For CC - Military Panel Replenishment 2025

Start of Block: INTRO

PARADATA Click to write the question text

Browser (1)

Version (2)

Operating System (3)

Screen Resolution (4)

Flash Version (5)

Java Support (6)

User Agent (7)

DELETE **DELETE BEFORE FIELDING.  TREATMENT = ${e://Field/TREATMENT}**

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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.

PRA  *The authority for the collection of this information for the Census Military Panel (0607-1027) 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, 0607-1027, confirms this approval and expires on 08/31/2026. 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.*

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*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: CONFIRM PERSON

CONFIRM\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

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CONFIRM Are you ${m://FirstName} ${m://LastName}?

* Yes (1)
* Yes, but needs to be updated (2)
* No (3)

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| Page Break |  |

NAME\_CORR\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Display This Question:

If Are you ${m://FirstName} ${m://LastName}? = Yes, but needs to be updated

NAME\_CORR What is your name?

* First Name (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Last Name (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: CONFIRM PERSON

Start of Block: ELIGIBILITY

DEM14\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

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DEM14 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)

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| Page Break |  |

Display This Question:

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

CONFIRM **To confirm, neither you nor your spouse are currently serving in the military. If that is correct, please select 'Confirm' below. Otherwise, please update your response on the previous page.**

* Confirm (1)

End of Block: ELIGIBILITY

Start of Block: BRANCH AND GRADE

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

Or Are you or your spouse currently serving in the U.S. Armed Forces (Active Duty, Reserve, or Natio... = Yes, I'm serving in the Reserve or National Guard

BRANCH Which branch of the military are you serving in?

* Army (1)
* Navy (2)
* Marine Corps (3)
* Air Force/Space Force (4)
* Other, please specify: (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

Or Are you or your spouse currently serving in the U.S. Armed Forces (Active Duty, Reserve, or Natio... = Yes, my spouse is serving in the Reserve or National Guard

BRANCH\_SP Which branch of the military is your spouse serving in?

* Army (1)
* Navy (2)
* Marine Corps (3)
* Air Force/Space Force (4)
* Other, please specify: (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

Or Are you or your spouse currently serving in the U.S. Armed Forces (Active Duty, Reserve, or Natio... = Yes, I'm serving in the Reserve or National Guard

GRADE What is your current grade?

* E1 (1)
* E2 (2)
* E3 (3)
* E4 (4)
* Other, please specify: (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

Or Are you or your spouse currently serving in the U.S. Armed Forces (Active Duty, Reserve, or Natio... = Yes, my spouse is serving in the Reserve or National Guard

GRADE\_SP What is your spouse's current grade?

* E1 (1)
* E2 (2)
* E3 (3)
* E4 (4)
* Other, please specify: (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Display This Question:

If What is your current grade? != E1

And What is your current grade? != E2

And What is your current grade? != E3

And What is your current grade? != E4

And What is your spouse's current grade? != E1

And What is your spouse's current grade? != E2

And What is your spouse's current grade? != E3

And What is your spouse's current grade? != E4

Confirm2 **To confirm, neither you nor your spouse are currently serving in grades E1, E2, E3, or E4. If that is correct, please select 'Confirm' below. Otherwise, please update your response on the previous page.**

* Confirm (1)

End of Block: BRANCH AND GRADE

Start of Block: JOIN THANK YOU

THANKYOU\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

ELIG\_CONF By clicking "Next" below, you are agreeing to enroll in the Census Military Panel and receive an invitation to future Census Military Panel surveys. You are eligible to earn $20 upon completion of this enrollment survey and will be eligible to receive additional incentive payments for participating in future Panel surveys.

End of Block: JOIN THANK YOU

Start of Block: LIVING SITUATION

DR5a\_5b\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

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

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

Or Are you or your spouse currently serving in the U.S. Armed Forces (Active Duty, Reserve, or Natio... = Yes, I'm serving in the Reserve or National Guard

DR5a Where do you live at your permanent duty station?

* Aboard ship (1)
* Government-owned barracks, dorm, bachelor quarters, or unaccompanied enlisted or officer housing on base (2)
* Government-owned family housing on base (3)
* Government-owned or leased family housing off base (4)
* Privatized housing on base that you rent (5)
* Privatized housing off base that you rent (6)
* Civilian housing off base that you own or pay mortgage on (7)
* Civilian housing off base that you rent (8)
* Other, please specify: (9) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

And Are you or your spouse currently serving in the U.S. Armed Forces (Active Duty, Reserve, or Natio... != Yes, I'm serving in the Reserve or National Guard

And 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

Or Are you or your spouse currently serving in the U.S. Armed Forces (Active Duty, Reserve, or Natio... = Yes, my spouse is serving in the Reserve or National Guard

DR5b Which of the following best describes where you currently live?

