

CENSUS MILITARY PANEL BASELINE QUESTIONNAIRE

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.

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”

[IF PHONE: **CONSENT INTRO.** First, I need to provide you with some information about the Census Military Panel, your rights as a respondent, and how we are going to protect your privacy. Also, this call may be monitored or recorded for quality assurance.]

[IF WEB: **CONSENT INTRO.** First, we will provide you with some information about the Census Military Panel, your rights as a respondent, and how we are going to protect your privacy.]

Privacy Act Statement

The authority for the collection of this information for the Census Military Panel (0607-XXXX) is provided under 10 U.S.C. Section 1782.

The Census Military Panel is a national survey panel by the U.S. Census Bureau (Census) and the U.S. Department of Defense (DoD). Data collected from active-duty service members and their spouses on a variety of topics through the Panel will be used to improve military life and policies affecting active-service members and their families.

Personally identifiable information collected includes Name, Address, Telephone/Cell phone Number, DOB or Age, Email address, and Race or Ethnicity.

Your privacy is protected by the Privacy Act (Title 5, U.S. Code, Section 552a). Routine uses of these data are limited to those identified in the Privacy Act System of Record Notice titled, COMMERCE/Census-3 Demographic Survey Collection (Census Bureau Sampling Frame). The Census Bureau can use your responses only to produce statistics and is not permitted to publicly release your responses in a way that could identify you.

The Census Bureau, on behalf of the Department of Defense, is conducting this voluntary study under the authority of 10 U.S.C. Section 1782. Your privacy is protected by the Privacy Act of 1974 (5 U.S.C. Section 552a). This collection has been approved by the Office of Management and Budget (OMB). This eight-digit OMB approval number, 0607-XXXX, confirms this approval and expires on XX/XX/XXXX. Send comments regarding this time estimate or any other aspect of this survey to adm.pra@census.gov. The uses of your data are limited to those identified in the Privacy Act System of Record Notice titled, COMMERCE/Census-7 Demographic Survey Collection (non-Census Bureau Sampling Frame).

The public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

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

1. No [EXCLUSIVE]
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 =1, GO TO SCREENOUT

PROGRAMMER NOTE: Cannot select “No” in combination with other response options for DEM14.

[IF PHONE] Do you agree to enroll in the Census Military Panel and receive an invitation to a future Census Military Panel survey?

- 1 YES
- 2 NO [GO TO OUTRO]

[IF WEB] By clicking “Next” below, you are agreeing to enroll in the Census Military Panel and receive an invitation to a future Census Military Panel survey.

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.

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

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

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.

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

R4. REQUIRED Including yourself, how many **adults 18 years of age or older** consider this 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)

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

DROSTER1. [ASK IF DR5a ≠ 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

R8 [IF R4 > 1: Next are a few questions about the people who live here with you. Let's start with you.]

What is your full name?

First _____ Last _____

[MAX OF 100 CHARACTERS IN EACH FIELD]

PROGRAMMER NOTE:

Generate lines for respondent/iwer to record names for all household members.

ROSTER6 [FOR ALL COMPLETED LINES] What is [fill *First_Name Last_Name*]'s month and year of birth?

__ Month [RANGE: 1-12] ____ Year [RANGE: 1911-2021]

AGE [if YEAR is blank] What is [fill *First_Name Last_Name*]'s age in years

_____ years old

SEX. Are you/Is NAME:

1. Male?
2. Female?

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

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

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

DROSTER7a. [IF R4 > 1] How is NAME 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-----

DROSTER9a. [R4 >1 & ROSTER7a ≠ 2 | 11] Is NAME your **legal dependent**?

[RTYPE = 1 FILL: Legal dependents include anyone in your family 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 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.

[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 ROSTER LINE = 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

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

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.

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

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]

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

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-----

TRANSCIENCE

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
3. Not applicable - I am not married

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

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]

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

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]

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

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

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

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 (please specify): _____ [MAX 100 CHARACTERS]

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

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: (please specify) _____ [MAX 20 CHARACTERS]

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

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

DIGITAL AFFINITY

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

1. Yes
2. No

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 [EXCLUSIVE]

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 [EXCLUSIVE]

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 [EXCLUSIVE]

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 [EXCLUSIVE]

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 [EXCLUSIVE]

PROGRAMMER NOTE: Cannot select “None of the above” in combination with other response options for DIG2a-DIG2e.

