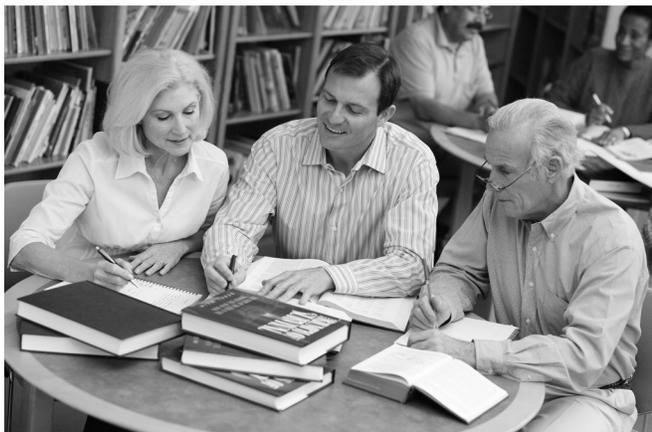


# Adult Training and Education Survey

## Part of the 2014 National Household Education Survey



Thank you for helping us with this survey. Based on the information we received from your household in your last survey, we're asking you to complete this final step.

Conducted by

**UNITED STATES DEPARTMENT OF COMMERCE**  
Economics and Statistics Administration  
U.S. Census Bureau



**NHES-2A**  
(01/22/2014)

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## Instructions

- ◆ In response to the survey you answered earlier, we recorded that the person listed below is between the ages of 16 to 65, is not in high school, and lives in this household. If this information is not correct, please call us at the toll-free number below so we can be sure you received the correct survey.
- ◆ These questions should be filled out by:

No one else in the household should fill out the survey.

- ◆ To answer a question, simply mark  the box that best represents your answer.
  - ◆ Please use a black or blue pen, if available, to complete this survey.
  - ◆ Please return the completed survey using the postage-paid envelope provided.
  - ◆ If you have any questions about this survey, please call us at our toll-free number: 1-888-840-8353.
- 
- 

We are authorized to collect this information by U.S. Code, Title 20, Section 9543. You do not have to provide the information requested. However, the information you provide will help the Department of Education's ongoing efforts to learn more about the education and work training experiences of adults. There are no penalties should you choose not to participate in this study. Your answers may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (U.S. Code, Title 20, Section 9573). Your responses will be combined with those from other participants to produce summary statistics and reports.

This survey is estimated to take 10 to 20 minutes, including time for reviewing instructions and completing the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Lisa Hudson, National Center for Education Statistics, U.S. Department of Education, 1990 K Street NW, Washington, DC 20006-5650. Do not return the completed form to this address.



## Educational Attainment

1. What is the **highest** degree or level of school you have completed?

Mark  ONE box.

- Elementary or high school, but no high school diploma or GED
- High school diploma
- GED, or alternative credential
- Some college credit but less than one year of college credit
- 1 or more years of college credit, no degree
- Associate's degree (for example, AA, AS)
- Bachelor's degree (for example, BA, BS)
- Master's degree (for example, MA, MS, MEng, MEd, MSW, MBA)
- Professional degree beyond a bachelor's degree (for example, MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example, PhD, EdD)

**GO TO question 3**

2. Using Table A on page 5, what was the major or field of study for your **highest** level of education?

If there was more than one, please choose the one you consider most important.

Number from Table A on page 5

## Certification and Licensure

3. Do you have a **currently active** professional certification or a state or industry license? Do **not** include business licenses, such as a liquor license or vending license.

A professional certification or license shows you are qualified to perform a specific job and includes things like Licensed Realtor, Certified Medical Assistant, Certified Construction Manager, or an IT certification.

No → **GO TO question 10 on page 10**

Yes

4. How many certifications and licenses do you have?

If you had to get a certification in order to get a license, count each certification and license separately.