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

End of Block: LIVING SITUATION

Start of Block: HOUSEHOLD COUNTS

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| Page Break |  |

R4\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Display This Question:

If Where do you live at your permanent duty station? != Aboard ship

And Where do you live at your permanent duty station? != Government-owned barracks, dorm, bachelor quarters, or unaccompanied enlisted or officer housing on base

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R4 Including yourself, how many **adults 18 years of age or older** consider this their primary residence? *Please don’t count anyone who lives most of their time somewhere else, even if they are currently staying here.*

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| Page Break |  |

DROSTER1\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Display This Question:

If Where do you live at your permanent duty station? != Aboard ship

And Where do you live at your permanent duty station? != Government-owned barracks, dorm, bachelor quarters, or unaccompanied enlisted or officer housing on base

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DROSTER1 How many **children under the age of 18** are currently staying here? *If none, enter 0.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Page Break |  |

DROSTER2\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

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DROSTER2 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. 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).*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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End of Block: HOUSEHOLD COUNTS

Start of Block: HHROSTER - MULTI-PERSON

HH\_ROSTER\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Display This Question:

If HHNUMBER >= 2

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HH\_ROSTER Please tell us the names of the people currently living in your household, including yourself. **Please list yourself first.**

Display This Choice:

If HHNUMBER >= 2

Display This Choice:

If HHNUMBER >= 3

Display This Choice:

If HHNUMBER >= 4

Display This Choice:

If HHNUMBER >= 5

Display This Choice:

If HHNUMBER >= 6

Display This Choice:

If HHNUMBER >= 7

Display This Choice:

If HHNUMBER >= 8

Display This Choice:

If HHNUMBER >= 9

Display This Choice:

If HHNUMBER >= 10

Display This Choice:

If HHNUMBER >= 11

Display This Choice:

If HHNUMBER >= 12

Display This Choice:

If HHNUMBER >= 13

Display This Choice:

If HHNUMBER >= 14

Display This Choice:

If HHNUMBER >= 15

Display This Choice:

If HHNUMBER >= 16

Display This Choice:

If HHNUMBER >= 17

Display This Choice:

If HHNUMBER >= 18

Display This Choice:

If HHNUMBER >= 19

Display This Choice:

If HHNUMBER >= 20

Display This Choice:

If HHNUMBER >= 21

Display This Choice:

If HHNUMBER >= 22

Display This Choice:

If HHNUMBER >= 23

Display This Choice:

If HHNUMBER >= 24

Display This Choice:

If HHNUMBER >= 25

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| --- | --- | --- |
|  | First Name (1) | Last Name (2) |
| Person 1 (HH\_ROSTER\_1)  |  |  |
| Display This Choice:If HHNUMBER >= 2Person 2 (HH\_ROSTER\_2)  |  |  |
| Display This Choice:If HHNUMBER >= 3Person 3 (HH\_ROSTER\_3)  |  |  |
| Display This Choice:If HHNUMBER >= 4Person 4 (HH\_ROSTER\_4)  |  |  |
| Display This Choice:If HHNUMBER >= 5Person 5 (HH\_ROSTER\_5)  |  |  |
| Display This Choice:If HHNUMBER >= 6Person 6 (HH\_ROSTER\_6)  |  |  |
| Display This Choice:If HHNUMBER >= 7Person 7 (HH\_ROSTER\_7)  |  |  |
| Display This Choice:If HHNUMBER >= 8Person 8 (HH\_ROSTER\_8)  |  |  |
| Display This Choice:If HHNUMBER >= 9Person 9 (HH\_ROSTER\_9)  |  |  |
| Display This Choice:If HHNUMBER >= 10Person 10 (HH\_ROSTER\_10)  |  |  |
| Display This Choice:If HHNUMBER >= 11Person 11 (HH\_ROSTER\_11)  |  |  |
| Display This Choice:If HHNUMBER >= 12Person 12 (HH\_ROSTER\_12)  |  |  |
| Display This Choice:If HHNUMBER >= 13Person 13 (HH\_ROSTER\_13)  |  |  |
| Display This Choice:If HHNUMBER >= 14Person 14 (HH\_ROSTER\_14)  |  |  |
| Display This Choice:If HHNUMBER >= 15Person 15 (HH\_ROSTER\_15)  |  |  |
| Display This Choice:If HHNUMBER >= 16Person 16 (HH\_ROSTER\_16)  |  |  |
| Display This Choice:If HHNUMBER >= 17Person 17 (HH\_ROSTER\_17)  |  |  |
| Display This Choice:If HHNUMBER >= 18Person 18 (HH\_ROSTER\_18)  |  |  |
| Display This Choice:If HHNUMBER >= 19Person 19 (HH\_ROSTER\_19)  |  |  |
| Display This Choice:If HHNUMBER >= 20Person 20 (HH\_ROSTER\_20)  |  |  |
| Display This Choice:If HHNUMBER >= 21Person 21 (HH\_ROSTER\_21)  |  |  |
| Display This Choice:If HHNUMBER >= 22Person 22 (HH\_ROSTER\_22)  |  |  |
| Display This Choice:If HHNUMBER >= 23Person 23 (HH\_ROSTER\_23)  |  |  |
| Display This Choice:If HHNUMBER >= 24Person 24 (HH\_ROSTER\_24)  |  |  |
| Display This Choice:If HHNUMBER >= 25Person 25 (HH\_ROSTER\_25)  |  |  |

