

Television Household Questionnaire

Please answer the following questions as accurately as you can. Some of these questions refer only to you, whereas others refer to your entire household. Please read each question carefully, and mark or write down your response choice or choices to each question in the space provided. Where spaces are not provided, please follow the instructions for that question. Thank you.

1. First, we have some questions about the kind of television and other electronic equipment you may have in your home.
 How many different working television sets do you have in your household? Number of Working TV Sets: _____

If you answered "0" to Question 1 (no working television set) please skip to Question 9 on Page 2, otherwise please continue with Question 2.

2. Are any of your televisions sets "big screen" TVs, such as an LCD, plasma, flat-panel or rear-projection model? YES ₁ NO ₀

3. Do you receive any television programs from a cable TV service? YES ₁ NO ₀

If you answered "NO" to Question 3 please skip to Question 5, otherwise please continue with Question 4.

4. Digital cable includes hundreds of channels and an on-screen menu that allows you to find your program with the touch of a button. Do any of your TV sets receive digital cable? YES ₁ NO ₀

5. Do you receive any television programs from a satellite service, which sometimes is called DBS, DirecTV, or DISH Network? YES ₁ NO ₀

6. How many DVD players that are attached or built into a television do you have in your household? Number of DVD Players: _____

7. Do you have a DVR which is a digital video recorder, such as TiVo? YES ₁ NO ₀

If you answered "NO" to Questions 3 and "NO" to Question 5 please skip to Question 9 on Page 2, otherwise please continue with Question 8 on Page 2.

| | | | |
|--|---|--|---|
| 8. | Do you have DVR service that is provided through a cable or satellite box? | YES <input type="checkbox"/> ₁ | NO <input type="checkbox"/> ₀ |
| 9. | Do you have a computer at home? | YES <input type="checkbox"/> ₁ | NO <input type="checkbox"/> ₀ |
| If you answered "NO" to Question 9 please skip to Question 12, otherwise please continue with Question 10. | | | |
| 10. | Do you have high-speed Internet service at home that you can connect to with a computer? | YES <input type="checkbox"/> ₁ | NO <input type="checkbox"/> ₀ |
| If you answered "NO" to Question 10 please skip to Question 12, otherwise please continue with Question 11. | | | |
| 11. | Do any of the computers in your home allow you to view video <u>over the internet</u> , such as television programs or movies? | YES <input type="checkbox"/> ₁ | NO <input type="checkbox"/> ₀ |
| 12. | <p>Next we'd like to ask about some leisure or recreational activities that some people do during their free time. Please take a moment and think back over the <u>past seven days</u> as you answer these questions. PLEASE ENTER "0" FOR BOTH HOURS AND MINUTES IF YOU DID NOT SPEND ANY TIME ON THESE ACTIVITIES.</p> <p>In the past seven days, approximately how much time <u>per day</u> would you say you spent on the Internet at home, including using email? _____ Hours _____ Minutes</p> | | |
| 13. | <p>In the past seven days, approximately how much time <u>per day</u> would you say you spent reading or looking at a paper version of a daily newspaper? _____ Hours _____ Minutes</p> | | |
| 14. | <p>In the past seven days, approximately how much time <u>per day</u> would you say you spent reading or looking at a paper version of magazines? _____ Hours _____ Minutes</p> | | |
| 15. | <p>In the past seven days, approximately how much time <u>per day</u> would you say you spent listening to the radio (but not including over the internet)? _____ Hours _____ Minutes</p> | | |

16. The next few questions ask about particular days in the past week.
Thinking just about Monday through Friday during the past seven days, approximately how many hours per day would you say you spent at home, not counting the time when you were asleep? _____ Hours

17. Thinking just about the most recent Saturday, approximately how many hours would you say you spent at home, not counting the time when you were asleep? _____ Hours

18. And thinking about the most recent Sunday, approximately how many hours would you say you spent at home, not counting the time when you were asleep? _____ Hours

19. Please think over what you did yesterday, that is from 12:00 A.M. midnight on that day to 12:00 A.M. midnight last night.
PLEASE WRITE YESTERDAY'S DATE – MONTH AND DAY – HERE: __ __ / __ __. Approximately how many hours did you spend at home, not counting the time when you were asleep during that 24-hour period? _____ Hours

If you have no working television set please skip to Question 38 on Page 8, otherwise please continue with Question 20.