Number of certifications and licenses

► **Continue on page 6.**



**TABLE A. FIELD OF STUDY CODES FOR QUESTION 2**

1	Accounting, finance, insurance, or real estate	21	Law enforcement, security, or firefighting
2	Administrative support	22	Journalism or communications
3	Agriculture	23	Law or legal studies
4	Architecture	24	Leisure or fitness studies
5	Arts, music, or design	25	Liberal arts
6	Biological/biomedical sciences	26	Library science
7	Business management or marketing	27	Manufacturing or production (for example, machinist, welder, boilermaker)
8	Communications technologies (for example, printing, broadcasting, recording, and graphics technologies)	28	Mathematics or statistics
9	Computer and information sciences	29	Mechanic or repair technologies
10	Construction trades	30	Military science/technologies
11	Cosmetology or barbering	31	Natural resources or conservation
12	Culinary arts	32	Philosophy or comparative religions
13	Drafting, engineering technologies, or science technologies	33	Physical sciences
14	Education	34	Psychology
15	Engineering	35	Religious vocations or theology
16	English language/literature	36	Social or human services or public administration
17	Family and consumer sciences	37	Social sciences (for example, anthropology, gender or ethnic studies) or history
18	Foreign languages	38	Transportation or materials moving
19	Funeral/mortuary services	39	Interdisciplinary
20	Healthcare professions		

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**5. Please fill out a column in the following grid for each currently active certification and license you have, up to three.**

*If you have more than three, answer for the three you last earned (not counting renewals).*

	<b>Certification or License #1</b>	<b>Certification or License #2</b>	<b>Certification or License #3</b>
<b>5a. In your own words, what is the name of the certification or license?</b> <i>Do not include college degrees.</i>			
<b>5b. Using Table B on page 7, what is its subject field?</b>	<input type="text"/> Number from Table B	<input type="text"/> Number from Table B	<input type="text"/> Number from Table B
<b>5c. Could you use it to get a job with any employer in that field?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know
<b>5d. Did you have to pass a test, submit a portfolio, or demonstrate your skills to get it?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>5e. Was it awarded by the federal, state, or local government?</b> <i>(For example, by a state board of education or other state board, OSHA, or FAA)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know
<b>5f. Is it for your current job?</b> <i>Mark <input checked="" type="checkbox"/> ONE box.</i> <i>If you are not employed, answer "No."</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes, and it is required <input type="checkbox"/> Yes, but it is not required	<input type="checkbox"/> No <input type="checkbox"/> Yes, and it is required <input type="checkbox"/> Yes, but it is not required	<input type="checkbox"/> No <input type="checkbox"/> Yes, and it is required <input type="checkbox"/> Yes, but it is not required
<b>5g. In what year did you <u>first</u> earn it?</b> <i>Do not count renewals.</i>	<input type="text"/> Year	<input type="text"/> Year	<input type="text"/> Year
<b>5h. Which one did you earn last?</b> <i>Do not count renewals.</i> <i>Mark <input checked="" type="checkbox"/> ONE box in this row.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**TABLE B. FIELD OF CERTIFICATION OR LICENSE CODES FOR QUESTION 5b**