End of Block: HHROSTER - MULTI-PERSON

Start of Block: MULTI-PERSON HOUSEHOLD LOOP

DOB\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

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DOB What is ${lm://Field/2} ${lm://Field/3}'s month and year of birth?

* Month (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Year (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Page Break |  |

AGE\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Display This Question:

If If What is ${lm://Field/2} ${lm://Field/3}'s month and year of birth? Text Response Is Empty

Or Or What is ${lm://Field/2} ${lm://Field/3}'s month and year of birth? Text Response Is Empty

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AGE What is ${lm://Field/2} ${lm://Field/3}'s age in years?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Page Break |  |

SEX\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

SEX Is ${lm://Field/2} ${lm://Field/3}...?

* Male (1)
* Female (2)

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| Page Break |  |

RELATE\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Display This Question:

If Loop 1: Person 1, ${q://QID405/ChoiceTex... Not Current Loop

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RELATE How is ${lm://Field/2} ${lm://Field/3} related to you?

* Spouse (1)
* Unmarried partner (2)
* Biological child (3)
* Adopted child (4)
* Stepchild (5)
* Sibling (6)
* Parent (7)
* Grandchild (8)
* Parent-in-law (9)
* Son-in-law or daughter-in-law (10)
* Other relative (11)
* Roommate or housemate (12)
* Foster child (13)
* Other nonrelative (14)

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| Page Break |  |

DEPENDENT\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Display This Question:

If Loop 1: Person 1, ${q://QID405/ChoiceTex... Not Current Loop

And 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

Or Are you or your spouse currently serving in the U.S. Armed Forces (Active Duty, Reserve, or Natio... = Yes, I'm serving in the Reserve or National Guard

DEPENDENT Is ${lm://Field/2} ${lm://Field/3} your legal dependent? *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).*

* Yes (1)
* No (2)

End of Block: MULTI-PERSON HOUSEHOLD LOOP

Start of Block: HHROSTER - SINGLE PERSON

DOB\_S\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Display This Question:

If HHNUMBER = 1

Or If

Where do you live at your permanent duty station? = Aboard ship

Or Where do you live at your permanent duty station? = Government-owned barracks, dorm, bachelor quarters, or unaccompanied enlisted or officer housing on base

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DOB\_S What is your month and year of birth?

* Month (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Year (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Page Break |  |

AGE\_S\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Display This Question:

If If What is your month and year of birth? Text Response Is Empty

Or Or What is your month and year of birth? Text Response Is Empty

And If

HHNUMBER = 1

Or Where do you live at your permanent duty station? = Aboard ship

Or Where do you live at your permanent duty station? = Government-owned barracks, dorm, bachelor quarters, or unaccompanied enlisted or officer housing on base

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AGE\_S What is your age in years?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Page Break |  |

SEX\_S\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Display This Question:

If HHNUMBER = 1

Or Where do you live at your permanent duty station? = Aboard ship

Or Where do you live at your permanent duty station? = Government-owned barracks, dorm, bachelor quarters, or unaccompanied enlisted or officer housing on base

SEX\_S Are you...?

* Male (1)
* Female (2)

End of Block: HHROSTER - SINGLE PERSON

Start of Block: DEPENDENT CHILDREN

DEP\_INTRO\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Display This Question:

If Loop 1 Current Loop

And And How many legal dependent children do you have under the age of 18 that do NOT currently live here... Text Response Is Greater Than 0

DEP\_INTRO ${e://Field/dep\_intro\_fill}

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| Page Break |  |

DEP\_DEM\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

DROSTER6c What is ${lm://Field/2} child’s age?

* Years (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Months (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DROSTER7c How is ${lm://Field/2} child related to you?

