

Information provided in this survey is considered a public record and may be subject to public disclosure. Responses will be used only for the purposes of this survey, and individual responses will be de-identified.

For each question, please choose the best answer or response (by checking the box or boxes) for your experience or opinion. Even if you rarely or never use technology or the internet, please follow the instructions and answer all the sections of this survey.

This survey needs to be filled out by a household member living at this address. If you do not live at this address, please do not fill out this survey. Thank you for your thoughtful answers. Please return the completed survey in the postage-paid envelope included in your survey packet as soon as you can.

These questions are about your household (the people you live with) and the extent to which your household has access to technology and internet services where you live. Please answer for your entire household.

Q1. Does your household have a way to access the internet in the place where you currently live?

Yes No

Q2. Please tell us about the technology devices you have in the place where you live, including how you got each device:

	Yes, the household has one or more of these (select <u>all</u> that apply)				Do Not Have in Household
	Owned	Supplied by Work	Supplied by School	Borrowing	
Desktop computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laptop computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smartphone or mobile phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tablet (including internet enabled e-readers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gaming console that connects to the internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voice-activated device (e.g. Echo, Alexa) separate from your smartphone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q3. Of all of the devices you have access to, which ONE device do you personally rely on or use most to access the internet in the place where you live?

Please select <u>one</u> of the following:	
Desktop computer	<input type="checkbox"/>
Laptop computer	<input type="checkbox"/>
Smartphone or mobile phone	<input type="checkbox"/>
Tablet	<input type="checkbox"/>
Gaming console that connects to the internet	<input type="checkbox"/>
Voice-activated device (e.g. Echo, Alexa)	<input type="checkbox"/>
Don't access the internet where I live	<input type="checkbox"/>

▶ IF YOUR HOUSEHOLD HAS INTERNET WHERE YOU LIVE: Please answer this section Q4 to Q8

Q4. What are all the ways you get internet in the place where you live? Please check all that apply.

- Century Link DSL or fiber internet
- Wave cable internet
- Comcast cable internet
- Cellular data plan
- Provided by my building
- Free or public internet
- Other: _____
- No internet
- Don't know

Q5. For each of the ways you get internet where you live, please tell us approximately how much each internet service costs per month to your household. If the cost is included as part of your rent or homeowner's dues, please check the box provided. If it is part of a bundled service that also includes other services (such as cable TV, calling and/or text, home security, etc.) please tell us the total cost per month for all bundled services: Please check all that apply.

	Have This Service Where I Live	Answer for Separately Charged Services			Answer for Bundled Services	
		Included with My Rent or Homeowner Dues	Pay for Each Service Individually	Approx. Monthly Cost for Each Service	Pay as Part of Bundled Service	Approx. Monthly Cost for Bundled Services
Century Link (DSL or fiber internet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
Wave cable internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
Comcast cable internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
Cellular data plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
Other specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____

Q6. How would you rate the adequacy of the internet connection and speeds in the place where you live when it comes to your ability to do the tasks you want and need to do on the internet? Please check one.

Completely Adequate	Mostly Adequate	Sometimes Adequate	Rarely Adequate	Not Adequate	Not Applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q7. What is the download speed of the internet connection in the place where you live? If you have more than one source, please select the fastest speed you have access to. Please check one.

- Up to 15 Mbps
 - Up to 25 Mbps
 - Up to 100 Mbps
 - Up to 1000 Mbps / 1 Gbps
 - I do not have internet
 - Don't know
- Mbps = Megabits and Gbps = Gigabits (1 Gigabit = 1000 Megabits)*

Q8. What one thing would improve your internet service in the place where you live? Please check one.