20. Now we have some questions about general patterns of television use in your household. Please ask others who live there for help or information when you need it.
In some households, the TV is on all the time whether someone is watching or listening to it or not. In other households, the TV is only on when someone is watching or listening to it. Which household is closer to yours? **PLEASE CIRCLE THE NUMBER BETWEEN 1 AND 7 THAT BEST DESCRIBES YOUR HOUSEHOLD.**

**TV is on
always**

1 . . . 2 . . . 3 . . . 4 . . . 5 . . . 6 . . . 7

**TV is on only
when someone
is watching**

21. Imagine that your household was asked to “swear off television” for a week. How much would you say that people there would miss having the chance to watch it... a Great Deal, Quite a Bit, Somewhat, Not Much, Not at all?

- ₁ A Great Deal
- ₂ Quite a Bit
- ₃ Somewhat
- ₄ Not Much
- ₅ Not at all

22. In the evening, does your household more often watch television in groups of two or more, or do people mainly watch television by themselves?

- ₁ Watch in Groups of 2 or more
₂ Watch Individually / I live alone

23. In the past 30 days, have you moved television-viewing equipment around inside your home, including either within a room or from room to room?

- YES ₁ NO ₀

24. In the past 30 days, have you had any visitors or other guests who watched television in your home?

- YES ₁ NO ₀

25. In the past 30 days, have any visitors or other guests brought their television-viewing equipment to use in your home; for example, a portable DVD player?

- YES ₁ NO ₀

26. The following questions ask for information about use of the television sets in your household and when they are typically turned on. Again, please feel free to ask others in your household for help in answering these questions.

We're interested in learning how much time the television is turned on in your house on a typical weekday, Monday through Friday, when people are watching either live or pre-recorded television programming. Thinking about all the TV sets in your house, during which time periods would you say at least one of them is turned on for this purpose?

PLEASE INDICATE BY PUTTING AN "X" IN THE SPACE TO THE LEFT OF THOSE TIME PERIODS WHEN ANY SET INSIDE YOUR HOME IS TYPICALLY TURNED ON FOR ANY LENGTH OF TIME AT ALL AND PEOPLE ARE WATCHING LIVE OR PRE-RECORDED TELEVISION PROGRAMMING.

| Typical Weekday | | | |
|-----------------|---------------------|--|---------------------|
| | 12:00 am – 12:59 am | | 12:00 pm – 12:59 pm |
| | 1:00 am – 1:59 am | | 1:00 pm – 1:59 pm |
| | 2:00 am – 2:59 am | | 2:00 pm – 2:59 pm |
| | 3:00 am – 3:59 am | | 3:00 pm – 3:59 pm |
| | 4:00 am – 4:59 am | | 4:00 pm – 4:59 pm |
| | 5:00 am – 5:59 am | | 5:00 pm – 5:59 pm |
| | 6:00 am – 6:59 am | | 6:00 pm – 6:59 pm |
| | 7:00 am – 7:59 am | | 7:00 pm – 7:59 pm |
| | 8:00 am – 8:59 am | | 8:00 pm – 8:59 pm |
| | 9:00 am – 9:59 am | | 9:00 pm – 9:59 pm |
| | 10:00 am – 10:59 am | | 10:00 pm – 10:59 pm |
| | 11:00 am – 11:59 am | | 11:00 pm – 11:59 pm |