- |  |   |
|--|---|
| <p><b>1 EMT, CPR, or basic first aid</b></p> <p><b>2 Other health care</b> <i>(for fitness use code 13)</i><br/>Includes health-care technologist or technician; healthcare therapist <i>(for counseling use code 17)</i>; nursing occupations, medical practitioners (such as MD, OD, PA, DC, PharmD, DVM), and healthcare specialties such as ACLS.</p> <p><b>3 Architecture, engineering, or energy</b><br/>Includes architecture, drafting, engineering, engineering technologies, LEED, energy auditing and other similar fields.</p> <p><b>4 Business management, operations, and support</b><br/>Includes project management, Six Sigma, Lean Manufacturing, and other business management, support, and operations.</p> <p><b>5 Childcare</b></p> <p><b>6 Cosmetology or barbering</b></p> <p><b>7 Finance, insurance, or real estate</b><br/>Includes insurance, real estate, taxes and accounting, and other finance <i>(for notary public use code 12)</i>.</p> <p><b>8 Food handling and sanitation</b><br/>Includes food handling, water treatment and sanitation, hazardous waste operations, and other food handling and sanitation fields.</p> <p><b>9 Funeral, mortuary, and taxidermy</b></p> <p><b>10 Information technology</b><br/>Includes software development and applications, networking, hardware, and other computer and information technologies.</p> | <p><b>11 Law or legal support</b></p> <p><b>12 Notary public</b></p> <p><b>13 Physical fitness</b><br/>Includes personal or athletic trainer, yoga instructor, and other fitness instruction.</p> <p><b>14 Public safety</b><br/>Includes law enforcement, firefighting, flight attendant, and other public safety services <i>(for water and hazardous waste treatment use code 8)</i>.</p> <p><b>15 Religious ordination</b></p> <p><b>16 Skilled trades</b><br/>Includes automotive repair, HVAC installation and repair, construction trades (carpenter, electrician, mason, plumber), welder, and machining or equipment operator (such as boiler, crane, or forklift operator).</p> <p><b>17 Social work or counseling</b></p> <p><b>18 Teaching (public or private schools)</b><br/>Includes preschool through grade 12 teaching. <i>(For other instructional fields, use the code for that field; for example, flight instructors use code 19 for transportation.)</i></p> <p><b>19 Transportation</b><br/>Includes CDL, aviation or marine piloting, and other transportation work <i>(for flight attendant use code 14)</i>.</p> <p><b>20 Other fields not listed above</b></p> |
|--|---|

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➤ The rest of this section asks about the certification or license you last earned – that is, the one you marked in question 5h on page 6.

**6. How useful has your last certification or license been for each of the following?**

Mark  *ONE* box for each item below.

**a. Getting a job.**

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

**b. Keeping a job.**

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

**c. Increasing your pay.**

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

**d. Keeping you marketable to employers or clients.**

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

**e. Improving your work skills.**

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

**7. Which of the following prepared you to earn this certification or license?**

Mark  *all that apply*.

- Earned a college degree
- Took other classes from a college, technical school, or trade school (no degree)
- Took classes or training from a company, association, union, or private instructor
- Studied on my own using textbooks or on-line resources
- Participated in on-the-job training, an internship, or apprenticeship
- Did not take any classes, training, or instruction

**8. Do you have to renew this certification or license?**

- No → **GO TO question 10 on page 10**
- Yes

**9. What do you plan to do the next time this certification or license is up for renewal?**

Mark  *ONE* box.

- Renew it
- Let it expire
- Don't know

▶ **Continue on page 10.**



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# Educational Certificates

**10. After leaving high school, some people take classes at a college, technical school, or trade school to earn an educational certificate. Have you ever earned this type of educational certificate?**

*This educational certificate is sometimes called a diploma, for example a cosmetology diploma. But it is not a high school diploma. It is also not a college degree or a professional certification.*

*An educational certificate is awarded only by schools.*

No → **GO TO question 26 on page 13**

Yes



➤ The next few questions ask about your last educational certificate.

**11. About how many hours of instruction did you complete in order to earn your last educational certificate?**

Mark  ONE box.

160 or more hours (4 or more full-time weeks)

40-159 hours (1 full-time week to less than 4 full-time weeks)

Less than 40 hours (less than 1 full-time week)

**12. Using Table C on page 11, what was the field of study for this educational certificate?**

Number from Table C

**13. In what year did you get this educational certificate?**

Year

**14. Did you get this educational certificate in order to earn a professional certification or license?**

No

Yes

**15. To what extent is this educational certificate related to your current job?**

Mark  ONE box.

*If you are not employed, answer "not at all."*

Not at all

Somewhat

A great deal

**16. What type of school awarded this educational certificate?**

Mark  ONE box.