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

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?]

PROGRAMMER: ON MOBILE SEPARATE INTO INDIVIDUAL QUESTIONS AND DISPLAY ON ONE PAGE.

	Never	Rarely	Someti mes	Often
a. Television	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>
b. Radio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Print publications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. A smartphone, computer, or tablet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

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

TRUST IN GOVERNMENT

TRUST1a. These next questions are about 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?

[PROGRAMMER: ON MOBILE SEPARATE INTO INDIVIDUAL QUESTIONS AND REPEAT Q STEM ON EACH PAGE “Please indicate how much confidence you, yourself, have in this institution – a great deal, quite a lot, some or very little?” ON EACH PAGE]

	A great deal	Quite a lot	Some	Very little
a. The military	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>
b. The police	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. The U.S. Supreme Court	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The presidency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Public schools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. The criminal justice system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Congress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. U.S. Census Bureau	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TRUST1b. These next questions are about 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.

[PROGRAMMER: ON MOBILE SEPARATE INTO INDIVIDUAL QUESTIONS AND REPEAT Q STEM ON EACH PAGE "Please indicate how much confidence you, yourself, have in this institution - a great deal, quite a lot, some or very little?" ON EACH PAGE]

	A great deal	Quite a lot	Some	Very little
a. Small business	4○	3○	2○	1○
b. The church or organized religion	○	○	○	○
c. The medical system	○	○	○	○
d. Banks	○	○	○	○
e. Newspapers	○	○	○	○
f. Organized labor	○	○	○	○
g. Big business	○	○	○	○
h. News on the internet	○	○	○	○
i. News on social media	○	○	○	○
j. Television news				

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

DEMOGRAPHICS

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

DEM1. [REQUIRED] 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. [REQUIRED] [IF AGE <18] You entered [AGE] as your age. Is this correct?

1. Yes à GO TO OUTRO AND SET OUTCOME CODES AS "R INELIGIBLE (UNDER 18")
2. No

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

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

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

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. (please specify)*

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

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

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

DDEM5. What is the highest level of education that you have completed? [IF PHONE: *Tell me*] *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>).

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

PROGRAMMER NOTE: Restrict DEM8 to DDEM10 to Spouses only. DEM14 =4,5

DEM8. [IF RTYPE = 2 & DEM14 ≠ 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

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

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

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

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]

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

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

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

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

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

DEM16. [IF DEM8=1 | RTYPE = 1] How did you usually get to work LAST WEEK? [IF PHONE: *Tell me*] [IF WEB: *Select*] 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

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

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

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

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

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

STRESS

DSTRESS1. [IF RTYPE = 1 OR DEM8 = 1] 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

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

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

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

DRET3. [IF RTYPE = 1 & (DEM13 = 1 | 5 OR DROSTER7a =1)] 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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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]

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

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.]

CENSUS MILITARY PANEL SAMPLE TOPICAL SURVEY

INTRO Thank you for participating in the Census Military Panel. This survey will focus on a variety of topics and will take approximately 10 minutes to complete.

PRA

The Census Bureau, on behalf of the Department of Defense, is conducting this voluntary study under the authority of 10 U.S.C. Section 1782. Your privacy is protected by the Privacy Act of 1974 (5 U.S.C. Section 552a). This collection has been approved by the Office of Management and Budget (OMB). This eight-digit OMB approval number, 0607-XXXX, confirms this approval and expires on XX/XX/XXXX. Send comments regarding this time estimate or any other aspect of this survey to adrm.pra@census.gov. The uses of your data are limited to those identified in the Privacy Act System of Record Notice titled, COMMERCE/Census-7 Demographic Survey Collection (non-Census Bureau Sampling Frame).

The public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

WARNING **U.S. Census Bureau Notice and Consent Warning**

You are accessing a United States Government computer network. Any information you enter into this system is confidential. It may be used by the Census Bureau for statistical purposes and to improve the website. If you want to know more about the use of this system, and how your privacy is protected, visit our online privacy webpage at <http://www.census.gov/about/policies/privacy/privacy-policy.html>.