- Faster speeds
- Lower price
- Better customer service from provider
- Better reliability / reduced downtime
- Other, please specify: _____
- Nothing
- I do not have internet

Technology/Device Usage

Q9. If you or others in your household have a smartphone or mobile phone, do you subscribe to a contract data plan or pay as you go? Please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Limited data plan on a contract | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Unlimited data plan on a contract | <input type="checkbox"/> Do not have a smartphone or mobile phone |
| <input type="checkbox"/> Prepaid minutes or pay as you go | |

Q10. What technology devices do you and / or do other members of your household use in the place where you live or elsewhere? Please check all that apply.

	I Use Personally	Other <u>Adults</u> in Household Use	<u>Children</u> in Household Use	<u>No One</u> in Household Uses
Desktop computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laptop computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smartphone or mobile phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tablet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voice-activated device (e.g. Echo, Alexa)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q11. Please tell us where you and other members of your household have accessed the internet in the past month. Please check all that apply.

	I Accessed the Internet At	Other <u>Adults</u> Accessed the Internet At (if applicable)	<u>Children</u> Accessed the Internet At (if applicable)	<u>No One</u> Accessed the Internet At
Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School/college/university	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community or recreation center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-profit, religious or cultural center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friend's or relative's home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public or free internet area (airport, public plaza)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At a local business (coffee shop or restaurant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do not use the internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q12. Please tell us if you know about and / or currently use the following lower cost internet services for qualified low-income households:
Please check one for each internet service.**

	Not Aware of This	Know About / Do <u>Not</u> Use	Know About / Currently Use
Comcast Internet Essentials: \$9.95 month internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Simply Internet by Wave: \$9.95 month internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Citizen / InterConnection: \$120 per year internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Century Link Internet Basics: \$10 to \$15 per month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifeline Phone Discount: provides smartphone service discounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q13. The City would like to understand reasons why residents do not use the internet. Please check the box next to all the reasons why you do not use the internet more: Please check all that apply.

- I don't know how to use the internet
- Not interested or don't need / want to use it
- Internet service is too expensive
- I don't have a device (computer, tablet, smartphone) to access the internet
- It's too slow / frustrating / internet doesn't work well
- I have no time to learn about it or how to use it
- Service plans from internet providers are confusing
- I don't like what I would see or read on the internet
- No reason – I already use the internet to a great extent

Q14. Which of the following are concerns you have when it comes to accessing and using the internet: Please check all that apply.

- How my data and information is being used (including ways that you may not be aware of)
- Ensuring the safety and security of my personal information (such as banking or health information)
- Protecting myself from other individuals online (cyberstalking, cyberbullying)
- Protecting my children from other individuals online (cyberstalking, cyberbullying)
- Protecting my computer from online viruses and malware
- None of these are a concern

Q15. If you do not have internet in the place where you live, please tell us why. Please check all that apply.

- I don't know how to get internet where I live
- I don't need or want internet where I live
- I don't trust technology or internet companies
- I don't have the credit or the deposit requirements are too high
- Internet costs too much
- I don't have a device to access the internet
- The internet service is too slow / unreliable
- Other, please specify: _____
- I have internet where I live

Using the Internet and Ability to Use the Internet

Q16. How often does anyone in your household engage in the following activities online? Please check one box per line.

How often does anyone in your household:	Daily	Weekly	Monthly	Less Often	Never
Go online and get information from or about local government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access or apply for benefits (Medicare, VA, social security, etc.) online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do schoolwork or online research for school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read or send email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research and buy a product online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use online banking services or pay bills online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Create or post original media (writing, art, music, videos) online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listen to music or radio online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watch videos or TV online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access social media (Facebook, Twitter, LinkedIn, Instagram, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get health or medical information online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Look for or apply for a job online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attend an online class, meeting, or webinar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Find legal or consumer rights information online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stay in touch with friends or family online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Look for answers to computer problems online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use the internet to work from home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Start or run a business online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrange transportation online (check bus schedule, get transportation, order a ride)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online search for homes / rentals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research a new skill online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning language (programs or watching videos) online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q17. How comfortable are you in performing the following activities online? Please check all that apply in each of the three sections for each action.

