



BACKGROUND

Some Important Questions
About Your General Background



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The U.S. Department of Labor and the National Center for O*NET Development
Form F R1
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questionnaire online?
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Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the U.S. Department of Labor, Office of Workforce Investment, Attn: O*NET Project, Frances Perkins Building, Mail Stop C4526, 200 Constitution Ave., NW, Washington, DC 20210 (OMB Control Number 1205-0421).

Return to: Research Triangle Institute
Research Operations Center
ATTN: O*NET Data Receipt
5265 Capital Boulevard
Raleigh, NC 27616-2925

TURN THE

Getting Started

Mark your response by placing a check mark, an "X," or completely filling in the circle:



The goal of this project is to get accurate, up-to-date information on the occupation from a representative set of experts in the field. Please answer the following questions to help us achieve this goal.

Nannies

Care for children in private households and provide support and expertise to parents in satisfying children's physical, emotional, intellectual, and social needs. Duties may include meal planning and preparation, laundry and clothing care, organization of play activities and outings, discipline, intellectual stimulation, language activities, and transportation.

1. When were you last active in this occupation? *Please consider the last time you performed work, supervised workers, conducted training, or taught educational courses in the occupation.*

- ☐ Currently active in this occupation
- ☐ Within the last 6 months
- ☐ At least 6 months ago, but less than 1 year
- ☐ One year or more ago
- ☐ Never active in this occupation → **Go to 7**

→ **2. What is the title of your most recent job in this occupation?**

3. In your most recent job in this occupation, were you employed part-time or full-time?

- ☐ Part-time
- ☐ Full-time

4. Which of the following best describes your employer in your most recent job in this occupation?

- ☐ Family business
- ☐ Self-employed
- ☐ Government
- ☐ Private for-profit company
- ☐ Non-profit organization, including tax-exempt and charitable organizations
- ☐ Academic institution
- ☐ Other (Specify) ▼

5. How many years have you performed the work described in the occupation listed on the previous page?

- ☐ Ten years or more
- ☐ At least 5 years, but less than 10 years
- ☐ At least 3 years, but less than 5 years
- ☐ At least 1 year, but less than 3 years
- ☐ Less than 1 year
- ☐ Never performed work in the occupation

6. How much total experience do you have related to this occupation? *Please include experience performing work, supervising workers, conducting training, and teaching educational courses in this occupation.*

- ☐ Ten years or more
- ☐ At least 5 years, but less than 10 years
- ☐ At least 3 years, but less than 5 years
- ☐ At least 1 year, but less than 3 years
- ☐ Less than 1 year

7. What sex were you assigned at birth, on your original birth certificate?

- ☐ Female
- ☐ Male

8. What is your age?

- ☐ Less than 21 years old
- ☐ 21-40 years old
- ☐ 41-60 years old
- ☐ 61 years old or older

9. What is your race and/or ethnicity? Select all that apply.

☐ American Indian or Alaska Native

For example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.

☐ Asian

For example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.

☐ Black or African American

For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.

☐ Hispanic or Latino

For example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.

☐ Middle Eastern or North African

For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.

☐ Native Hawaiian or Other Pacific Islander

For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.

☐ White

For example, English, German, Irish, Italian, Polish, Scottish, etc.

10. What is the highest level of education that you have completed?

☐ Less than a High School Diploma

☐ High School Diploma or the equivalent (such as a GED)

☐ Post-Secondary Certificate

☐ Some College Courses

☐ Associate's Degree or other 2-year degree

☐ Bachelor's Degree

☐ Post-Baccalaureate Certificate

☐ Master's Degree

☐ Post-Master's Certificate

☐ Doctor's Degree – Professional Practice (such as a J.D. for Law or an M.D. for Medicine)

☐ Doctor's Degree – Research/Scholarship (such as a Ph.D.)

☐ Post-Doctoral Training

11. Are you deaf or do you have serious difficulty hearing?

☐ Yes

☐ No

12. Are you blind or do you have serious difficulty seeing even when wearing glasses?

☐ Yes

☐ No



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