

Adult Training and Education Survey

Part of the 2016 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.

Administered by

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



NHES-ATES
(10/07/2015)



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 toll-free at 1-888-840-8353 to let us know.
- ◆ 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.

The National Center for Education Statistics (NCES), within the U.S. Department of Education, is authorized to conduct this study by the Education Sciences Reform Act of 2002 (ESRA 2002; 20 USC § 9543). The U.S. Census Bureau is administering this survey on behalf of NCES. 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 educational experiences of children and 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 (20 USC § 9573). Your responses will be combined with those from other participants to produce summary statistics and reports.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this voluntary survey is 1850-0768. The time required to complete this survey is estimated to average 10 minutes per response, including the time to review instructions, gather the data needed, and complete and review the survey. If you have any comments concerning the accuracy of the time estimate, suggestions for improving this survey, or any comments or concerns regarding the status of your individual submission of this survey, please write to: Sarah Grady, National Household Education Survey, National Center for Education Statistics, 1990 K Street, NW, Room 9016, Washington, DC 20006. Do not return the completed form to this address. You may send email to NHES@census.gov. If you have any questions about the study, contact the Census Bureau toll-free at 1-888-840-8353.



Education

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


Mark ONE only.

- Elementary or high school, but no high school diploma or GED®
- High school diploma
- GED® or alternative high school 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)

2. Which one of the following best describes the field of study for the highest level of school you have completed?

Mark ONE only.

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

- General studies, no major, or undeclared major
- Accounting, finance, insurance, or real estate
- Administrative support
- Agriculture
- Audio, broadcasting, multimedia, or graphic technologies
- Business management, administration, or marketing
- Communications or journalism
- Computer science or information technology
- Construction, repair, manufacturing, or transportation
- Cosmetology
- Education
- Engineering or architecture
- English language or literature
- Fine arts or music
- Healthcare
- Law or legal studies
- Law enforcement, security, or firefighting
- Liberal arts
- Psychology
- Religious vocations or theology
- Science or mathematics
- Social or human services or public administration
- Social sciences, political science, economics, or history
- Other — Specify: 

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Certifications and Licenses

3. Are you currently enrolled at a college, university, technical or trade school, or other school?

- No
- Yes, as a part-time student
- Yes, as a full-time student

4. Since leaving high school, have you taken any classes to learn English as a second language, sometimes called ESL or ESOL classes?

- No
- Yes

5. Since leaving high school, have you taken any literacy classes to help improve your reading? Do not include college-level classes.

- No
- Yes

6. 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 Teacher, or an IT certification.

- No → **GO TO question 30**
- Yes

7. If yes, how many currently active 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

8. The next few questions ask about the certification and license that you consider to be your most important. What is the name of your most important certification or license?

9. What kind of work is your most important certification or license for?



10. Is your most important certification or license required by a federal, state, or local government agency (such as a state board) in order to do that kind of work?

- No
- Yes
- Don't know

11. Can your most important certification or license be revoked or suspended for any reason?

- No
- Yes
- Don't know

12. In what year did you first get your most important certification or license?

Four empty boxes for entering a year.

13. Did you prepare for getting your most important certification or license by...

Mark ONE box for EACH ITEM below.

- | | No
▼ | Yes
▼ |
|--|--------------------------|--------------------------|
| a. taking classes from a college, technical school, or trade school? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. taking classes or training from a company, association, union, or private instructor? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. studying on your own using textbooks or online resources? | <input type="checkbox"/> | <input type="checkbox"/> |

14. Is your most important certification or license for your current job?

- Not applicable, not currently working
- No
- Yes

15. How useful has your most important certification or license been for each of the following?

a. Getting a job

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

b. Keeping a job

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

c. Keeping you marketable to employers or clients

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

d. Improving your work skills

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

16. Do you have another currently active certification or license?

- No → **GO TO question 30**
- Yes

17. If yes, what is the name of your second-most important certification or license?

Large empty box for writing the name of the second-most important certification or license.



18. What kind of work is your second-most important certification or license for?

19. Is your second-most important certification or license required by a federal, state, or local government agency (such as a state board) in order to do that kind of work?

- No
- Yes
- Don't know

20. Can your second-most important certification or license be revoked or suspended for any reason?

- No
- Yes
- Don't know

21. In what year did you first get your second-most important certification or license?

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22. Did you prepare for getting your second-most important certification or license by...

Mark ONE box for EACH ITEM below.

- | | No
▼ | Yes
▼ |
|--|--------------------------|--------------------------|
| a. taking classes from a college, technical school, or trade school? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. taking classes or training from a company, association, union, or private instructor? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. studying on your own using textbooks or online resources? | <input type="checkbox"/> | <input type="checkbox"/> |

23. Is your second-most important certification or license for your current job?

- Not applicable, not currently working
- No
- Yes

24. How useful has your second-most important certification or license been for each of the following?

a. Getting a job

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

b. Keeping a job

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

c. Keeping you marketable to employers or clients

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

d. Improving your work skills

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

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25. Do you have another currently active certification or license?