27. Now, please take a moment to think about yesterday, that is from 12:00 A.M. midnight that day until 12:00 A.M. midnight last night. Including all of the TV sets in your house, during which time periods of the 24 hours yesterday was at least one of them turned on, with someone watching either live or pre-recorded television programming? **PLEASE INDICATE THIS BY PUTTING AN “X” IN THE SPACE TO THE LEFT OF THOSE TIME PERIODS. IF ANY OF THE PROGRAMMING BEING WATCHED WAS PRE-RECORDED (SUCH AS PLAYING BACK SOMETHING THAT WAS RECORDED EARLIER ON A VCR OR DVR) PLEASE CIRCLE THE “P-R” NEXT TO WHERE YOU PLACE THE “X”.**

| Yesterday | | | | | |
|-----------|-----|---------------------|--|-----|---------------------|
| | P-R | 12:00 am – 12:59 am | | P-R | 12:00 pm – 12:59 pm |
| | P-R | 1:00 am – 1:59 am | | P-R | 1:00 pm – 1:59 pm |
| | P-R | 2:00 am – 2:59 am | | P-R | 2:00 pm – 2:59 pm |
| | P-R | 3:00 am – 3:59 am | | P-R | 3:00 pm – 3:59 pm |
| | P-R | 4:00 am – 4:59 am | | P-R | 4:00 pm – 4:59 pm |
| | P-R | 5:00 am – 5:59 am | | P-R | 5:00 pm – 5:59 pm |
| | P-R | 6:00 am – 6:59 am | | P-R | 6:00 pm – 6:59 pm |
| | P-R | 7:00 am – 7:59 am | | P-R | 7:00 pm – 7:59 pm |
| | P-R | 8:00 am – 8:59 am | | P-R | 8:00 pm – 8:59 pm |
| | P-R | 9:00 am – 9:59 am | | P-R | 9:00 pm – 9:59 pm |
| | P-R | 10:00 am – 10:59 am | | P-R | 10:00 pm – 10:59 pm |
| | P-R | 11:00 am – 11:59 am | | P-R | 11:00 pm – 11:59 pm |

28. We have been asking questions about everyone in your household. The next set of questions is similar, but they ask only about your personal television viewing.

First, on an average day, about how much time do you personally watch television?

_____ Hours _____ Minutes










29. We’re interested in learning how much time you personally watch television in your house on a typical weekday, Monday through Friday, when you are watching either live or pre-recorded television programming. **PLEASE INDICATE BY PUTTING AN “X” IN THE SPACE TO THE LEFT OF THOSE TIME PERIODS WHEN YOU TYPICALLY WATCH FOR ANY LENGTH OF TIME AT ALL.**

| Typical Weekday | | | |
|-----------------|---------------------|--|---------------------|
| | 12:00 am – 12:59 am | | 12:00 pm – 12:59 pm |
| | 1:00 am – 1:59 am | | 1:00 pm – 1:59 pm |
| | 2:00 am – 2:59 am | | 2:00 pm – 2:59 pm |
| | 3:00 am – 3:59 am | | 3:00 pm – 3:59 pm |
| | 4:00 am – 4:59 am | | 4:00 pm – 4:59 pm |
| | 5:00 am – 5:59 am | | 5:00 pm – 5:59 pm |
| | 6:00 am – 6:59 am | | 6:00 pm – 6:59 pm |
| | 7:00 am – 7:59 am | | 7:00 pm – 7:59 pm |
| | 8:00 am – 8:59 am | | 8:00 pm – 8:59 pm |
| | 9:00 am – 9:59 am | | 9:00 pm – 9:59 pm |
| | 10:00 am – 10:59 am | | 10:00 pm – 10:59 pm |
| | 11:00 am – 11:59 am | | 11:00 pm – 11:59 pm |