* Biological child (1)
* Adopted child (2)
* Stepchild (3)
* Grandchild (4)
* Foster child (5)
* Other relative (6)

DROSTER8c What is ${lm://Field/2} child’s sex?

* Male (1)
* Female (2)

End of Block: DEPENDENT CHILDREN

Start of Block: LANGUAGE

LANG1\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

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

* Yes (1)
* No (2)

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| Page Break |  |

LANG2\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Display This Question:

If Do you speak a language other than English at home? = Yes

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LANG2 What language other than English do you speak at home?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Page Break |  |

LANG3\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Display This Question:

If Do you speak a language other than English at home? = Yes

LANG3 How well do you speak English?

* Very well (1)
* Well (2)
* Not well (3)
* Not at all (4)

End of Block: LANGUAGE

Start of Block: TRANSIENCE

TRAN1\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

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

Or Are you or your spouse currently serving in the U.S. Armed Forces (Active Duty, Reserve, or Natio... = Yes, my spouse is serving in the Reserve or National Guard

And 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

And Are you or your spouse currently serving in the U.S. Armed Forces (Active Duty, Reserve, or Natio... != Yes, I'm serving in the Reserve or National Guard

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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DTRAN2\_3\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

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

Or Are you or your spouse currently serving in the U.S. Armed Forces (Active Duty, Reserve, or Natio... = Yes, I'm serving in the Reserve or National Guard

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

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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

Or Are you or your spouse currently serving in the U.S. Armed Forces (Active Duty, Reserve, or Natio... = Yes, I'm serving in the Reserve or National Guard

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DTRAN3 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.*

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TRAN2\_TIME Timing

First Click (1)

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Click Count (4)

TRAN2 How long have you lived at your current address?

* Years (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Months (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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DTRAN5\_TIME Timing

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Click Count (4)

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

* Yes (1)
* No (2)
* Not applicable - I am not married (4)

End of Block: TRANSIENCE

Start of Block: INTERNET ACCESS

INT1\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

INTERNET\_INTRO 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 cellphone, computer, tablet, or other device.*

* Yes (1)
* No (2)

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INT2\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Display This Question:

If Do you use the Internet at home? This includes accessing the Internet with a cellphone, computer,... = No

INT2 What are the reasons why you do not use the Internet at home? *Select all that apply.*

* Don’t need it or not interested (1)
* Can’t afford it (2)
* Not worth the cost (3)
* Can use it elsewhere (4)
* Not available in area (5)
* No computing device, or device inadequate or broken (6)
* Online privacy or cybersecurity concerns (7)
* Personal safety concerns (8)
* Household moved or is in the process of moving (9)
* Other, please specify: (10) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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INT3\_TIME Timing

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Click Count (4)

Display This Question:

If Do you use the Internet at home? This includes accessing the Internet with a cellphone, computer,... = Yes

INT3 How frequently do you use the Internet in your home? *This includes accessing the Internet through a cellphone, computer, or tablet.*

* Daily (1)
* At least once a week (2)
* At least once a month (3)
* Less than once a month (4)
* Never (5)

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INT4\_5\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Display This Question:

If How frequently do you use the Internet in your home? This includes accessing the Internet through... = Daily

Or How frequently do you use the Internet in your home? This includes accessing the Internet through... = At least once a week

Or How frequently do you use the Internet in your home? This includes accessing the Internet through... = At least once a month

Or How frequently do you use the Internet in your home? This includes accessing the Internet through... = Less than once a month

INT4 Which of the following devices do you usually use to access the internet? *Select all that apply.*

* A computer (1)
* A tablet (2)
* Smartphone or cellphone (3)
* Other device, please specify: (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If How frequently do you use the Internet in your home? This includes accessing the Internet through... = Daily

Or How frequently do you use the Internet in your home? This includes accessing the Internet through... = At least once a week

Or How frequently do you use the Internet in your home? This includes accessing the Internet through... = At least once a month

Or How frequently do you use the Internet in your home? This includes accessing the Internet through... = Less than once a month

INT5 Do you have access to the Internet using a…? *Select all that apply.*

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

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INT6\_TIME Timing

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Click Count (4)

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

* Yes (1)
* No (2)

End of Block: INTERNET ACCESS

Start of Block: DIGITAL AFFINITY

DIG1\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Display This Question:

If Do you use the Internet at home? This includes accessing the Internet with a cellphone, computer,... = No

Or How frequently do you use the Internet in your home? This includes accessing the Internet through... = Less than once a month

Or How frequently do you use the Internet in your home? This includes accessing the Internet through... = Never

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DIG1 Do you regularly access the internet outside of your home?