No → **GO TO question 30**

Yes

26. If yes, what is the name of your third-most important certification or license?

27. What kind of work is your third-most important certification or license for?

28. Is your third-most important certification or license required by a federal, state, or local government agency (such as a state board) in order to do that kind of work?

- No
 Yes
 Don't know

29. Can your third-most important certification or license be revoked or suspended for any reason?

- No
 Yes
 Don't know

Certificates

30. People sometimes earn certificates from an education or training program. These are different from certifications or licenses. Do not include certifications or licenses here. Have you ever earned any of the following types of certificates?

a. A certificate for completing a training program from an employer, employment agency, union, software or equipment manufacturer, or other training provider

No

Yes

b. A certificate for completing a vocational program at a high school

No

Yes

c. A high school equivalency certificate, such as a GED®

No

Yes

d. A certificate—not a degree—for completing a program at a community or technical college, or other school after high school. Do not include teaching certificates or college degrees

No → **GO TO question 39**

Yes




31. If yes: We will refer to the certificates in question 30d as "post-secondary certificates." What was the field of study for your last post-secondary certificate?

Mark ONE only.

- Accounting, finance, insurance, or real estate
- Administrative support
- Agriculture
- Audio, broadcasting, multimedia, or graphic technologies
- Business management, administration, or marketing
- Computer science or information technology
- Construction trades
- Cosmetology
- Culinary arts
- Education
- Engineering technologies or drafting
- Fine arts or music
- Funeral service or mortuary science
- Healthcare
- Law enforcement, security, or firefighting
- Law or legal studies
- Liberal arts
- Manufacturing or production (for example machinist, welder, boilermaker)
- Mechanic or repair technologies
- Transportation
- Other — Specify: 

32. Who gave you your last post-secondary certificate?

Mark ONE only.

- A community college
- A vocational, technical, trade, or business school
- Another college or university
- Somewhere else — Specify: 

33. About how many hours of instruction did you complete in order to earn your last post-secondary certificate?

- 960 hours (1 full-time school year) or more
- 480 hours (half a full-time school year) to 959 hours
- 160 to 479 hours
- 40-159 hours
- Less than 40 hours

34. Which one of the following was required for enrolling in your last post-secondary certificate program?

Mark ONE only.

- Being enrolled in or having completed an advanced degree program (Master's or higher)
- Being enrolled in or having completed a Bachelor's degree program
- Having completed high school or a high school equivalency (such as a GED®)
- None of the above

35. To earn your last post-secondary certificate did you have to complete...

Mark ONE box for EACH ITEM below.

- | | No
▼ | Yes
▼ |
|---|--------------------------|--------------------------|
| a. a minimum number of credits? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. a minimum number of instructional hours? | <input type="checkbox"/> | <input type="checkbox"/> |



Work Experience Programs

36. Was your last post-secondary certificate part of the training you took for a professional certification or license?

No

Yes

37. Is your current job related to your last post-secondary certificate?

Not applicable, not currently working

No

Yes, somewhat related

Yes, very related

38. How useful has your last post-secondary certificate been for each of the following?

a. Getting a job

Not useful

Somewhat useful

Very useful

Too soon to tell

b. Increasing your pay

Not useful

Somewhat useful

Very useful

Too soon to tell

c. Improving your work skills

Not useful

Somewhat useful

Very useful

Too soon to tell

39. Have you ever **completed** an internship, co-op, practicum, clerkship, externship, residency, clinical experience, apprenticeship, or similar program?

No, and I am not in one now

No, but I am in one now

Yes, I have completed this type of program

GO TO question 50

We will refer to these as "work experience programs." If you have NOT completed a work experience program, go to question 50. If you HAVE completed a program, continue on the next page, answering for the last work experience program you completed.



40. If yes, what type of work was your last work experience program for?

Mark ONE only.

Building or construction trades:

- Carpenter
- Electrician
- Plumber or pipefitter
- Sheet metal worker or structural steel worker
- Other building and construction trades

Healthcare:

- Medical doctor
- Nursing or nursing assistant
- Other healthcare

Other types of work:

- Accounting, finance, insurance, or real estate
- Chef, cook, or food preparation
- Computer networking or information technology
- Cosmetology
- Driving, piloting, or other transportation
- Engineering or architecture
- Funeral service or mortuary science
- Law enforcement, security, or firefighting
- Legal practice
- Machinist or tool and die maker
- Management or administration
- Mechanic or repair work
- Printing
- Social work, counseling, or religious vocations
- Teaching
- Utility or telecommunications technician
- Other – Specify:

41. How long did your last work experience program last?

- Less than 3 months
- 3 months to less than 6 months
- 6 months to less than 1 year
- 1 year to less than 2 years
- 2 years to less than 3 years
- 3 years or more

42. What wage did you earn as part of your last work experience program?

- No wage
- A training wage that was lower than the wage of a fully qualified worker
- The same wage as a fully qualified worker

43. As a part of your last work experience program did you...

Mark ONE box for EACH ITEM below.

