How did you usually get to work LAST WEEK? [IF PHONE: *Tell me*] [IF WEB: *Select*] *t the method of transportation used for most of the distance*.

1. Car, truck, or van

2. Bus

3. Subway or elevated rail

4. Long-distance train or commuter rail

5. Light rail, streetcar, or trolley

6. Ferryboat

7. Taxicab

8. Motorcycle

9. Bicycle

10. Walked

11. Worked from home

12. Other method

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**DEM12.** Which category represents the total combined income of all members of your family during the past 12 months? Include as family any related individuals who currently live in the same household as you.

This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments and any other money income received by members of your family who are 15 years of age or older.

1. Less than $10,000  
2. $10,000 to $14,999  
3. $15,000 to $24,999  
4. $25,000 to $34,999  
5. $35,000 to $49,999  
6. $50,000 to $74,999  
7. $75,000 to $99,999  
8. $100,000 to $149,999  
9. $150,000 to $199,999  
10. $200,000 or more

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**HEALTH**

Next, we have some questions about your health.

**HEALTH1. In general, would you say your health is…**

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

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**STRESS**

**DSTRESS1.** Overall, how would you rate the current level of stress in your **work life**?

1. Much less than usual
2. Less than usual
3. About the same as usual
4. More than usual
5. Much more than usual

**DSTRESS2.** Overall, how would you rate the current level of stress in your **personal life**?

1. Much less than usual
2. Less than usual
3. About the same as usual
4. More than usual
5. Much more than usual

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**RETENTION**

**DRET1.** [IF RTYPE = 2]Do you think your spouse should stay on or leave active duty?

1. I strongly favor staying
2. I somewhat favor staying
3. I have no opinion one way or the other
4. I somewhat favor leaving
5. I strongly favor leaving

**DRET2.** [IF RTYPE = 1] Suppose that you have to decide whether to stay on active duty. Assuming you could stay, how likely is it that you would choose to do so?

1. Very likely
2. Likely
3. Neither likely nor unlikely
4. Unlikely
5. Very unlikely

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**DRET3.** [IF RTYPE = 1 & DEM13 = 1 | 5] Does your spouse or significant other think you should stay on or leave active duty?

1. Strongly favors staying
2. Somewhat favors staying
3. Has no opinion one way or the other
4. Somewhat favors leaving
5. Strongly favors leaving

**DRET4.** [IF RTYPE = 1] Does your family think you should stay on or leave active duty?

1. Strongly favors staying
2. Somewhat favors staying
3. Has no opinion one way or the other
4. Somewhat favors leaving
5. Strongly favors leaving

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**SATISFACTION**

**DSAT1.** Overall, how satisfied are you with the military way of life?

1. Very satisfied

2. Satisfied

3. Neither satisfied nor dissatisfied

4. Dissatisfied

5. Very dissatisfied

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**FINANCIAL CONDITION**

**DFIN1.** Which of the following best describes [IF HHNUMBER = 1: your] [IF HHNUMBER >1: your household’s] financial condition?

1. Very comfortable and secure
2. Able to make ends meet without much difficulty
3. Occasionally have some difficulty making ends meet
4. Tough to make ends meet but keeping your head above water
5. In over your head

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**FOOD ACCESS**

**FOOD1.** Are you the person who does most of the **shopping for food** in your household? *If shopping for food is split evenly between you and other household members,* [IF PHONE: *answer*] [IF WEB: *select*] *“Yes.”*

1. Yes  
2. No

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These next questions ask about the availability of food in your household.

**DFOOD2**. These next questions ask about the availability of food in your household over the past 12 months – that is, since last [CURRENT MONTH].

In the past 12 months, the food that [IF HHNUMBER=1: I] [IF HHNUMBER>1: we] bought didn't last, and we didn't have money to buy more.

1. Often true

2. Sometimes true

3. Never true

4. Don't know

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**DFOOD3**. In the past 12 months, [IF HHNUMBER=1: I] [IF HHNUMBER>1: we] couldn't afford to eat balanced meals.

1. Often true

2. Sometimes true

3. Never true

4. Don't know

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**DFOOD4**. In the past 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there was not enough money for food?

1. Yes
2. No
3. Don’t know

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**DFOOD5**. In the past 12 months, how often did you or other adults in your household cut the size of your meals or skip meals because there was not enough money for food?

1. Almost every month
2. Some months, but not every month
3. Only 1 or 2 months
4. Don't know

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**DFOOD6**. In the past 12 months, did you ever eat less than you felt you should because there was not enough money for food?

1. Yes
2. No
3. Don’t know

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**DFOOD7**. In the past 12 months, were you ever hungry but did not eat because there was not enough money for food?

1. Yes
2. No
3. Don’t know

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**FOOD3**. Do you or anyone in your household receive benefits from the Supplemental Nutrition Assistance Program (SNAP) or the Food Stamp Program?

1. Yes  
2. No

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**FOOD4**. The WIC program - the Women, Infants, and Children program-- provides healthy foods and other services to low-income pregnant and breastfeeding women, infants, and children up to age 5. Is anyone in your household now receiving benefits from WIC?

