



Your voice matters! Thank you for completing this important survey about technology and internet services, barriers to use, and the support needed to help ensure all residents have the same opportunities. Even if you rarely or never use technology or the internet, please do your best to answer all the questions of this survey. This survey helps guide digital equity programs and funding for Seattle residents. Information you provide is used only for the study. Your address or any personally identifiable information are not connected to the survey results.

Instructions: For each question, please choose the best answer or response (by checking the box or boxes) for your experience or opinion.

This survey contains questions about you as an individual and questions about your household (the people you live with). When answering about your entire household, please answer as best as you can. This survey should be completed only for the household that received the survey.

Please return the completed survey in the postage-paid envelope included in your survey packet as soon as you can.

Internet Access

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

- Yes No

Q2. Do you or does anyone in your household have a way to access the internet on the go? This could be a cell phone with data or a hotspot from your internet service provider.

- Mobile internet plan with limited data Don't know
Mobile internet plan with unlimited data Do not have mobile internet service
Pay as you go mobile internet/no subscription

Q3. At any point in the past year, has the place where you live been without internet for one month or longer?

- Yes, went without internet for one month or longer No, had continuous internet Don't know/Not Sure

Q4. How many devices do you have in your household and do you own or borrow them?

Table with 3 columns: Device type, Owned, On loan from school, work, or elsewhere. Rows include Desktop computer, Laptop computer, Tablet, and Smartphone.

► IF YOU DO NOT HAVE INTERNET WHERE YOU LIVE: Please go to page 3, Q10

Q5. What are all the ways you get internet in the place where you live?
 Please tell us approximately how much each internet service costs per month to your household. Please write "Don't know" if you do not know the cost.
 Please also check for each service you have if it is a bundled service that includes more than just internet (such as cable TV, calling and/or text, home security, etc.).

EXAMPLE

Please check all that apply.	How I get internet where I live	Approximate monthly cost	Does this include more than just internet?		
		Cost \$	Yes	No	Don't Know
CenturyLink (Lumen)	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Xfinity (Comcast)	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Astound (formerly Wave)	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cellular / Wireless Provider (Metro by T-Mobile, AT&T, Boost, US Cellular, etc.) Provider: _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other specify type: _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided by my building	<input type="checkbox"/>				
Other free WiFi or internet	<input type="checkbox"/>				
Don't know	<input type="checkbox"/>				
No internet	<input type="checkbox"/>				

EXAMPLE

Q6. How adequate is the internet connection and speed 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 service 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. Mbps = Megabits per second

Up to 50 Mbps	Up to 75 Mbps	Up to 200 Mbps	Up to 1000 Mbps (1 Gigabit)	More than 1000 Mbps (1 Gigabit)	I do not have internet	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q8. How often is your internet service interrupted or too slow? Please check one.

Daily	Weekly	Monthly	Less often than once a month	Never	I do not use the internet
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q9. 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 where I live

Technology/Device Usage

Q10. Please tell us where you have used the internet in the past three months. Please check all that apply.

	Used Internet At
Home	<input type="checkbox"/>
Work	<input type="checkbox"/>
School/College/University	<input type="checkbox"/>
Library	<input type="checkbox"/>
Community or recreation center	<input type="checkbox"/>
Non-profit, religious or cultural center	<input type="checkbox"/>
Friend's or relative's home	<input type="checkbox"/>
Public or free internet area (airport, public plaza)	<input type="checkbox"/>
At a local business (coffee shop or restaurant)	<input type="checkbox"/>
Apartment/condo building computer center/room	<input type="checkbox"/>
Other places	<input type="checkbox"/>
Do not use the internet	<input type="checkbox"/>

Q11. Please tell us if you know about and currently use the following low-cost internet services for qualified low-income households: Please check one for each internet service.

		Not aware of this	Know about & do not currently use	Know about & currently use
Comcast Internet Essentials	\$9.95/month + tax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Simply Internet by Astound (Wave)	\$9.95/month + tax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Connect All (by InterConnection)	\$14.95/month (unlimited T-Mobile LTE Plus network through Mobile Citizen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCs for People	\$95 Hotspots, \$15/month Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifeline Program	\$9.25/month (provides smartphone service discounts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q12. Have you heard about the national Affordable Connectivity Program (ACP) for internet service, which provides a discount of up to \$30 per month with participating internet providers? Please check one.

- Have not heard of this
 Know about & do not currently use
 Know about & currently use

Q13. Why do you not use the internet more? Please check all that apply.

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

Q14. 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 use the internet
- The internet service is too slow / unreliable
- Other, please specify: _____
- I have internet where I live

EXAMPLE

Using the Internet and Ability to Use the Internet

Q15. Which of the following activities have you done online at least occasionally during the past six months? Please check all that apply.

Activity	Yes, I have done this online
Use email online	<input type="checkbox"/>
Text or use instant messaging online	<input type="checkbox"/>
Use social media online (Facebook, Instagram, Twitter, Tik Tok, etc.)	<input type="checkbox"/>
Play video games online	<input type="checkbox"/>
Watch or listen to videos, music, radio programs, or podcasts online	<input type="checkbox"/>
Create and post original media (photos, graphics, videos, audio broadcasts, etc.)	<input type="checkbox"/>
Do schoolwork or conduct online research for school	<input type="checkbox"/>
Participate in or attend school or job training online	<input type="checkbox"/>
Telecommute or work online while away from a central workplace, such as working from home	<input type="checkbox"/>
Use the internet to search or apply for a job online	<input type="checkbox"/>
Access government services online (registering to vote, renewing your driver's license, applying for government benefits, etc.)	<input type="checkbox"/>
Use the internet for online shopping, travel reservations, or other consumer services such as rideshare (Uber, Lyft, etc.)	<input type="checkbox"/>
Use the internet to sell goods (eBay, Etsy, Craigslist, Facebook Marketplace, etc.)	<input type="checkbox"/>
Use the internet to offer your own services for sale such as driving for Uber or Lyft, offering rentals on Airbnb, consulting/professional services, etc.	<input type="checkbox"/>
Find legal or consumer rights information online	<input type="checkbox"/>
Use the internet for financial services such as banking, investing, paying bills online, or sending money to other people	<input type="checkbox"/>
Access health records or health insurance records online	<input type="checkbox"/>
Participate in a health appointment with a doctor or other health professional online	<input type="checkbox"/>
Research health information online (WebMD, etc.)	<input type="checkbox"/>