* Yes (1)
* No (2)

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DIG2A\_2E\_TIME Timing

First Click (1)

Last Click (2)

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Click Count (4)

DIG2a For which of the following communication purposes have you used the internet in the **past 6 months**? *Select all that apply.*

* Email (1)
* Texting or instant messaging (2)
* Social media (e.g., Facebook, X formerly Twitter, Instagram, LinkedIn) (3)
* Video or voice calls or conferencing (4)
* ⊗None of the above (5)

DIG2b For which of the following entertainment purposeshave you used the internet in the **past 6 months**? *Select all that apply.*

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

DIG2c For which of the following work purposes have you used the internet in the **past 6 months**? *Select all that apply.*

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

DIG2d For which of the following retail or service purposes have you used the internet in the **past 6 months**? *Select all that apply.*

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

DIG2e For which of the following other purposes have you used the internet in the **past 6 months**? *Select all that apply.*

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

End of Block: DIGITAL AFFINITY

Start of Block: ATTENTION CHECK

ATTNCHK\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Display This Question:

If ATNCHK\_Group = 1

ATTNCHK Data quality is important to us. For us to get the most accurate measures, it is important that participants are paying attention. Please select "Some" to show you are paying attention.

* A great deal (1)
* Quite a lot (2)
* Some (3)
* Very little (4)

End of Block: ATTENTION CHECK

Start of Block: NEWS SOURCES

NEWS\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

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

NEWS How often do you get news from...?

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

End of Block: NEWS SOURCES

Start of Block: VOLUNTEER

VOl1\_TIME Timing

First Click (1)

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Page Submit (3)

Click Count (4)

VOLUNTEER\_INTRO 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.

|  |
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VOL1 In the **last 12 months**, have you done any volunteer activities through or for an organization?

* Yes (1)
* No (2)

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VOL2\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Display This Question:

If In the last 12 months, have you done any volunteer activities through or for an organization? = No

VOL2 Sometimes people don’t think of activities they do infrequently or activities they do for children’s schools or youth organizations as volunteer activities. In the **last 12 months**, have you done any of these types of volunteer activities?

* Yes (1)
* No (2)

End of Block: VOLUNTEER

Start of Block: TRUST IN GOVERNMENT

TRUST1A\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

TRUST1A These next questions are about institutions in American society. Please indicate how much confidence you, yourself, have in each one.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | A great deal (1) | Quite a lot (2) | Some (3) | Very little (4) |
| The military (TRUST1\_1)  |  |  |  |  |
| The police (TRUST1\_2)  |  |  |  |  |
| The U.S. Supreme Court (TRUST1\_3)  |  |  |  |  |
| The presidency (TRUST1\_4)  |  |  |  |  |
| Public Schools (TRUST1\_5)  |  |  |  |  |
| The criminal justice system (TRUST1\_6)  |  |  |  |  |
| Congress (TRUST1\_7)  |  |  |  |  |
| U.S. Census Bureau (Q174\_8)  |  |  |  |  |

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TRUST1B\_TIME Timing

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TRUST1B Please indicate how much confidence you, yourself, have in each one.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | A great deal (1) | Quite a lot (2) | Some (3) | Very little (4) |
| Small businesses (TRUST2\_1)  |  |  |  |  |
| The church or organized religion (TRUST2\_2)  |  |  |  |  |
| The medical system (TRUST2\_3)  |  |  |  |  |
| Banks (TRUST2\_4)  |  |  |  |  |
| Newspapers (TRUST2\_5)  |  |  |  |  |
| Organized labor (TRUST2\_6)  |  |  |  |  |
| Big business (TRUST2\_7)  |  |  |  |  |
| News on the internet (TRUST2\_8)  |  |  |  |  |
| News on social media (TRUST2\_9)  |  |  |  |  |
| Television news (TRUST2\_10)  |  |  |  |  |

End of Block: TRUST IN GOVERNMENT

Start of Block: DEMOGRAPHICS

DDEM13\_TIME Timing

First Click (1)

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Click Count (4)

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DDEM13 Now, we have some more questions about you and your background. What is your marital status?