30. Please think about what you were doing yesterday, that is from 12:00 A.M. midnight on that day until 12:00 A.M. midnight last night when you were watching either live or pre-recorded television programming in your house. **PLEASE INDICATE THIS BY PUTTING AN “X” IN THE SPACE TO THE LEFT OF THOSE TIME PERIODS. IF ANY OF THE PROGRAMMING BEING WATCHED WAS PRE-RECORDED (SUCH AS PLAYING BACK SOMETHING THAT WAS RECORDED EARLIER ON A VCR OR DVR) PLEASE CIRCLE THE “P-R” NEXT TO WHERE YOU PLACE THE “X”.**

| Yesterday | | | | | |
|-----------|-----|---------------------|--|-----|---------------------|
| | P-R | 12:00 am – 12:59 am | | P-R | 12:00 pm – 12:59 pm |
| | P-R | 1:00 am – 1:59 am | | P-R | 1:00 pm – 1:59 pm |
| | P-R | 2:00 am – 2:59 am | | P-R | 2:00 pm – 2:59 pm |
| | P-R | 3:00 am – 3:59 am | | P-R | 3:00 pm – 3:59 pm |
| | P-R | 4:00 am – 4:59 am | | P-R | 4:00 pm – 4:59 pm |
| | P-R | 5:00 am – 5:59 am | | P-R | 5:00 pm – 5:59 pm |
| | P-R | 6:00 am – 6:59 am | | P-R | 6:00 pm – 6:59 pm |
| | P-R | 7:00 am – 7:59 am | | P-R | 7:00 pm – 7:59 pm |
| | P-R | 8:00 am – 8:59 am | | P-R | 8:00 pm – 8:59 pm |
| | P-R | 9:00 am – 9:59 am | | P-R | 9:00 pm – 9:59 pm |
| | P-R | 10:00 am – 10:59 am | | P-R | 10:00 pm – 10:59 pm |
| | P-R | 11:00 am – 11:59 am | | P-R | 11:00 pm – 11:59 pm |

31. Below is a list of television channels that you may receive in your house. **FOR EACH ONE, PLEASE INDICATE HOW FREQUENTLY YOU PERSONALLY WATCH PROGRAMMING CARRIED ON THEM – DAILY, WEEKLY, MONTHLY OR LESS THAN MONTHLY – BY PLACING AN “X” IN THE APPROPRIATE COLUMN BELOW. IF YOUR HOUSEHOLD DOES NOT RECEIVE ONE OF THE CHANNELS, PLEASE MARK “DO NOT RECEIVE” COLUMN.**

| | | Daily | Weekly | Monthly | Less than Monthly | Do Not Receive |
|---|---------|-------|--------|---------|-------------------|----------------|
|  | ABC | | | | | |
|  | CBS | | | | | |
|  | FOX | | | | | |
|  | NBC | | | | | |
|  | UNI | | | | | |
|  | A&E | | | | | |
|  | AMC | | | | | |
|  | BET | | | | | |
|  | CNN | | | | | |
|  | CARTOON | | | | | |
|  | ESPN | | | | | |

31. Below is a list of television channels that you may receive in your house. **FOR EACH ONE, PLEASE INDICATE HOW FREQUENTLY YOU PERSONALLY WATCH PROGRAMMING CARRIED ON THEM – DAILY, WEEKLY, MONTHLY OR LESS THAN MONTHLY – BY PLACING AN “X” IN THE APPROPRIATE COLUMN BELOW. IF YOUR HOUSEHOLD DOES NOT RECEIVE ONE OF THE CHANNELS, PLEASE MARK “DO NOT RECEIVE” COLUMN.**

| | | Daily | Weekly | Monthly | Less than Monthly | Do Not Receive |
|---|-----|-------|--------|---------|-------------------|----------------|
|  | HBO | | | | | |
|  | MTV | | | | | |
|  | TLC | | | | | |
|  | TNT | | | | | |
|  | USA | | | | | |
| Other Channel (please specify): | | | | | | |
| | | | | | | |
| Other Channel (please specify): | | | | | | |
| | | | | | | |
| Other Channel (please specify): | | | | | | |
| | | | | | | |

32. **FOR THE FOLLOWING FOUR QUESTIONS, Q32-Q35, PLEASE CIRCLE THE NUMBER BETWEEN 1 AND 7 THAT BEST FITS YOUR ANSWER.**

Some people know in advance when they are going to watch TV and which programs they will watch, while other people don't plan in this way. What about you? Thinking about all of your TV viewing, are you closer to the people who plan how they watch TV or to those who don't?

