



# 2022 National Training, Education, and Workforce Survey

Conducted for the  
National Center for Science and Engineering Statistics  
and the National Center for Education Statistics by

United States®  
**Census**  
Bureau

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MI

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City

State

Zip Code





## THE NATIONAL TRAINING, EDUCATION, AND WORKFORCE SURVEY

### INSTRUCTIONS

People can participate in different types of education and training. Sometimes education and training programs result in a credential. High school diplomas and college degrees are types of credentials. Other types of credentials include vocational certificates, professional certifications, and licenses. This survey asks about your education and if you have any of these credentials. The survey also asks about your job. We want to hear from you even if you do not have a job.

- Directions for completing the survey are provided with each question.
- Follow all appropriate skip instructions after marking a box. If no skip instruction is provided, you should continue to the next question.
- If you have any questions or concerns, please email us at [ntews@census.gov](mailto:ntews@census.gov) or call us toll-free at 1-888-329-5903.

**We really appreciate your help.**

*The information in this questionnaire is collected under the authority of the National Science Foundation (NSF) Act of 1950, as amended, the America COMPETES Reauthorization Act of 2010, and the Education Sciences Reform Act of 2002. The U.S. Census Bureau is conducting this survey under the authority of Title 13, Section 8 of the United States Code. The Census Bureau is required by law to keep your information confidential and can use your responses for statistical purposes only. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Federal law protects your privacy and keeps your answers confidential (Title 13, United States Code, Section 9). Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. Your response is voluntary, and failure to provide some or all of the requested information will not in any way adversely affect you. Actual time to complete the questionnaire may vary depending on your circumstances but on average, it will take about 15 minutes. If you have any comments on the time required for this survey, please send them to the Reports Clearance Officer, Office of the General Counsel, National Science Foundation, 2415 Eisenhower Ave., Alexandria, VA 22314.*



Employment Status		4. When did you last work for pay or profit?	
<p><b>1. Are you currently working for pay or profit?</b></p> <p>If you are temporarily absent from a job because you are on vacation, out sick, on maternity leave, etc., please answer "Yes."</p> <p>1 <input type="checkbox"/> Yes → Go to question 5</p> <p>2 <input type="checkbox"/> No <b>WRKG</b></p>		<p>LAST WORKED      MONTH      YEAR</p> <p>LWMN      LWYR</p> <p>0 <input type="checkbox"/> ← Mark this box if you have NEVER worked for pay or profit.</p> <p><b>LWNVR</b></p> <p>If you are not currently working, go to question 22. If you are currently working, go to question 5.</p>	
<p><b>2. (If No) Did you look for work during the last 4 weeks?</b></p> <p>1 <input type="checkbox"/> Yes <b>LOOKWK</b></p> <p>2 <input type="checkbox"/> No</p>			
<p><b>3. What is your MAIN reason for not working?</b></p> <p>Mark one answer.</p> <p>1 <input type="checkbox"/> Retired <b>NWREASN</b></p> <p>2 <input type="checkbox"/> On layoff due to the coronavirus pandemic</p> <p>3 <input type="checkbox"/> On layoff for reasons unrelated to the coronavirus pandemic</p> <p>4 <input type="checkbox"/> Student</p> <p>5 <input type="checkbox"/> Family responsibilities due to the coronavirus pandemic (e.g., childcare, eldercare)</p> <p>6 <input type="checkbox"/> Family responsibilities unrelated to the coronavirus pandemic</p> <p>7 <input type="checkbox"/> Chronic illness or permanent disability</p> <p>8 <input type="checkbox"/> Suitable job not available</p> <p>9 <input type="checkbox"/> Do not need or want to work</p> <p>10 <input type="checkbox"/> Other – specify ↗ <b>NWOTV</b></p>			