* Married (1)
* Domestic partnership (2)
* Widowed (3)
* Divorced (4)
* Legally separated (5)
* Never married (6)

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DEM3\_4\_TIME Timing

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Race\_sp **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.* (5)
* **Asian** *For example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.* (4)
* **Black or African American** *For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.* (3)
* **Hispanic or Latino** *For example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.* (2)
* **Middle Eastern or North African** *For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.* (6)
* **Native Hawaiian or Pacific Islander** *For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.* (7)
* **White** *For example, English, German, Irish, Italian, Polish, Scottish, etc.* (1)

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DDEM5\_TIME Timing

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Click Count (4)

DDEM5 What is the highest level of education that you have completed? *Select ONE response. If currently enrolled, select the previous grade or highest degree received.*

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

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DEM6\_7\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Display This Question:

If What is the highest level of education that you have completed? Select ONE response. If currently... = High school degree/GED/or equivalent

Or What is the highest level of education that you have completed? Select ONE response. If currently... = Some college, no degree

Or What is the highest level of education that you have completed? Select ONE response. If currently... = Associate’s degree

Or What is the highest level of education that you have completed? Select ONE response. If currently... = Bachelor’s degree

Or What is the highest level of education that you have completed? Select ONE response. If currently... = Master’s, doctorate, or professional degree

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DEM6 In what month and year was your **highest** degree/diploma awarded?

* Month (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Year (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If What is the highest level of education that you have completed? Select ONE response. If currently... = Associate’s degree

Or What is the highest level of education that you have completed? Select ONE response. If currently... = Bachelor’s degree

Or What is the highest level of education that you have completed? Select ONE response. If currently... = Master’s, doctorate, or professional degree

DEM7 What was the major field of study for your **highest** degree?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: DEMOGRAPHICS

Start of Block: SPOUSE - WORK

DEM8\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

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

Or Are you or your spouse currently serving in the U.S. Armed Forces (Active Duty, Reserve, or Natio... = Yes, my spouse is serving in the Reserve or National Guard

And 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

And Are you or your spouse currently serving in the U.S. Armed Forces (Active Duty, Reserve, or Natio... != Yes, I'm serving in the Reserve or National Guard

DEM8 LAST WEEK, did you do **any** work for pay?

* Yes (1)
* No (2)

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DEM9\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Display This Question:

If LAST WEEK, did you do any work for pay? = No

DEM9 What was your main reason for not working LAST WEEK?

* Retired (1)
* On layoff from a job (2)
* Student (3)
* Chronic illness or permanent disability (4)
* Did not need or want to work (5)
* Other (6)

Display This Question:

If LAST WEEK, did you do any work for pay? = No

LOOKWORK\_SP Are you currently looking for work?

* Yes (1)
* No (2)

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DDEM10\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Display This Question:

If LAST WEEK, did you do any work for pay? = Yes

DDEM10 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.

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

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DDEM10a\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Display This Question:

If LAST WEEK, did you do any work for pay? = Yes

DDEM10a What kind of professional license/certification/credential does your career field require?

* Accounting (1)
* Architecture (2)
* Counseling (e.g., professional counselor, marriage and family therapist) (3)
* Dentistry/Dental hygiene (4)
* Law (e.g., attorney) (5)
* Massage therapy (6)
* Medicine (7)
* Nursing (8)
* Occupational therapy (9)
* Pharmacy/Pharmacy technician (10)
* Physical therapy (11)
* Professional engineer (12)
* Skilled trade (e.g., master electrician, plumber, heating, air conditioning, ventilation and refrigeration) (13)
* Social work (14)
* Teaching (elementary and secondary) (15)
* Other, please specify: (16) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* None / Not Applicable (17)

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End of Block: SPOUSE - WORK

Start of Block: ADDITIONAL DEMOS

DEM11\_TIME Timing

First Click (1)

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Page Submit (3)

Click Count (4)

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 select "Yes".*

* Yes (1)
* No (2)

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DEM15\_TIME Timing

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Page Submit (3)

Click Count (4)

Display This Question:

If Where do you live at your permanent duty station? != Aboard ship

And Where do you live at your permanent duty station? != Government-owned barracks, dorm, bachelor quarters, or unaccompanied enlisted or officer housing on base

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?

* None (1)
* 1 (2)
* 2 (3)
* 3 (4)
* 4 (5)
* 5 (6)
* 6 or more (7)

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DEM16\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

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

Or Are you or your spouse currently serving in the U.S. Armed Forces (Active Duty, Reserve, or Natio... = Yes, I'm serving in the Reserve or National Guard

Or If

LAST WEEK, did you do any work for pay? = Yes

DEM16 How did you usually get to work LAST WEEK? *Select the method of transportation used for most of the distance.*

* Car, truck, or van (1)
* Bus (2)
* Subway or elevated rail (3)
* Long-distance train or commuter rail (4)
* Light rail, streetcar, or trolley (5)
* Ferryboat (6)
* Taxicab (7)
* Motorcycle (8)
* Bicycle (9)
* Walked (10)
* Worked from home (11)
* Other method (12)

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DEM12\_TIME Timing

First Click (1)

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Page Submit (3)

Click Count (4)

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.*

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

End of Block: ADDITIONAL DEMOS

Start of Block: HEALTH AND STRESS

HEALTH\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

HEALTH Next, we have some questions about your health.  In general, would you say your health is…?