Use of this system indicates your consent to collection, monitoring, recording, and use of the information that you provide for any lawful government purpose. So that our website remains safe and available for its intended use, network traffic is monitored to identify unauthorized attempts to access, upload, change information, or otherwise cause damage to the web service. Use of the government computer network for unauthorized purposes is a violation of Federal law and can be punished with fines or imprisonment (PUBLIC LAW 99-474).

End of Block: Intro

Start of Block: Section A



Q2a 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). *Select all that apply.*

No (1)

Yes, I'm serving on active duty (2)

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

Yes, my spouse is serving on active duty (4)

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

Skip To: End of Block If Are you or your spouse currently serving in the U.S. Armed Forces (Active Duty, Reserve, or Natio... = No

Page Break



A1 Overall, how satisfied are you with the military way of life?

- Very satisfied (1)
 - Satisfied (2)
 - Neither satisfied nor dissatisfied (3)
 - Dissatisfied (4)
 - Very dissatisfied (5)
-

Display This Question:

If Are you or your spouse currently serving in the U.S. Armed Forces (Active Duty, Reserve, or Natio... = Yes, my spouse is serving on active duty



A2 Do you think your spouse should stay on or leave active duty?

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

Display This Question:

If Are you or your spouse currently serving in the U.S. Armed Forces (Active Duty, Reserve, or Natio... = Yes, I'm serving on active duty



A3 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?

- Very likely (1)
- Likely (2)
- Neither likely nor unlikely (3)
- Unlikely (4)
- Very unlikely (5)

End of Block: Section A

Start of Block: End

Display This Question:

If Are you or your spouse currently serving in the U.S. Armed Forces (Active Duty, Reserve, or Natio... = No

END Thank you for your time. As you or your spouse is not currently in the military, you are not eligible for the Census Military Panel.

End of Block: End

Start of Block: Section B



B1 How much do you agree or disagree with each of the following statements? *Select one answer for each item.*

	Strongly Agree (1)	Agree (2)	Disagree (3)	Strongly Disagree (4)	Don't know (5)
The main advantage of marriage is that it gives financial security. (1)	0	0	0	0	0
All in all, there are more advantages to being single than to being married. (4)	0	0	0	0	0
A mother living alone can bring up her child as well as a married couple. (5)	0	0	0	0	0
It is better for a couple to get married than to just live together. (6)	0	0	0	0	0
It is better for children if their parents are married. (7)	0	0	0	0	0
Living together is just the same as being married. (8)	0	0	0	0	0

End of Block: Section B

Start of Block: Section C

X-

C1 Choose the best response for each statement to reflect your experience **over the past 30 DAYS**.

	Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Always (5)
I was able to eat (<i>had access to food</i>) when I felt hungry. (1)	0	0	0	0	0
I ate my meals while being distracted (<i>e.g., using phone / computer, watching TV, driving, working</i>). (4)	0	0	0	0	0
I had enough food to eat. (5)	0	0	0	0	0
I had access to nutritious foods (<i>e.g., fruit, vegetables, whole grains, lean protein, and low-fat dairy</i>). (6)	0	0	0	0	0
I ate less-nutritious foods because the more nutritious foods were too expensive. (7)	0	0	0	0	0

I ate less-nutritious foods at the military dining facility (DFAC)/galley because more-nutritious foods were not available there. (8)

0 0 0 0 0

Page Break



C2 In the past 30 DAYS, where did MOST of your meals and snacks come from?

	Did not eat (1)	Home / Barracks / Dorm / Ship (2)	MRE/Field Rations (3)	Military Dining Facility (4)	Fast Food (5)	Restaurant (6)	Vending Machines / Convenience Store (7)
Breakfast meal (1)	0	0	0	0	0	0	0
Lunch meal (2)	0	0	0	0	0	0	0
Dinner meal (3)	0	0	0	0	0	0	0
Any snacks (4)	0	0	0	0	0	0	0



Page Break





C3 Over the **past 30 DAYS**, which of the following best represents the schedule you worked? *If you don't see an exact match, choose the one that best fits.*

- Daytime (1)
 - Evening (2)
 - Overnight (3)
 - Variable schedule (work start times differed by 4 or more hours) (4)
-



C4 In a typical week, how many meals do you get at the military dining facility (DFAC)/galley?