- | | No
▼ | Yes
▼ |
|--|--------------------------|--------------------------|
| a. have instruction or training from a co-worker or supervisor? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. take classes from a college, technical school, or trade school? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. take classes or training from a company, association, union, or private instructor? | <input type="checkbox"/> | <input type="checkbox"/> |

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44. Do the following statements describe your last work experience program?

Mark ONE box for EACH ITEM below.

- | | No
▼ | Yes
▼ |
|---|--------------------------|--------------------------|
| a. I was evaluated by a co-worker or supervisor | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I got college credit | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I received journeyman status at the end of an apprenticeship | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I got a state or federal apprenticeship number. | <input type="checkbox"/> | <input type="checkbox"/> |

45. Which one of the following best describes your last work experience program?

Mark ONE only.

- It was not part of a formal education program
- It was part of a high school program
- It was part of a school program after high school and below an Associate's degree
- It was part of an Associate's degree program
- It was part of a Bachelor's degree program
- It was part of an advanced degree program or other program beyond a Bachelor's degree

46. Did (or will) your last work experience program help you earn a professional certification or license?

- No
- Yes

47. Is your current job related to your last work experience program?

- Not applicable, not currently working
- No
- Yes, somewhat related
- Yes, very related

48. In your current job, how often do you use the skills or knowledge that you learned during your last work experience program?

- Not applicable, not currently working
- Never or almost never
- Sometimes
- All or most of the time

49. How useful was your last work experience program for each of the following?

a. Getting a job

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

b. Increasing your pay

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

c. Improving your work skills

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

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Employment

50. 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 56**

Yes

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

No

Yes

52. Last week, how many jobs did you have?

number of jobs

53. Last week, did you work at a full-time job (a job where you work 35 hours or more per week)?

No

Yes

54. Last week, did you work at a part-time job (a job where you work fewer than 35 hours per week)?

No → **GO TO question 60**

Yes

55. If yes, would you have preferred for your part-time job to be a full-time job?

No } **GO TO question 60**

Yes }

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

No

Yes

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

No

Yes → **GO TO question 59**

58. If no, do you intend to look for work within the next 5 years?

No

Yes

Don't know

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

Never worked for pay → **GO TO question 71**

Over 12 months ago → **GO TO question 63**

Within the past 12 months

60. During the past 12 months (52 weeks), how many weeks did you work, including paid vacation, paid sick leave, and military service?

50 to 52 weeks

48 to 49 weeks

40 to 47 weeks

27 to 39 weeks

14 to 26 weeks

13 weeks or less

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

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

63. The next few questions ask about your current or last job. If you had more than one job, describe the one at which you worked the most hours. In your current or last job, 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.*

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. Which one of the following were you?

- An employee of a private company, business, or individual, for wages, salary, or commission
- A local (city, county, etc.), state, or federal government employee
- Self-employed in own business, professional practice, or farm
- Working without pay for family business or farm

66. What kind of work were you doing?

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

67. What were your most important activities or duties?

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

68. Did you have a license that was required by a federal, state, or local government agency to do this job?

- No
- Yes

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69. What kind of position did you hold?

Permanent → **GO TO question 71**

Temporary

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

No

Yes

Background

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

No, never served in the military → **GO TO question 73**

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

Yes, on active duty now or in past

72. Have you served on active duty since September 2001?

No

Yes

73. Are you male or female?

Male

Female

74. What is your current marital status?

Mark ONE only.

Now Married → **GO TO question 76**

Widowed

Divorced

Separated

Never married

75. Are you currently living with a boyfriend/girlfriend or partner in this household?

No

Yes

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

No → **GO TO question 78**

Yes

77. How well do you speak English?

Very well

Well

Not well

Not at all

78. How old are you?

years old

79. Are you of Hispanic, Latino, or Spanish origin?

No

Yes

80. What is your race? You may mark one or more races.

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

81. Do you have Internet access on a cell phone?

No

Yes

82. Do you have Internet access at home on a computer or tablet?

No

Yes

83. How often do you use the Internet?

Every day

A few times a week

A few times a month

A few times a year

Never

Thank you.

Please return this questionnaire in the postage-paid envelope provided. If you have lost the envelope, mail the completed questionnaire to:

**National Household Education Survey
U.S. Census Bureau
ATTN: DCB 60-A (7198)
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: 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 Department of Education?

A: The U.S. Department of Education wants to understand how adults acquire and maintain the skills they need for work. This survey is the only way our nation 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, policymakers, 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 by the Education Sciences Reform Act of 2002 (ESRA 2002; 20 USC § 9543). The U.S. Census Bureau is administering 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.

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 or you may call the Census Bureau toll-free at 1-888-840-8353.