EXAMPLE

Q16. Do you have access to a device with a screen large enough to do all the tasks you need to do (e.g. homework, write documents, fill out forms)?

- Yes
- No

Q17. How comfortable are you performing the following activities online? Please check one box per row.

Activity	Completely comfortable doing this	Can do but sometimes need help	Do not know how to do this
Open an internet browser to find and use websites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change settings to make my device easier to use (e.g. change the font size to make it easier to read)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Connect a device to a Wi-Fi network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Measure the speed of your internet connection on websites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Set up an email account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Share documents with others by attaching them to an email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in video conferences, calls, or meetings over the internet (e.g. Teams, Zoom)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Share and collaborate using online documents (e.g. Google docs, Dropbox)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access and share information across different devices (e.g. manage a calendar or appointment system across your smartphone and laptop)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use search engines to find the information you are looking for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use credit/debit cards or other forms of online payment (e.g. PayPal, Venmo) to buy goods/services online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Downloading and installing a new app on your smartphone, tablet or laptop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use webchat to get customer service or solve problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use the internet to find information that helps you solve problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognize what information or content may, or may not, be trustworthy on websites/apps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Setting up and changing passwords to help keep your information and accounts secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognize and avoid suspicious links, email, websites, social media, and text messages	<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
 Rarely rely 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 row.

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"/>
Learning how to code software and applications	<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"/>
Learning about selling products or services online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creating a copy or back-up of your files (on a drive or online/cloud)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (write in your training topics): _____			

Attitudes 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
<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. 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

Q23. What impact do you believe internet and technology has on society? Please check one.

Totally Beneficial or Positive	Mostly Beneficial or Positive	Both Beneficial and Harmful	Mostly Harmful	Totally Harmful
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Community Engagement

Q24. How often do you visit the City of Seattle website (seattle.gov)? Please check one.

At Least Weekly	2-3 Times Per Month	Once a Month or Less	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q25. Do you participate in any type of community group such as a neighborhood association, block watch, school, religious group, or any other type of group? Please check one.

- Yes
- No
- Prefer not to answer

Q26. 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.

- In a community meeting
- Physical letter / Mail
- A telephone call
- A text message
- An email
- Social media (Facebook, Twitter, etc.)
- A personal or community blog
- City of Seattle website/app
- A personal or city place
- Other, please specify: _____
- None / do not want to communicate

EXAMPLE

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.

Q27. How many children and adults are in your household? A household is a group of people who live together and share money even if they are not related to each other.

Number of children (under 18) in your household	# _____
Number of adults (age 18-59) in your household	# _____
Number of adults age 60 or older in your household	# _____

Q28. How many children (under 18) in your household are in each of the following age or 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 school type for each.

	# of Children	Please indicate school type for each age/grade level:		
		Seattle Public Schools	Other Public, Private, or Homeschool	No Schooling at This Time
Birth to 3 years old	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-K or kindergarten	—	<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"/>
6 th grade to 8 th grade	—	<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"/>
College / post-secondary	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EXAMPLE

Q29. What is your age? _____

Q30. What is your gender? Please check all that apply.

- Female
- Male
- Non-binary or gender non-conforming
- Prefer to self describe: _____
- Prefer not to answer

EXAMPLE

Q31. What is your approximate total household annual income before taxes? Please check one.

- Less than \$20,000
- \$20,000 - \$26,999
- \$27,000 - \$36,999
- \$37,000 - \$45,999
- \$46,000 - \$54,999
- \$55,000 - \$64,999
- \$65,000 - \$73,999
- \$74,000 - \$83,999
- \$84,000 - \$92,999
- \$93,000 - \$99,999
- \$100,000 - \$124,999
- \$125,000 - \$149,999
- \$150,000 - \$199,999
- \$200,000 - \$249,999
- \$250,000 or more
- Prefer not to answer

Q32. Are you of Hispanic, Latino, or Spanish origin? Please check one.

- Yes
- No
- Prefer not to answer

Q33. Which race / ethnicity do you consider yourself to be? Please check all that apply.

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

Q34. Which of the following best describes your current housing situation? Please check all that apply.

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

Q35. What type of home best describes where you currently live? Please check one.

- Single family house
- Duplex / triplex / apartment / condo
- Other, please specify: _____
- ▶ Number of units in the building?
 - Under 4
 - 4-20 units
 - More than 20
 - Don't Know

Q36. Are you... Please check all that apply.

- Employed full time
- Employed part time
- Self-employed
- Unemployed
- Retired
- Student
- Homemaker/not employed outside the home
- Other, please specify: _____

Q37. Are you currently looking for a job? Please check one.

- Yes
- No
- Prefer not to answer

Q38. What language is spoken most of the time where you live? Please check one.

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

Q39. Do you, or does any member of your household, have a medical condition, physical condition, or disability that makes it difficult to use technology or the internet without assistance or adaptation? Please check one.

- Yes
- No
- Prefer not to answer

Q40. What is the last year of schooling you completed? Please check one.

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

Thank you for your thoughtful responses.