C5 When you don't eat at the military dining facility (DFAC)/galley, what are the reasons? *Select all that apply.*

N/A (I always go to the DFAC/galley) (1)

DFAC/galley not available or closed (2)

No transportation to get there (3)

Lines are too long (4)

Not enough time (5)

Don't like the food at the DFAC/galley (6)

Eat at home or bring food from home (7)

Prefer to eat at fast food or other local restaurants (8)

Other (specify): (9) _____

Page Break



C6a Do you have access to a kitchen with major appliances (e.g., refrigerator, stove, microwave)?

Yes (1)

No (2)

Display This Question:

If Do you have access to a kitchen with major appliances (e.g., refrigerator, stove, microwave)? = Yes



C6a1 Is it a shared kitchen?

Yes (1)

No (2)



C6b Do you have access to food prep and cooking supplies?

Yes (1)

No (2)

Display This Question:

If Do you have access to food prep and cooking supplies? = Yes



C6b1 Are they shared food prep and cooking supplies?

Yes (1)

No (2)

Display This Question:

If Do you have access to a kitchen with major appliances (e.g., refrigerator, stove, microwave)? = No

And Do you have access to food prep and cooking supplies? = No



C6c Do you have a mini-fridge and microwave in your room?

Yes (1)

No (2)

Page Break



C7 Who usually prepares meals IN your home/residence/barracks/dorm where you are living now (not including military dining facility (DFAC)/galley)? Select only one answer.

N/A: No foods prepared (1)

Myself (2)

Someone else (3)



C8 Who usually shops for groceries IN your home/residence/barracks/dorm where you are living now? Select only one answer.

N/A: No grocery purchases (1)

Myself (2)

Someone else (3)

End of Block: Section C

Start of Block: Section D



D1 In the area where you live and shop, do you think prices in general have changed **in the last two months**? *Select only one answer.*

I think prices have increased (1)

I do not think prices have changed (2)

I think prices have decreased (3)

I do not know (4)

Page Break

Display This Question:

If In the area where you live and shop, do you think prices in general have changed in the last two... = I think prices have increased



D2 How stressful, if at all, has the increase in prices **in the last two months** been for you? *Select only one answer.*

Very stressful (1)

Moderately stressful (2)

A little stressful (3)

Not at all stressful (4)

Display This Question:

If In the area where you live and shop, do you think prices in general have changed in the last two... = I think prices have increased



D3 What changes, if any, have you made or do you plan to make to cope with the increase in prices? *Select all that apply.*

- Shop at stores that offer lower prices, look for sales, and/or use coupons (1)
- Switch from name brand to generic products (2)
- Purchase less fresh produce and/or meat (3)
- Go out to eat less often or order food for delivery less often (4)
- Cancel or reduce subscription services (for example., streaming services, meal delivery services, cell phone plan) (5)
- Cancel or decrease plans to attend events (6)
- Drive less or change mode of transportation (for example, bike or take metro instead of drive) (7)
- Delay major purchases (for example, home repair/renovation, vacations, vehicles, home appliances, cell phone or computer) (8)
- Delay medical treatment (for example, refill prescription, surgery) (9)
- Work additional job(s)/shift(s) to supplement income (10)
- Contribute less to savings and/or retirement accounts (11)
- Increase use of credit cards, loans, and/or pawnshops (12)
- Decrease use of utilities (for example, cooling, heating, water, electricity) (13)

Move to less expensive housing (14)

Ask friends and/or family for help (15)

Change or reduce plans for childcare arrangements to save money (16)

Utilize benefits from charities (17)

Other (18)

I have not made any changes (19)

Page Break



D4 In the last 7 days, how difficult has it been for your household to pay for usual household expenses, including but not limited to food, rent or mortgage, car payments, medical expenses, student loans, and so on? *Select only one answer.*

- Not at all difficult (1)
 - A little difficult (2)
 - Somewhat difficult (3)
 - Very difficult (4)
-



D5 In the area you live and shop, how concerned are you, if at all, that prices will increase **in the next six months**? *Select only one answer.*

- Very concerned (1)
- Somewhat concerned (2)
- A little concerned (3)
- Not at all concerned (4)

End of Block: Section D

Start of Block: POC

Display This Question:

If Contact List LastName Is Not Empty

POC_display **Please review the contact information we have for you and indicate whether the information is correct or needs to be updated.**

Display This Question:

If Contact List FirstName Is Not Empty

And Contact List LastName Is Not Empty



Q1 Our records have your name as $\${m://FirstName}$ $\${m://LastName}$. Is this correct?