1. Yes  
2. No

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**ADMINISTRATIVE RECORDS**

We now have a few questions about government data on individuals and your privacy opinions.

**ADMIN1.** As you may know, different government departments and services collect data about individuals, for example your tax records and health records. People have different views about whether this data should be used for new purposes after it has been collected. Using this data can bring benefits, such as finding more effective medical treatments or using information about local communities to plan local schools or roads. But some people worry that other uses for data risk their privacy and security, by linking different types of data together and potentially allowing them to be identified.

Overall, which of the following statements comes closest to your opinion?

1. Government should find new ways to use data already collected because it benefits public services and society.

2. Government should not use data already collected in new ways due to the risks to people’s privacy and security.

3. I agree equally with both.

4. I don't agree with either.

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**ADMIN2**. The government already collects data about people’s jobs, earnings, and participation in government programs. If these separate data sources could be combined while keeping them strictly confidential, the information could be used to better understand the US population. Would you be strongly in favor of combining the data, somewhat in favor of it, neither in favor nor against it, somewhat against it, or strongly against it?

1. Strongly in favor of it  
2. Somewhat in favor of it  
3. Neither in favor nor against it  
4. Somewhat against it  
5. Strongly against it

**ADMIN3**. [IF ADMIN2=4 | 5] Which of the following are reasons you are not in favor of combining these data sources to generate information? *Please* [IF PHONE: *tell me*] [IF WEB: *select*] *all that apply*.

1. Combined data sources are a violation of my privacy

2. Combined data won’t be accurate

3. Combined data will give the government too much information (about me)

4. I don’t trust the government to use my information correctly

5. I am concerned about the security of my information

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**TRUST3**. Personally, how much trust do you have in the federal statistics in the United States? Would you say that you tend to trust federal statistics or tend not to trust them?

1. Tend to trust  
2. Tend not to trust

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**PRIVACY AND CONFIDENTIALITY**

**PRIV1.** In general, how concerned would you say you are about your personal privacy?

1. Extremely concerned
2. Very concerned
3. Somewhat concerned
4. A little concerned
5. Not at all concerned

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**PRIV2.** What about while using the internet? How concerned are you about your privacy while you are using the internet?

1. Extremely concerned
2. Very concerned
3. Somewhat concerned
4. A little concerned
5. Not at all concerned

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**PRIV3.** Have you done any of these things to protect your data OR avoid intrusion into your privacy?

(Yes/No)

1. Signed up for the Do Not Call Registry, which removes your number from marketing call lists
2. Blocked a smartphone app or stopped an app from accessing other details on your phone, such as GPS location or your contacts
3. Changed the default settings on your computer or browser
4. Stopped or avoided using a social media service
5. Changed the privacy settings on your social media accounts
6. Started using more secure methods of communication, such as encrypted emails
7. Asked a government department, public service, or private company to delete any information they hold about you

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**PRIV4.** Do you think federal government agencies share a single central database with the name, address, and date of birth of U.S. residents?

1. Yes
2. No

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**LINK2**. [IF LINK1=2] Thank you for completing this survey! Unfortunately, we won’t be able to learn as much from the information you provided in this survey if we do not have your permission to combine your answers with your data collected by other government agencies. Do we have your permission to combine these data?

1. Yes  
2. No

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**INCENT1.** Thank you for answering our questions. You will receive $20 for completing this survey. Would you prefer to receive this payment in the form of cash, a physical gift card, an electronic gift card, or mailed check?

1. Cash
2. Physical gift card
3. Electronic gift card
4. Mailed check

**INCENT2.** [IF INCENT1 = 1 | 2 | 4] The address we have on file is [ADDRESSFILL]. Is this the address to which we should mail your payment?

1 Yes

2 No

**INCENT3.** [IF INCENT1 = 1 and PHONE or WEB | 2 | 4 and INCENT2 <> YES] Please provide the mailing address to which we should send your payment.

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_ [MAX 50 CHARACTERS]

CITY: \_\_\_\_\_\_\_\_\_\_ [MAX 30 CHARACTERS]

STATE: \_\_\_\_\_\_\_\_\_\_\_ [MAX 30 CHARACTERS]

ZIP CODE: \_\_\_\_\_\_\_\_\_\_ [MAX 5 DIGITS]

**INCENT4.** [IF INCENT1=3 AND NOT MISSING EMAIL FILL] The email we have on file is [EMAILFILL]. Is this the email to which you would like us to send your electronic gift card?

1 Yes

2 No

**INCENT5.** [IF INCENT1=3 AND (INCENT4 =2 | MISSING EMAIL FILL)] Please provide the email address to which we should send your electronic gift card.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** [MAX 50 CHARACTERS; VALID EMAIL FORMAT]

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**OUTRO.** Those are all the questions we have for you today. Thank you for your participation.

**SCREENOUT.** [IF DEM14 ≠ 2|4 ] Thank you for your responses, but unfortunately you are not eligible to participate. This survey is intended for active-duty military and their spouses.

**[END BASELINE:** Do not allow WEB participants back into the baseline.**]**