

Background and Media Technology Use Survey

Welcome to the survey

Welcome!

The purpose of this survey is to get some basic background information about you and your family, as well as to learn more about your family's use of media technologies in and outside of the home. It should take about 20-30 minutes to complete. The information we collect from you will be confidential and stored securely.

The research findings may be published, presented publicly, or used in future research but will not identify you or your family. De-identified data may be shared with our research partners (The Digital Media and Learning Initiative, as funded by the MacArthur Foundation).

If you're ready, just click on the Next button at the bottom of the page to start the survey.

Thank you for participating!

Background and Media Technology Use Survey

Household

1. Who lives in your household? (Select all that apply.)

- Partner (e.g. husband, wife, girlfriend, boyfriend)
- Children (including half-, step-, adopted)
- Father (including step- and in-law)
- Mother (including step- and in-law)
- Brother(s)
- Sister(s)
- Other relative(s) (children or adults)
- Non-relative(s) (children or adults)

Other (please specify)

Background and Media Technology Use Survey

Background

2. In what year were you born? (List 4-digit birth year; for example, 1976)

3. Were you born in the United States? (This and all other information in this survey will remain confidential.)

- Yes
- No
- I don't know
- I'd rather not say

Background and Media Technology Use Survey

Background

4. If no, how many years have you lived in the U.S.?

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Background

5. Are you currently:

- Never married
- Married
- Divorced
- Widowed
- Remarried

6. Please select one or more of the following choices that best describe your race. (Check all that apply.)

- White
- Black/African-American
- Hispanic/Latino
- Asian
- Native Hawaiian or Pacific Islander
- American Indian or Alaska Native
- Other (open response)

7. What is your ethnicity?

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Employment & Leisure

8. How many people in your household are currently employed full or part time?

9. What is your household's average annual income? (This and all other information in this survey will remain confidential.)

- Less than \$20,000
- \$20,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 to \$199,999
- \$200,000 or more

10. Are you currently employed?

- Yes
- No

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Employment & Leisure

11. If so, what do you do? If you have more than one job, please list them all.

12. Approximately how many hours a week do you work?

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Employment & Leisure

13. Approximately how many hours of leisure time do you have a week?

14. On average, how stressful do you find the demands of the daily life? (Please rate this on a scale of 1 to 5, with 1 being not at all stressful and 5 being extremely stressful.)

1 2 3 4 5

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Education

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

- No formal education
- Some primary school
- Some high (secondary) school
- Completed high (secondary) school or GED
- Some college/university
- Bachelors degree
- Graduate degree

16. What is the highest level of education completed by the other adults in your household?:

- No formal education
- Some primary school
- Some high (secondary) school
- Completed high (secondary) school or GED
- Some college/university
- Bachelors degree
- Graduate degree

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Children

17. Please select the age and grade level for EACH of your children, and whether they are currently living at home with you or elsewhere.

	Age	Current grade level	Living at home with you?
Child 1	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Child 2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Child 3	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Child 4	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Child 5	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Child 6	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Child 7	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Child 8	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Child 9	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Child 10	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Media & Technology in the Home

18. Do you have a home computer (desktop, laptop, tablet)?

Yes

No

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Media & Technology in the Home

19. Does the computer have internet access?

- Yes
- No
- I don't know

20. How long have you had a computer at home?

21. Why did you get it?

22. Who uses it?

23. Does anyone in your household have a gaming system (for example, an Xbox or Playstation Console or a portable gaming device such as the Nintendo DS)?

- Yes
- No
- I don't know

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Media & Technology in the Home

24. Does the gaming system have internet access?

- Yes
- No
- I don't know

25. How long has your family had the gaming system?

26. Why did you get it?

27. Who uses it?

28. Does anyone in your household have a mobile phone?

- Yes
- No
- I don't know

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Media & Technology in the Home

29. If so, who in your household has a mobile phone? (Please list all that apply.)

30. Do any of these phones have internet access?

- Yes
- No
- I don't know

31. If so, whose phone?

32. How long have you/they had a mobile phone with Internet access? (List length of time for each household member.)

33. Why did you/they get the mobile phone?

34. Who uses the phone(s), and what do they use it/them for?

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Media & Technology Use

35. I use a computer for work.

- Yes
- No
- I do not currently work.

36. My husband/wife/partner uses a computer for work.

- Yes
- No
- I don't know
- Not applicable

37. Looking at the following list of items, please indicate how often in the last week you used each of the following:

	Several times a day or more	A few times a week	A few times a month	Once a month	A few times a year	Never
A desktop, laptop, or tablet computer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A mobile phone, without Internet access	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A mobile phone, WITH Internet access	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A gaming system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

38. How often do you use the Internet?

- Never
- A few times a year
- Once a month
- A few times a month
- A few times a week
- Several times a day
- I'm connected nearly all of the time

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Media & Technology Use

39. What are your PRIMARY reasons for using the Internet? Please select one or two:

- Information-seeking
- Entertainment
- Work
- Helping my child(ren) with homework
- Staying in touch with friends and/or family
- None - I do not use the internet.

Other (please specify)

40. At which of these locations do you most often use the Internet? Select all that apply:

- Communal space in your home, such as living room or kitchen
- Private space in your home (e.g. home office, your bedroom)
- Public library or computer lab
- At work
- At a friend's house
- Family member's house
- Coffee house/Internet cafe
- Community Center
- Outside or on the go (using wireless)

Other (please specify)

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Media & Technology Use

41. How comfortable are you using a computer?

- Very comfortable
- Comfortable
- Neither comfortable nor uncomfortable
- Uncomfortable
- Very uncomfortable

42. How comfortable are you using the Internet?

- Very comfortable
- Comfortable
- Neither comfortable nor uncomfortable
- Uncomfortable
- Very uncomfortable

43. How comfortable are you learning new technologies?

- Very comfortable
- Comfortable
- Neither comfortable nor uncomfortable
- Uncomfortable
- Very uncomfortable

44. I have good overall knowledge of communication technologies.

- Yes
- No

45. People may interact with family (including extended family) using a variety of media. How often would you say you interact with your family by:

	Frequently	Sometimes	Never
Email	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Texting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online or mobile messaging or chat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online or mobile video or voice chatting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sharing status updates in social networks like Facebook or Twitter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sharing links or forwarding information or media online	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sharing photos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Playing games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creating music or playlists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blogging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

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Media & Technology Use

46. Do you have any favorite websites, online communities, video games, or social media sites/apps? If so, which? Please list:

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Media & Technology Use

47. How important is technology to your child's education?

- Very important
- Somewhat important
- Neither important nor unimportant
- Not very important
- Unimportant

48. Do you spend time with your child(ren) using media technologies (e.g. the computer, mobile device, gaming system, tablet, TV, radio, etc.)?

- Yes
- No

Other (please specify)

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Media & Technology Use

49. How often do you spend time with your child(ren) using media technologies?

- Several times a day
- A few times a week
- A few times a month
- Once a month
- A few times a year
- Never

50. If so, what do you do during this time? Please explain.

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Contact

51. Contact Information. This and all other information in this survey will remain confidential.

Please note that we will use your email address to send the \$30 gift certificate your family will receive for participating in this study. If you do not use an email account, please list an alternate way of contacting you below.

ZIP:

Email Address:

52. Alternate way to contact you (if you do not use email):

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End of Survey

You have reached the end of the survey.

Remember to click DONE to complete the survey.

Thanks very much for your time!