Plan TV viewing in advance 1 . . . 2 . . . 3 . . . 4 . . . 5 . . . 6 . . . 7 **Don't plan in advance**

33. Some people turn on the TV to watch particular programs while others turn on the TV to watch whatever happens to be on. Would you say you are more likely to turn on the TV to watch particular programs, or do you turn it on to watch whatever happens to be on?

Watch particular programs 1 . . . 2 . . . 3 . . . 4 . . . 5 . . . 6 . . . 7 **Watch whatever is on**

| | | | | | | | |
|---------------------------------------|--|--|--|-----|----|---------------------------------------|---------------------------------------|
| 34. | While you are watching television, do you tend to just pay attention to the program, or are you likely to do other things, like reading, talking, or working while you also watch or listen to TV? | Just watch/ listen to TV 1 2 3 4 5 6 7 | Do other things at the same time | | | | |
| 35. | Do you tend to watch the same program from start to finish or are you more likely to switch between several programs that are on at the same time? | Watch one program 1 2 3 4 5 6 7 | Switch between several programs | | | | |
| 36. | Some people like to turn on the TV for “company” when they are home. How likely are you to do this... Very Likely, Somewhat Likely, Somewhat Unlikely or Very Unlikely? | <input type="checkbox"/> ₁ Very Likely <input type="checkbox"/> ₂ Somewhat Likely <input type="checkbox"/> ₃ Somewhat Unlikely <input type="checkbox"/> ₄ Very Unlikely | | | | | |
| 37. | Imagine that you personally were asked to “swear off” television for a week. How much would you say that you would miss having the chance to watch it... a Great Deal, Quite a Bit, Somewhat, Not Much or Not at All? | <input type="checkbox"/> ₁ A Great Deal <input type="checkbox"/> ₂ Quite a Bit <input type="checkbox"/> ₃ Somewhat <input type="checkbox"/> ₄ Not Much <input type="checkbox"/> ₅ Not at all | | | | | |
| 38. | Sometimes people choose to participate in research studies when they are asked to do so, while other times people choose to not participate. Here are some questions about how you feel about participating in research. Are any of the following statements reasons why you might <u>not</u> want to take part in a survey? | Not being interested in the subject matter. <table style="float: right; margin-left: 20px;"> <tr> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/>₁</td> <td style="text-align: center;"><input type="checkbox"/>₀</td> </tr> </table> | | YES | NO | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₀ |
| YES | NO | | | | | | |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₀ | | | | | | |
| 39. | Feeling that the interviewer isn't interested in you. | YES <input type="checkbox"/> ₁ | NO <input type="checkbox"/> ₀ | | | | |

| | | | |
|-----|---|--|---|
| 40. | Worrying that the information you provide is not kept confidential. | YES <input type="checkbox"/> ₁ | NO <input type="checkbox"/> ₀ |
| 41. | Thinking that your opinions really don't count. | YES <input type="checkbox"/> ₁ | NO <input type="checkbox"/> ₀ |
| 42. | Not having enough time to do the survey. | YES <input type="checkbox"/> ₁ | NO <input type="checkbox"/> ₀ |
| 43. | You don't know enough about the subject to answer the questions. | YES <input type="checkbox"/> ₁ | NO <input type="checkbox"/> ₀ |
| 44. | You would prefer to let someone else do it. | YES <input type="checkbox"/> ₁ | NO <input type="checkbox"/> ₀ |
| 45. | Surveys are an invasion of your privacy. | YES <input type="checkbox"/> ₁ | NO <input type="checkbox"/> ₀ |
| 46. | You don't know if they are really trying to sell you something. | YES <input type="checkbox"/> ₁ | NO <input type="checkbox"/> ₀ |
| 47. | They always take longer than they say they will. | YES <input type="checkbox"/> ₁ | NO <input type="checkbox"/> ₀ |
| 48. | There are just too many surveys. | YES <input type="checkbox"/> ₁ | NO <input type="checkbox"/> ₀ |
| 49. | You don't like talking with strangers. | YES <input type="checkbox"/> ₁ | NO <input type="checkbox"/> ₀ |
| 50. | You don't like giving out information. | YES <input type="checkbox"/> ₁ | NO <input type="checkbox"/> ₀ |