Trade or vocational school; community or technical college

Other college or university

Other type of school – Specify ↴

**17. Was this educational certificate earned as part of a bachelor's or master's degree, or as an add-on to a degree?**

No

Yes

**18. Do you have another educational certificate?**

No → **GO TO question 26 on page 13**

Yes



**CONTINUE ON page 12**

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## TABLE C. FIELD OF STUDY CODES FOR QUESTIONS 12 AND 20

- |    |   |    |   |
|----|---|----|---|
| 1  | Accounting, finance, insurance, or real estate  | 11 | Education   |
| 2  | Administrative support  | 12 | Funeral/mortuary services   |
| 3  | Arts, music, or design  | 13 | Healthcare professions  |
| 4  | Business management or marketing  | 14 | Law enforcement, security, or firefighting                                |
| 5  | Communications technologies (for example, printing, broadcasting, recording, and graphics technologies) | 15 | Legal studies   |
| 6  | Computer and information sciences   | 16 | Manufacturing or production (for example, machinist, welder, boilermaker) |
| 7  | Construction trades   | 17 | Mechanic or repair technologies   |
| 8  | Cosmetology or barbering  | 18 | Religious vocations or theology   |
| 9  | Culinary arts   | 19 | Transportation or materials moving  |
| 10 | Drafting, engineering technologies, or science technologies   | 20 | Other field of study not listed above                                     |

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➤ The next few questions ask about your next-to-last educational certificate.

**19. Thinking about your next-to-last educational certificate, about how many hours of instruction did you complete in order to earn it?**

Mark  ONE box.

- 160 or more hours (4 or more full-time weeks)
- 40-159 hours (1 full-time week to less than 4 full-time weeks)
- Less than 40 hours (less than 1 full-time week)

**20. Using Table C on page 11, what was the field of study for this educational certificate?**

--	--

Number from Table C

**21. In what year did you get this educational certificate?**

--	--	--	--	--

Year

**22. Did you get this educational certificate in order to earn a professional certification or license?**

- No
- Yes

**23. To what extent is this educational certificate related to your current job?**

Mark  ONE box.

*If you are not employed, answer "not at all."*

- Not at all
- Somewhat
- A great deal

**24. What type of school awarded this educational certificate?**

Mark  ONE box.

- Trade or vocational school; community or technical college
- Other college or university
- Other type of school – Specify 

**25. Was this educational certificate earned as part of a bachelor's or master's degree, or as an add-on to a degree?**

- No
- Yes

▶ **Continue on the next page.**



# Apprenticeships

**26. Have you ever completed an apprenticeship?**

*Do not count student teaching, medical internships or residency, externships, or unpaid internships.*

No → **GO TO question 36 on page 14**

Yes

➤ The rest of this section asks about the last apprenticeship you completed.

**27. Who sponsored the apprenticeship?**

Mark  ONE box.

- The U.S. military
- Federal civilian government
- State or local government
- A (non-military) employer
- An employer-union partnership
- Other sponsor
- Don't know

**28. Did this apprenticeship lead to a Certificate of Completion of Apprenticeship from your state or from the U.S. government?**

- No
- Yes
- Don't know

**29. How long did this apprenticeship last?**

Mark  ONE box.

- Less than 1 year
- 1 year
- 2 years
- 3 years
- 4 years or more

**30. As part of this apprenticeship, did you take any formal classes?**

Mark  all that apply.

*Include any classes taken in-person or on-line.*

- No
- Yes, from an employer or union
- Yes, from a community or technical college or other college
- Yes, from another organization

**31. What wage did you earn during this apprenticeship program?**

Mark  ONE box.

- No wage
- A low starting wage that increased as I became more qualified during the apprenticeship
- A low starting wage that increased only when I became fully qualified at the end of the apprenticeship
- The same wage as a fully qualified worker

**32. What type of occupation was this apprenticeship for?**

Mark  ONE box.

- Construction trades
- Driving or transport
- Engineering or architecture
- Food preparation
- Health care
- Information technology (IT)
- Management
- Manufacturing, printing, or production
- Mechanic, installation, or repair
- Public safety or corrections
- Real estate, finance, or insurance
- Other sales or customer service
- Other – Specify ↴

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## College and Other Classes

33. How useful was your apprenticeship for each of the following?

Mark  ONE box for each item below.

a. Getting a job.

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

b. Increasing your pay.

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

c. Improving your work skills.

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

34. Are you currently working in the occupation that you apprenticed in?

- No
- Yes

35. In your current job, how often do you use the skills that you learned in your apprenticeship?

Mark  ONE box.