Yes (1)

Yes but needs to be updated (2)

No (3)

Page Break

Display This Question:

If Our records have your name as $\{m://FirstName\} \{m://LastName\}$. Is this correct? = Yes
but needs to be updated

Or Our records have your name as $\{m://FirstName\} \{m://LastName\}$. Is this correct? = No
Or If

Contact List FirstName Is Empty

Or Contact List LastName Is Empty

Q2 What is your name?

FIRST NAME (1) _____

LAST NAME (2) _____

Display This Question:

If BestPhone Is Not Empty

And BestPhone != .I

And BestPhone != .U



Q3

Our records have your phone number as `#{e://Field/BestPhone}`. Is this correct?

Yes (1)

No (2)

Display This Question:

If Our records have your phone number as `#{e://Field/BestPhone}`. Is this correct? = Yes



Q4

Is this number a cell phone or land line?

Cell phone (1)

Land line (2)

Neither (3)

Display This Question:

If Is this number a cell phone or land line? = Cell phone



Q5 We send survey invitations via text message. Are text message invitations acceptable on this number?

Yes (1)

No (2)

Page Break

Display This Question:

If Our records have your phone number as $\{e://Field/BestPhone\}$. Is this correct? = No

Or Is this number a cell phone or land line? = Neither

Or If

BestPhone Is Empty

Or BestPhone = .I

Or BestPhone = .U



Q6 What is a good phone number to reach you?

Display This Question:

If If What is a good phone number to reach you? Text Response Is Not Empty



Q7

Is this number a cell phone or land line?

Cell phone (1)

Land line (2)

Neither (3)

Display This Question:

If Is this number a cell phone or land line? = Cell phone



Q8 We send survey invitations via text message. Are text message invitations acceptable on this number?

Yes (1)

No (2)

Page Break

Display This Question:

If Contact List Email1 Is Not Empty

And Contact List Email1 != .I

And Contact List Email1 != .U



Q9

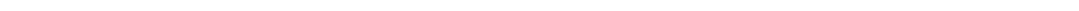
Our records have your email address as `#{m://Email1}`. Is this correct?

Yes (1)

No (2)



Page Break



Display This Question:

If Our records have your email address as $\{m://Email1\}$. Is this correct? = No

Or If

Contact List Email1 Is Empty

Or Contact List Email1 = .I

Or Contact List Email1 = .U



Q10

What is your email address?

Page Break

Display This Question:

If ADDRESS1 Is Not Empty

And CITY Is Not Empty

And STATE Is Not Empty

And ZIP Is Not Empty



Q11 Our records have the following address as your home address where we will mail incentives for taking surveys. Is this correct?

`\${e://Field/ADDRESS1} \${e://Field/ADDRESS2}
`\${e://Field/CITY}, \${e://Field/STATE} \${e://Field/ZIP}

Yes (1)

No (2)

Page Break

Display This Question:

If Our records have the following address as your home address where we will mail incentives for tak... = No

Or If

ADDRESS1 Is Empty

Or CITY Is Empty

Or STATE Is Empty

Or ZIP Is Empty

JS

Q12 Please enter your home address.

Address 1 (2) _____

Address 2 (3) _____

City (4) _____

State or U.S. Territory (5) _____

ZIP Code (6) _____

End of Block: POC

Start of Block: Submit Questionnaire

Display This Question:

If Thank you for your time. As you or your spouse is not currently in the military, you are not elig... Is Displayed

SUBMIT Thank you for your response. Please use the "Submit" button below to record your response.

If you have any questions about the Census Military Panel, please contact us at adp.military.panel@census.gov or call 1-866-593-6155.