51. During the past two years, a household at this address was asked to be part of the Nielsen People Meter Panel. Do you remember someone from the Nielsen TV Ratings visiting your household to ask if you wanted to be part of Nielsen People Meter Panel (even if you have not lived here for two years)?

- ₁ Yes, I/we do remember this
- ₂ No, I/we do not remember this
- ₃ Uncertain, I/we are not sure about this

If you answered “No” or “Uncertain” to Question 51 please skip to Question 87 on Page 12, otherwise please continue with Question 52.

52. Did you personally take part in the Nielsen People Meter panel?

- ₁ Yes, I did
- ₂ No, I did not
- ₃ Uncertain, I do not remember / I do not know

53. Did anyone else in this household participate in the Nielsen People Meter panel?

- ₁ Yes, somebody did
- ₂ No, nobody else participated
- ₃ Uncertain, I do not remember / I do not know

54. The following are some statements about why some people decide to participate in the Nielsen People Meter panel and why some people decide not to participate. For each one, please indicate if the idea occurred to you when you were asked to join the panel, regardless of whether you agreed to join or not.

| | | |
|---|--|---|
| It would be interesting to be a part of the Nielsen People Meter Panel. | YES <input type="checkbox"/> ₁ | NO <input type="checkbox"/> ₀ |
|---|--|---|

| | | |
|--|--|---|
| 55. It would take a lot of effort to use the Nielsen People Meter. | YES <input type="checkbox"/> ₁ | NO <input type="checkbox"/> ₀ |
|--|--|---|

| | | |
|---|--|---|
| 56. The money and other gifts that Nielsen offered were attractive. | YES <input type="checkbox"/> ₁ | NO <input type="checkbox"/> ₀ |
|---|--|---|

| | | |
|--|--|---|
| 57. It would be a burden to record your viewing accurately using the Nielsen People Meter. | YES <input type="checkbox"/> ₁ | NO <input type="checkbox"/> ₀ |
|--|--|---|

| | | |
|---|--|---|
| 58. It is important to be a part of a national project like this. | YES <input type="checkbox"/> ₁ | NO <input type="checkbox"/> ₀ |
|---|--|---|

| | | |
|--|--|---|
| 59. You liked the person from Nielsen who came to your home. | YES <input type="checkbox"/> ₁ | NO <input type="checkbox"/> ₀ |
| 60. The meter installation would harm your television or other electronic equipment. | YES <input type="checkbox"/> ₁ | NO <input type="checkbox"/> ₀ |
| 61. It would make your TV watching less enjoyable. | YES <input type="checkbox"/> ₁ | NO <input type="checkbox"/> ₀ |
| 62. It was an opportunity to have a say about what is on television. | YES <input type="checkbox"/> ₁ | NO <input type="checkbox"/> ₀ |
| 63. The metering equipment and wires would spoil the look of your home décor. | YES <input type="checkbox"/> ₁ | NO <input type="checkbox"/> ₀ |
| 64. Using the meter to record your viewing would be easy and fun. | YES <input type="checkbox"/> ₁ | NO <input type="checkbox"/> ₀ |
| 65. The length of time you were asked to record your viewing, if you participated, was too long. | YES <input type="checkbox"/> ₁ | NO <input type="checkbox"/> ₀ |
| 66. The money or gifts that Nielsen offered for your participation were not enough. | YES <input type="checkbox"/> ₁ | NO <input type="checkbox"/> ₀ |
| 67. You had heard of the Nielsen TV Ratings and you wanted to be a Nielsen Home. | YES <input type="checkbox"/> ₁ | NO <input type="checkbox"/> ₀ |
| 68. You didn't trust the person from Nielsen who came to your home. | YES <input type="checkbox"/> ₁ | NO <input type="checkbox"/> ₀ |
| 69. You felt that your opinions would count. | YES <input type="checkbox"/> ₁ | NO <input type="checkbox"/> ₀ |
| 70. You don't really watch much television. | YES <input type="checkbox"/> ₁ | NO <input type="checkbox"/> ₀ |