If you are not employed, please answer "Never or almost never".

- Never or almost never
- Sometimes
- All or most of the time

36. Since leaving high school, have you taken any of the following types of classes?

a. Classes to learn English as a second language (ESL).

Mark  all that apply.

- No
- Yes, took over 12 months ago
- Yes, took within past 12 months

b. Classes to prepare for the General Educational Development (GED) test, or some other high school equivalency program.

Mark  all that apply.

- No
- Yes, took over 12 months ago
- Yes, took within past 12 months

c. Literacy classes to help adults read better. Do not include college classes.

Mark  all that apply.

- No
- Yes, took over 12 months ago
- Yes, took within past 12 months

37. How many college classes have you taken in the past 12 months?

Include classes you are currently taking.

- I have not taken any college classes in the past 12 months.

**GO TO  
question 45  
on page 17**

Number of college classes

**CONTINUE ON next page**

**38. How many of these classes were not for college credit (that is, non-credit)?**

Include classes you are currently taking.

- Don't know
- None
- One
- Two
- Three or more



- The rest of this section asks about the last non-credit class you took.
- If you took more than one non-credit class during the same time period, please answer the questions for the class you took earlier in the week or if on the same day, earlier in the day.

**39. What was the primary subject or field of study for your last non-credit class?**

**40. Which of the following describe why you took this class?**

Mark  all that apply.

- To prepare for or to consider further education
- For personal interest
- To earn, maintain, or renew a professional certification or license
- For my current job
- For another work-related reason

**41. How useful was this class for each of the following?**

Mark  ONE box for each item below.

**a. Increasing your pay.**

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

**b. Keeping you marketable to employers or clients.**

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

**c. Improving your work skills.**

- Too soon to tell
- Not useful
- Somewhat useful
- Very useful

**42. Were you employed when you took this class?**

Mark  ONE box.

- No
- Yes, I was self-employed
- Yes, I was employed by someone else



**43. Was this class required by your employer?**

- No
- Yes

**44. Did your employer pay for this class? Include reimbursements from your employer.**

Mark  ONE box.

- No
- Yes, partly
- Yes, completely



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## Training for Work

- 45. People often participate in courses, training, or instruction for work. OTHER THAN COLLEGE CLASSES YOU MAY HAVE DESCRIBED EARLIER, have you completed any work-related training in the past 12 months?**

*These trainings can include classes, seminars, or workshops. They can be taken at the workplace, on-line, or somewhere else, and can include topics such as:*

- *Job safety, work ethics or other regulations*
- *Equipment use*
- *Communication, sensitivity, or teambuilding*
- *Computer or technical skills*
- *Management skills*
- *Other job skills*

No → **GO TO question 51 on page 21**

Yes

- 46. How many work-related trainings have you completed in the past 12 months?**

*Count multiple sessions of the same training as one training.*

Number of trainings

► **Continue on the next page.**



**47. Please fill out a column in the following grid for each work-related training you have had in the past 12 months.**

*If you had more than three, answer for the last three you had.*

	Training #1	Training #2	Training #3
<b>47a. In your own words, what was the topic or title of this training?</b>			
<b>47b. Using Table D on page 19, which general category best fits this training?</b>	<input type="text"/> Number from Table D	<input type="text"/> Number from Table D	<input type="text"/> Number from Table D
<b>47c. In total, how many hours did this training last?</b> <i>Round up to the nearest hour. Count less than 1 hour as 1 hour.</i>	<input type="text"/> Hours	<input type="text"/> Hours	<input type="text"/> Hours
<b>47d. Was this training for your current job?</b> <i>Mark <input checked="" type="checkbox"/> ONE box.</i> <i>If you are not employed, answer "No."</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes, and it was required <input type="checkbox"/> Yes, but it was not required	<input type="checkbox"/> No <input type="checkbox"/> Yes, and it was required <input type="checkbox"/> Yes, but it was not required	<input type="checkbox"/> No <input type="checkbox"/> Yes, and it was required <input type="checkbox"/> Yes, but it was not required
<b>47e. To what extent was this training useful for your work?</b> <i>Mark <input checked="" type="checkbox"/> ONE box.</i> <i>If you are not employed, answer "Not at all."</i>	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> A great deal	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> A great deal	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> A great deal
<b>47f. Did you take this training to earn, maintain, or renew a professional certification or license?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