Action	I have no idea what you're talking about	Could you do this?		Have you done this in the last 3 months?	
		I could do this if I was asked to	I could NOT do this if I was asked to	I have done this in the last 3 months	I have NOT done this in the last 3 months
Use a search engine to look for information online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Download / save a photo you found online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Find a website you have visited before	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Send a personal message to another person via email, text message or online messaging service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make comments and share information online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buy items or services from a website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buy and install apps on a device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solve a problem you have with a device or digital service using online help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verify sources of information you found online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete online application forms which include personal details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Create something new from existing online images, music or video	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Send or open attachments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q18. How much do you rely on others to help you with the skills needed to access and navigate the internet? Please check one.

- Rely a great deal on someone else
 Rely rarely on someone else
 Rely somewhat on someone else
 Don't rely on anyone
 I never use the internet

Q19. Please rate how interested you or anyone in your household would be in each of the following technology training topics. Please check one for each.

Interest in technology training on the following topics:	Very Interested	Possibly Interested	Not Interested
Setting up / Using social media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Setting up / Using email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job searching and online job applications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using basic software (e.g. word processing, spreadsheet applications)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using advanced software (e.g. coding, design, video editing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning to create, edit, and publish my own work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer hardware or mobile device troubleshooting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting yourself and your data online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selling products or services online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attitudes and Perceptions Towards the Internet and Technology

Q20. How important is technology and the internet to your daily life? Please check one.

Extremely Important	Very Important	Important	Not Very Important	Not Important or Not Used at All
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q21. How much do you agree or disagree with each of the following statements? Please check one box for each statement.

	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
I am very confident using computers, smartphones, and other technology devices to access the internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find it hard to know whether I can trust information I find on the internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am very good with technology and the internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a hard time learning how to use new technology devices and software programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technology gives me more control over my daily life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not feel confident doing business with a place that can only be reached on the internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry about privacy and that information I send over the internet will be seen by other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When it comes to technology, I prefer the most basic model over one with a lot of extra features	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry about being able to afford new computing devices as technology changes and improves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q22. Please check the box next to the impact you believe internet and technology has on you / your family and society as a whole: Please check one box for each line.

What affect does internet and technology have on...	Totally Beneficial or Positive	Mostly Beneficial or Positive	Both Beneficial and Harmful	Mostly Harmful	Totally Harmful
You and your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Society as a whole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q23. How often do you visit or watch each of the following? Please check one box for each line:

	At Least Weekly	2-3 Times Per Month	Once a Month or Less	Never Visit/ Watch	Never Heard of This
City of Seattle website (seattle.gov)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Seattle Channel on Cable 21 or online at seattlechannel.org?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q24. Do you participate in any type of community group, like a neighborhood association, block watch, school, religious group, or any other type of group? Please check one.

- Yes
 No
 Prefer not to answer

Q25. What are your preferred methods of communication when it comes to receiving information or giving an opinion to a community group or to the City of Seattle? Please check all that apply.

- | | | |
|---|--|--|
| <input type="checkbox"/> In a community meeting | <input type="checkbox"/> Facebook | <input type="checkbox"/> In person at city offices |
| <input type="checkbox"/> Physical letter | <input type="checkbox"/> Twitter | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> A telephone call | <input type="checkbox"/> Other social media | <input type="checkbox"/> None / do not want to communicate |
| <input type="checkbox"/> A text message | <input type="checkbox"/> A personal or community blog | |
| <input type="checkbox"/> An email | <input type="checkbox"/> City of Seattle website / app | |

About Your Household

These questions are asked so that we can understand trends about different types of households in Seattle. Your answers will not be connected to you or your household personally.

Q26. Including yourself, how many adults (age 18 and older) live in your household, how old are they, and what is their relationship to you? Please only answer for the adults living in your immediate household.