71. Please list any other things you considered when you made your decision whether or not to participate in the Nielsen People Meter Panel:

72. When your household made the decision to participate or not to participate in the Nielsen People Meter panel, who was it that made that decision? **PLEASE CHECK ALL THAT APPLY.**

- ₁ I did
- ₂ My spouse/partner did
- ₃ Other family members did
- ₄ Other non-family members did

87. Here are some questions about you and others who live in your household that will be used for statistical purposes only. We assure you that all information you provide will be kept entirely confidential.

Are you female or male?

- ₁ Female
- ₂ Male

88. Last week were you working full-time, part-time, with a job but away from the office (vacation, sick), unemployed, retired, going to school, keeping house, or what?

- ₁ Working full-time (35 hours/week or more)
- ₂ Working part-time
- ₃ With job but vacation/sick/etc.
- ₄ Unemployed/laid off
- ₅ Retired
- ₆ In school
- ₇ Keeping house
- ₈ Other (please specify): _____

89. What is your current marital status?

- ₁ Married
- ₂ Cohabiting/Living as Married
- ₃ Divorced
- ₄ Separated
- ₅ Single/Never Married
- ₆ Widow/Widower

If you answered "Divorced," or "Separated," "Single/Never Married," or "Widow/Widower" to Question 89 please skip to Question 91, otherwise please continue with Question 90.

90. Last week was your spouse/partner working full-time, part-time, with a job but away from the office (vacation, sick), unemployed, retired, going to school, keeping house, or what?

- ₁ Working full-time (35 hours/week or more)
- ₂ Working part-time
- ₃ With job but vacation/sick/etc.
- ₄ Unemployed/laid off
- ₅ Retired
- ₆ In school
- ₇ Keeping house
- ₈ Other (please specify): _____

91. Please check the month in which you were born.

- ₁ January
- ₂ February
- ₃ March
- ₄ April
- ₅ May
- ₆ June
- ₇ July
- ₈ August
- ₉ September
- ₁₀ October
- ₁₁ November
- ₁₂ December

92. Please write in the year in which you were born. Year of Birth: **19** ____ ____

93. Are you Spanish, Hispanic, or Latino?

- ₀ No, not Spanish/Hispanic/Latino
₁ Yes

94. Are any of your ancestors of Spanish, Hispanic, or Latino origin?

- ₀ No, not Spanish/Hispanic/Latino
₁ Yes

If you answered "No" to Question 94 please skip to Question 96, otherwise please continue with Question 95.

95. And is that origin Cuban, Mexican, Puerto Rican or some other nationality?
PLEASE CHECK ALL THAT APPLY.

- ₁ Cuban
₂ Mexican
₃ Puerto Rican
₄ Other (please specify): _____

96. What is your race? **PLEASE CHECK ALL THAT APPLY.**

- ₁ American Indian and Alaska Native
₂ Asian
₃ Black, African American or Negro
₄ Native Hawaiian and Other Pacific Islander
₅ White
₆ Some Other Race (please specify): _____

97. Do you speak a language other than English in the home?

YES NO
₁ ₀

If you answered "NO" to Question 97 please skip to Question 100 on Page 15, otherwise please continue with Question 98.