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## TABLE D. TRAINING CATEGORIES FOR QUESTION 47b

- 1 New employee orientation:** Provides information for new employees to familiarize them with the workplace and with workplace practices and policies.
- 2 Compliance training:** Provides information on company, professional, or government policies and regulations concerning legal and ethical issues.
- 3 Safety training:** Provides information on workplace safety, including safety procedures and processes.
- 4 Communication or team training:** Includes training to improve communication in the workplace or how to work in teams or groups.
- 5 Supervisory/management training:** Includes training in supervising employees and in implementing employment practices, regulations, and policies related to personnel or budget management.
- 6 Job skills training:** Includes all other training to develop the professional or technical skills needed to do your work, such as sales and customer relations training, use of computer applications, and other skills that you use on your job.

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# Employment

51. **Last week, were you employed for pay at a job or business?**

*If you were temporarily absent from a job or business (on vacation, temporarily ill, on maternity leave, etc.), answer "Yes".*

No → **GO TO question 55**

Yes

52. **For the job or business you were in last week, were you a member of a labor union or of an employee association similar to a union (for example, AFL-CIO, Change to Win Federation, NEA)?**

No

Yes

53. **Which one of the following best describes your employment situation last week?**

Mark  **ONE** box.

I worked at a full-time job (job of 35 hours or more per week) → **GO TO question 59**

I worked at one or more part-time jobs (no full-time job)

54. **Would you have preferred to work at a full-time job?**

No } **GO TO question 59**  
 Yes }

55. **Last week, were you on layoff from a job?**

No

Yes

56. **During the last 4 weeks, have you been actively looking for work?**

No

Yes → **GO TO question 58**

57. **Do you intend to look for work within the next 5 years?**

No

Yes

Don't know

58. **When did you last work, even for a few days?**

Never worked for pay → **GO TO question 72 on page 23**

Over 12 months ago → **GO TO question 62 on page 22**

Within the past 12 months

59. **During the past 12 months (52 weeks), how many weeks did you work, even for a few hours, including paid vacation, paid sick leave, and military service?**

Mark  **ONE** box.

50 to 52 weeks

48 to 49 weeks

40 to 47 weeks

27 to 39 weeks

14 to 26 weeks

13 weeks or less

60. **During the past 12 months, in the weeks you worked, how many hours did you usually work each WEEK?**

Usual hours worked each WEEK

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**61. Which category best fits your earnings from wages, salary, commissions, bonuses or tips, from all jobs over the past 12 months?**

Mark  ONE box.

Report amount before deductions for taxes, bonds, dues, or other items.

- \$0 to \$10,000
- \$10,001 to \$20,000
- \$20,001 to \$30,000
- \$30,001 to \$40,000
- \$40,001 to \$50,000
- \$50,001 to \$60,000
- \$60,001 to \$75,000
- \$75,001 to \$150,000
- \$150,001 or more

**62. In your current or last job, which one of the following were you?**

Mark  ONE box.

If you had more than one job, describe the one at which you worked the most hours. If you had no job or business last week, give information for your last job or business.

- An employee of a private for-profit company or business, or of an individual, for wages, salary, or commissions
- An employee of a private not for-profit, tax exempt, or charitable organization
- A local government employee (city, county, etc.)
- A state government employee
- A Federal government employee
- Self-employed in own business, professional practice, or farm
- Working without pay in family business or farm

**63. For whom did you work?**

- If now on active duty in the Armed Forces, mark (X) this box and print the branch of the Armed Forces below. All others, enter name of company, business, or other employer below.

Name of company, business, or other employer

**64. What kind of business or industry was this?**

(For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)

**65. What kind of work were you doing?**

(For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

**66. What were your most important activities or duties?**

(For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

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**67. What kind of position did you hold?**

Mark  ONE box.