* Excellent (1)
* Very good (2)
* Good (3)
* Fair (4)
* Poor (5)

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| Page Break |  |

DSTRESS1\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

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

Or Are you or your spouse currently serving in the U.S. Armed Forces (Active Duty, Reserve, or Natio... = Yes, I'm serving in the Reserve or National Guard

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

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

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| Page Break |  |

DSTRESS2\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

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

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

End of Block: HEALTH AND STRESS

Start of Block: RETENTION

DRET1\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

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

And 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

And 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

DRET1 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)

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| Page Break |  |

DRET2\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

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

DRET2 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)

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| Page Break |  |

DRET3\_4\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

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

And If

Now, we have some more questions about you and your background. What is your marital status? = Married

Or Now, we have some more questions about you and your background. What is your marital status? = Legally separated

DRET3 Does your**spouse or significant other**think you should stay on or leave active duty?

* Strongly favors staying (1)
* Somewhat favors staying (2)
* Has no opinion one way or the other (3)
* Somewhat favors leaving (4)
* Strongly favors 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

DRET4 Does your **family** think you should stay on or leave active duty?

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

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| Page Break |  |

DSAT1\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

DSAT1 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)

End of Block: RETENTION

Start of Block: FINANCIAL

DFIN1\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

DFIN1 Which of the following best describes ${e://Field/fill\_your\_hh} financial condition?

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

End of Block: FINANCIAL

Start of Block: FOOD ACCESS

FOOD1\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Display This Question:

If Where do you live at your permanent duty station? != Aboard ship

And Where do you live at your permanent duty station? != Government-owned barracks, dorm, bachelor quarters, or unaccompanied enlisted or officer housing on base

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, select “Yes.”*

* Yes (1)
* No (2)

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| Page Break |  |

DFOOD2\_3\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

DFOOD2 These next questions ask about the availability of food in your household over the **past 12 months**. In the past 12 months, the food that ${e://Field/fill\_i\_we} bought didn't last, and ${e://Field/fill\_i\_we} didn't have money to buy more.

* Often true (1)
* Sometimes true (2)
* Never true (3)
* Don't know (4)

DFOOD3 In the **past 12 months**, ${e://Field/fill\_i\_we} couldn't afford to eat balanced meals.

* Often true (1)
* Sometimes true (2)
* Never true (3)
* Don't know (4)

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| Page Break |  |

DFOOD4\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

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?

* Yes (1)
* No (2)
* Don't know (3)

Display This Question:

If In the past 12 months, did you or other adults in your household ever cut the size of your meals... = Yes

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?

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

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DFOOD6\_7\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

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

* Yes (1)
* No (2)
* Don't know (3)

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

* Yes (1)
* No (2)
* Don't know (3)

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| Page Break |  |

FOOD3\_4\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

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

* Yes (1)
* No (2)

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?

* Yes (1)
* No (2)

End of Block: FOOD ACCESS

Start of Block: ADMINISTRATIVE RECORDS

ADMIN1\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

ADMIN1\_INTRO 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?

* Government should find new ways to use data already collected because it benefits public services and society. (1)
* Government should not use data already collected in new ways due to the risks to people’s privacy and security. (2)
* I agree equally with both. (3)
* I don't agree with either. (4)

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ADMIN2\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

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 it (1)
* Somewhat in favor of it (2)
* Neither in favor nor against it (3)
* Somewhat against it (4)
* Strongly against it (5)

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ADMIN3\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Display This Question:

If The government already collects data about people’s jobs, earnings, and participation in governme... = Neither in favor nor against it

Or The government already collects data about people’s jobs, earnings, and participation in governme... = Somewhat against it

Or The government already collects data about people’s jobs, earnings, and participation in governme... = Strongly against it

ADMIN3 Which of the following are reasons you are not in favor of combining these data sources to generate information? *Select all that apply.*

* Combined data sources are a violation of my privacy (1)
* Combined data won’t be accurate (2)
* Combined data will give the government too much information (about me) (3)
* I don’t trust the government to use my information correctly (4)
* I am concerned about the security of my information (5)

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TRUST3\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

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?