98. What is that other language? _____

99. In the home, do you speak...

- ₁ Only this other language
₂ Mostly this other language, but some English
₃ Mostly English, but some of this other language

100. Please indicate the highest level of education that you have completed.

- ₁ No formal schooling completed
- ₂ 6th grade or less
- ₃ 7th or 8th grade
- ₄ Between 9th and 12th grade (No HS diploma)
- ₅ High School Graduate (Diploma or the equivalent)
- ₆ Less than 1 year college credit
- ₇ 1 or more years college credit (No degree)
- ₈ Associate degree
- ₉ Bachelor's degree
- ₁₀ Master's degree (For example: MA, MS, MEng, MEd, MSW, MBA)
- ₁₁ Professional school degree (For example: MD, DDS, DVM, LLB, JD)
- ₁₂ Doctorate degree (For example: PhD, EdD)

101. Is the home in which you live owned or rented?

- ₁ Owned
- ₂ Rented

102. Do you live in a single family house, a building with less than 10 apartments or condos, a building with 10 or more apartments or condos, or some other type of dwelling?

- ₁ Single family house
- ₂ Building with less than 10 units
- ₃ Building with 10 or more units
- ₄ Other type of dwelling (please specify): _____

103. Please indicate which of the following, if any, control access to your home.
PLEASE CHECK ALL THAT APPLY (IF NONE OF THESE APPLY TO YOUR HOME, PLEASE CHECK "NONE OF THE ABOVE").

- ₁ Locked common entrance/door that requires a passcode or access code for someone to enter
- ₂ Locked gates/gates that require a passcode or access card for someone to enter
- ₃ Doorperson or other person who only allows residents to enter
- ₄ Visitors must use intercom system to be able to enter apartment/house
- ₅ None of the above

104. Including yourself, how many people live or stay in this house, apartment or mobile home?

Number of People in 2007: _____

| | |
|---|--|
| <p>105. How many children, <u>17 years of age or younger</u>, live or stay in this house, apartment or mobile home?</p> | <p>Number of Children <u>17 Years of Age or Younger</u> in Household: _____</p> |
| <p>106. How many children, <u>5 years of age or younger</u>, live or stay in this house, apartment or mobile home?</p> | <p>Number of Children <u>5 Years of Age or Younger</u> in Household: _____</p> |
| <p>107. Including yourself, how many of the people living there are male, and how many are female?</p> | <p>Number of Males: _____ Number of Females: _____</p> |
| <p>108. How long have <u>you personally</u> been living or staying in this house, apartment or mobile home?</p> | <p>Years: _____ Months: _____</p> |
| <p>109. Including yourself, how many of the people who currently live or stay at this address were living or staying here <u>2 years ago</u>, that is in 2005? IF NONE OF THE PEOPLE CURRENTLY LIVING HERE WERE LIVING HERE 2 YEARS AGO, PLEASE ENTER "0".</p> | <p>Number of People in 2005: _____</p> |
| <p>110. <u>Not including cell phones</u>, how many different telephone numbers do you have in your household on which you can receive telephone calls?</p> | <p>Number of Telephone Numbers: _____</p> |
| <p>111. Do you have Caller ID service?</p> | <p>YES <input type="checkbox"/>₁ NO <input type="checkbox"/>₀</p> |
| <p>112. On a typical weekday, Monday-Friday, are there any hours during which your household chooses <u>not</u> to take telephone calls?</p> | <p>YES <input type="checkbox"/>₁ NO <input type="checkbox"/>₀</p> |
| <p>If you answered "NO" to Question 112 please skip to Question 114 on Page 17, otherwise please continue with Question 113.</p> | |
| <p>113. During which hours of a typical weekday, Monday-Friday, does your household choose not to take telephone calls? PLEASE CIRCLE A.M. OR P.M.</p> | <p>From: ___ : ___ A.M. / P.M. To: ___ : ___ A.M. / P.M.</p> |