Permanent → **GO TO question 69**

Temporary with no set end date

Temporary with set end date

**68. Would you have preferred to work at a permanent job?**

No

Yes

**69. How many people worked for your employer? Count employees at all locations.**

*If you were self-employed, how many people worked for you, including yourself?*

Mark  ONE box.

1–49 people

50–499 people

500–999 people

1,000 or more people

**70. How supportive was your employer of your training needs?**

Mark  ONE box.

Not at all supportive

Somewhat supportive

Very supportive

Not applicable

**71. When you started your job, did it have a clear training path laid out, or did you need to figure out on your own what training you needed?**

Mark  ONE box.

A clear training path was laid out

Some parts of the training path were clear

I needed to figure it out on my own

## Background

**72. Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?**

Mark  ONE box.

No, never served in the military → **GO TO question 74**

Yes, but only on active duty for training in the Reserve or National Guard

Yes, on active duty now or in past

**73. Have you served on active duty since September 2001?**

No

Yes

**74. Do you speak a language other than English at home?**

No → **GO TO question 76**

Yes

**75. How well do you speak English?**

Mark  ONE box.

Very well

Well

Not well

Not at all

**76. Are you male or female?**

Male

Female

**77. How old are you?**

years old

**78. Are you of Hispanic or Latino origin?**

No

Yes

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**79. What is your race?**

Mark  all that apply.

- White
- Black or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander

**80. What is your current marital or partner status?**

Mark  ONE box.

- Married
- In a registered domestic partnership or civil union
- Living with a partner
- Widowed, divorced, or separated
- Never married

**Thank you.**

*Please return this questionnaire in the postage-paid envelope provided.*

*If you have lost the envelope, mail the completed questionnaire to:*

**U.S. Census Bureau  
ATTN: DSB 60-A  
1201 E. 10th Street  
Jeffersonville, IN 47132-0001**

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## Commonly Asked Questions

### **Q: How was my household chosen?**

A: Your address was randomly selected from among all of the home addresses in the nation. It was selected using scientific sampling methods to represent other U.S. households. The sample was designed so that surveys of only a few thousand people will accurately describe the educational experiences of almost all Americans.

### **Q: Why should I participate? Do I have to do this?**

A: Your answers are very important to the success of this study. You represent thousands of other adults like yourself, and you cannot be replaced. This survey is voluntary. You may choose not to answer any or all questions in this survey, but in order for the survey to be representative, it is important that you complete and return it. Those who do not return the survey will not be represented in statistics used by policymakers and researchers. There are no penalties should you choose not to participate in the study.

### **Q: Will the information I provide be kept confidential? Will my privacy be protected?**

A: Yes. Your responses will be combined with those from other adults to produce statistical summaries and reports about education and training in the United States. Your individual data will not be reported. Your answers may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 USC § 9573).

### **Q: How will my response help the Federal Government?**

A: The U.S. Departments of Education and Labor want to understand how adults acquire and maintain the skills they need for work. This survey is the only way these Departments can learn about the education and training that adults receive from schools, employers, and other training sponsors. The survey will allow policymakers and researchers to better understand the demand for education and training programs, and can help direct national policy in these areas. Your responses will be combined with those from other households to inform educators, policy makers, and schools about how adults in the U.S. learn the skills needed for work.

### **Q: Who is sponsoring this study?**

A: The National Center for Education Statistics (NCES), within the U.S. Department of Education, is authorized to conduct this study (20 USC § 9543). The U.S. Census Bureau is conducting this survey on behalf of NCES. This study has been approved by the Office of Management and Budget (OMB), the office that reviews all federally sponsored surveys. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB approval number assigned to this study is 1850-0803. You may send any comments about this survey, including its length, to the Federal government. Write to: Lisa Hudson, National Center for Education Statistics, U.S. Department of Education, 1990 K Street NW, Washington, DC 20006-5650.

### **Q: What if I have other questions?**

A: If you have any questions about the study, you may send e-mail to [NHES@census.gov](mailto:NHES@census.gov) or you may call the Census Bureau toll-free at 1-888-840-8353.