	Yourself	Adult #2	Adult #3	Adult #4	Adult #5	Adult #6
Age (Write in age for each)	___	___	___	___	___	___
Relationship to you:						
Spouse / partner		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult child		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relative / family member		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roommate		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boarder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q27. How many children are there where you live in each of the following age and grade groups? Please also tell us where each of the children attend school (if children are in school). Please write the number of children in each category and check schooling for each.

	# of Children	Please indicate schooling for each grade level:				
		Seattle Public Schools	Other Public School	Private School	Homeschool / Online	No Schooling At This Time
Birth to 3 years old	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-K or kindergarten	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1 st grade to 5 th grade	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6 th grade to 8 th grade	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9 th grade to 12 th grade	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
College / post-secondary	___		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q28. With which gender do you most identify? Please check all that apply.

- Male Female Gender non-conforming / genderqueer / non-binary Prefer not to answer

Q29. What is your approximate total household annual income? Please check one.

- | | | |
|--|--|--|
| <input type="checkbox"/> Less than \$12,000 | <input type="checkbox"/> \$29,500 - \$33,499 | <input type="checkbox"/> \$75,000 - \$99,999 |
| <input type="checkbox"/> \$12,000 - \$16,499 | <input type="checkbox"/> \$33,500 - \$37,999 | <input type="checkbox"/> \$100,000 - \$149,999 |
| <input type="checkbox"/> \$16,500 - \$20,999 | <input type="checkbox"/> \$38,000 - \$42,999 | <input type="checkbox"/> \$150,000 - \$199,999 |
| <input type="checkbox"/> \$21,000 - \$24,999 | <input type="checkbox"/> \$43,000 - \$49,999 | <input type="checkbox"/> \$200,000 or more |
| <input type="checkbox"/> \$25,000 - \$29,499 | <input type="checkbox"/> \$50,000 - \$74,999 | <input type="checkbox"/> Prefer not to answer |

Q30. About how long have you lived in Seattle? _____ years. If you have lived in Seattle for less than one year, please enter 0.

Q31. Are you, yourself, of Hispanic, Latino, or Spanish origin? Please check one.

- Yes No Prefer not to answer

Q32. Which race / ethnicity do you consider yourself to be? Please check all that apply.

- White Native Hawaiian / Pacific Islander Other, please specify: _____
 Black or African American American Indian or Alaska Native
 Asian Middle Eastern or North African Prefer not to answer

Q33. Which of the following best describes your current housing situation? Please check one.

- Own Insecurely housed (temporary housing) Other, please specify: _____
 Rent Group housing
 Homeless Prefer not to answer

Q34. What type of home best describes where you current live? Please check one.

- Single family
 Duplex / triplex / apartment / condo ▶ Number of units in the building? Under 4 21-50 units
 4-6 units 51-99 units
 7-10 units 100 or more units
 11-20 units Don't know

Q35. Are you... Please check all that apply.

- Employed full time Retired
 Employed part time Student
 Self-employed Homemaker/not employed outside the home
 Unemployed but looking for a job Disabled
 Unemployed and not looking for a job Other, please specify: _____

Q36. What language is spoken most of the time where you live? Please check one.

- English Somali Korean
 Spanish Amharic Other, please specify: _____
 Cantonese Vietnamese Prefer not to answer
 Mandarin Tagalog

Q37. Do you, or does any member of your household, have a medical condition or disability that makes it difficult to use technology or the internet without assistance or adaptation? Please check all that apply.

- Yes, hearing impairment Yes, cognitive impairment
 Yes, vision impairment Yes, other disability or impairment
 Yes, physical impairment No disability or impairment

Q38. What is the last year of schooling you completed? Please check one.

- Grade school or some high school Four-year college degree / bachelor's degree
 High school graduate / GED completion Some post graduate school
 Some college, technical, or vocational school Graduate or professional degree
 Two-year college degree / associate degree Prefer not to answer

Thank you for your thoughtful responses.