* Tend to trust (1)
* Tend not to trust (2)

End of Block: ADMINISTRATIVE RECORDS

Start of Block: PRIVACY AND CONFIDENTIALITY

PRIV1\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

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

* Extremely concerned (1)
* Very concerned (2)
* Somewhat concerned (3)
* A little concerned (4)
* Not at all concerned (5)

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PRIV2\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

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

* Extremely concerned (1)
* Very concerned (2)
* Somewhat concerned (3)
* A little concerned (4)
* Not at all concerned (5)

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PRIV3\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

PRIV3 Have you done any of these things to protect your data OR avoid intrusion into your privacy? *Select "Yes" or "No" to each statement.*

|  |  |  |
| --- | --- | --- |
|  | Yes (1) | No (2) |
| Signed up for the Do Not Call Registry, which removes your number from marketing call lists (PRIV3\_1)  |  |  |
| Blocked a smartphone app or stopped an app from accessing other details on your phone, such as GPS location or your contacts (PRIV3\_2)  |  |  |
| Changed the default settings on your computer or browser (PRIV3\_3)  |  |  |
| Stopped or avoided using a social media service (PRIV3\_4)  |  |  |
| Changed the privacy settings on your social media accounts (PRIV3\_5)  |  |  |
| Started using more secure methods of communication, such as encrypted emails (PRIV3\_6)  |  |  |
| Asked a government department, public service, or private company to delete any information they hold about you (PRIV3\_7)  |  |  |

End of Block: PRIVACY AND CONFIDENTIALITY

Start of Block: CONTACT

CON1\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

CON1 We usually send updates, notifications, and survey links via email. Do you have an email address you can use for this purpose?

* Yes (1)
* No (2)

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CON2\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Display This Question:

If We usually send updates, notifications, and survey links via email. Do you have an email address... = Yes

|  |
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CON2 What is the best email address for us to reach you?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CON3\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

CON3 We can also send updates, notifications, and survey links via text message. Do you have a cellphone you can use for this purpose?

* Yes (1)
* No (2)

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| Page Break |  |

CON4\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Display This Question:

If We can also send updates, notifications, and survey links via text message. Do you have a cellpho... = Yes

|  |
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CON4 What is the best cellphone number for us to reach you?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CON5\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Display This Question:

If If What is the best email address for us to reach you? Text Response Is Not Empty

And And What is the best cellphone number for us to reach you? Text Response Is Not Empty

CON5 How would you prefer we contact you? *Select all that apply.*

* Email (1)
* Text message (2)

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| Page Break |  |

CON6\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Display This Question:

If If What is the best email address for us to reach you? Text Response Is Empty

And And What is the best cellphone number for us to reach you? Text Response Is Empty

CON6 We need to be able to contact you for future surveys, please provide a cellphone number, email or landline phone number where we can reach you:

* Cellphone (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Landline (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: CONTACT

Start of Block: ADDRESS VERIFICATION

INCENT2\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

INCENT\_INTRO Thank you for answering our questions. You will receive $20 for completing this survey.

Display This Question:

If TREATMENT = 1

And EmailFill Is Not Empty

INCENT1 Within two weeks of survey closing, you will receive an email containing a link to redeem your $20 at a variety of vendors. The email we have on file is ${e://Field/EmailFill}. Is this the email to which you would like us to send your electronic gift card?

* Yes (1)
* No (2)

Display This Question:

If Within two weeks of survey closing, you will receive an email containing a link to redeem your $2... = No

|  |
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|  |

INCENT2 What is the email address where we should send your incentive?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If TREATMENT = 2

And AddressMissing != 1

Or If

TREATMENT = 1

And Within two weeks of survey closing, you will receive an email containing a link to redeem your $2... != Yes

And And What is the email address where we should send your incentive? Text Response Is Empty

And AddressMissing != 1

INCENT3 The address we have on file is: **${e://Field/BestAddress1} ${e://Field/BestAddress2} ${e://Field/BestCity}, ${e://Field/BestState} ${e://Field/BestZIP}** Is this the address to which we should mail your payment?

* Yes (1)
* No (2)

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| Page Break |  |

INCENT3\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Display This Question:

If The address we have on file is: ${e://Field/BestAddress1} ${e://Field/BestAddress2} ... = No

Or If

TREATMENT = 2

And AddressMissing = 1

Or If

AddressMissing = 1

And TREATMENT = 1

And Within two weeks of survey closing, you will receive an email containing a link to redeem your $2... != Yes

And And What is the email address where we should send your incentive? Text Response Is Empty

|  |
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|  |

INCENT4 Please provide the mailing address to which we should send your payment.

* Address 1 (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Address 2 (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* City (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* State (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* ZIP Code (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: ADDRESS VERIFICATION

Start of Block: Submit

SUBMIT\_TIME Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Display This Question:

If Thank you for your responses, but unfortunately you are not eligible to participate. This survey... Not Displayed

SUBMIT Those are all the questions we have for you today. Thank you for your participation. Please use the "Submit" button below to record your response.  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.

If you have any questions about the Census Military Panel, please contact us at addp.military.panel@census.gov or call 1-888-329-5895.

End of Block: Submit