Current Employment	
<p><b>5. How many jobs do you have?</b>  <i>If you are self-employed, count work with multiple customers, clients, or businesses as one job.</i></p> <p>NUMBER OF JOBS </p> <p><b>NUMJOBS</b></p>	<p><b>9. During the PAST 12 MONTHS (52 weeks), did you work EVERY week at the MAIN job you wrote in question 7?</b>  <i>Count paid vacation, paid sick leave, and military service as work.</i></p> <p><b>WKSYR</b></p> <p>1 <input type="checkbox"/> Yes → <b>Go to question 11</b></p> <p>2 <input type="checkbox"/> No</p>
<p><b>6. During the PAST 12 MONTHS, how many hours did you usually work each WEEK across ALL jobs?</b></p> <p>NUMBER OF HOURS WORKED </p> <p><b>HRSWKALL</b></p>	<p><b>10. (If No) During the PAST 12 MONTHS (52 weeks), how many WEEKS did you work at the MAIN job you wrote in question 7?</b>  <i>Include paid time off and weeks when you worked for only a few hours.</i></p> <p>NUMBER OF WEEKS </p> <p><b>WKSLYR</b></p>
<p><b>7. What is the name of your MAIN job?</b>  <i>If you have more than one job, answer for the job in which you work the MOST hours.</i></p> <p>For example: fourth-grade teacher, entry-level plumber, web developer, etc.</p> <p>NAME OF MAIN JOB  <b>OCPRT</b></p> <p><b>NOCPR</b></p>	<p><b>11. During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did you usually work each WEEK at the MAIN job you wrote in question 7?</b></p> <p>NUMBER OF HOURS WORKED </p> <p><b>HRSWK</b></p>
<p>The next few questions ask about the MAIN job you wrote in question 7. Please answer for just that job.</p> <p><b>8. For the MAIN job you wrote in question 7, what are your most important activities or duties?</b>  <i>For example: instruct and evaluate students and create lesson plans; assemble and install pipe sections and review building plans for work details; design, create, and modify websites; etc.</i></p> <p>ACTIVITIES OR DUTIES  <b>OCPRV</b></p> <p>[Handwriting practice lines]</p>	<p><b>12. During the PAST 12 MONTHS, what were your earnings from wages, salary, commissions, bonuses, or tips from the MAIN job you wrote in question 7?</b></p> <p><b>EARN</b></p> <p><i>Report the amount before deductions for taxes, bonds, dues, or other items.</i></p> <p>EARNINGS \$  .00</p>



13. For the MAIN job you wrote in question 7, please rate your satisfaction with this job's...

Mark one answer for each item.

Very satisfied      Somewhat satisfied      Somewhat dissatisfied      Very dissatisfied      Does not apply

- |                                    |                            |                            |                            |               |
|------------------------------------|----------------------------|----------------------------|----------------------------|---------------|
| 1 Wage or salary.....              | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | <b>SATSAL</b> |
| 2 Benefits.....                    | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | <b>SATBEN</b> |
| 3 Job security....                 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | <b>SATSEC</b> |
| 4 Opportunities for advancement..  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | <b>SATADV</b> |
| 5 Physical working conditions..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | <b>SATCON</b> |

14. How would you rate your overall satisfaction with the MAIN job you wrote in question 7?

Mark one answer.

**JOBSATIS**

- |                            |                       |
|----------------------------|-----------------------|
| 1 <input type="checkbox"/> | Very satisfied        |
| 2 <input type="checkbox"/> | Somewhat satisfied    |
| 3 <input type="checkbox"/> | Somewhat dissatisfied |
| 4 <input type="checkbox"/> | Very dissatisfied     |

15. For the MAIN job you wrote in question 7, are you self-employed?

1  Yes

**SELFEMP**

2  No → Go to question 18

16. (If Yes) Which one of the following best describes your self-employment?

Mark one answer.

**SELFINC**

1  Self-employed in a NON-INCORPORATED business, professional practice, or farm

2  Self-employed in an INCORPORATED business, professional practice, or farm

17. What is your MAIN BUSINESS OR INDUSTRY — that is, what does your business make or do?

*Include the main activity, product, or service you provide.*

*For example: web design, management consulting, childcare, landscaping, etc.*

BUSINESS OR INDUSTRY

**SELFMAIN**



Go to question 20



18. For the MAIN job you wrote in question 7, which one of the following best describes your employer at this job?

Mark one answer.

**EMTP**

- 1  FOR-PROFIT company or organization
- 2  NON-PROFIT organization (including tax-exempt and charitable organizations)
- 3  LOCAL GOVERNMENT (e.g., city, county, school district)
- 4  STATE GOVERNMENT (including state colleges and universities)
- 5  U.S. MILITARY SERVICE, ACTIVE DUTY, or COMMISSIONED CORPS (e.g., USPHS, NOAA)
- 6  FEDERAL GOVERNMENT (e.g., civilian employee)
- 7  Other – specify ↗

**EMTPV**

19. What is your employer's MAIN BUSINESS OR INDUSTRY — that is, what does this employer make or do?

*Include the main activity, product, or service provided at the location where you work.*

*For example: elementary school, residential construction, microprocessor chip production, etc.*

BUSINESS OR INDUSTRY

**EMMAIN**

20. Is this business or industry mainly:

Mark one answer.

**MAINBUS**

- 1  Manufacturing?
- 2  Wholesale trade?
- 3  Retail trade?
- 4  Other (agriculture, construction, service, government, etc.)?

**INDUSTRY**

21. What is the name and address of the business or employer for the MAIN job you wrote in question 7?

*If your EMPLOYER HAS MORE THAN ONE LOCATION, report the location where you work.*

*If you work for a CONTRACTING OR CONSULTING COMPANY, report the name of that company, not the client organization.*

Name

**EMNAME**

Department/Division

**EMDEPT**

City

**EMCITY**

State/Territory

**EMSTATE**

Zip Code

**EMZIP**

**EMST**



Enrollment	Educational Background
<p>22. Are you currently enrolled in or taking courses from a college, university, technical or trade school, or other school after high school?</p> <p>1 <input type="checkbox"/> Yes <b>ACSin</b></p> <p>2 <input type="checkbox"/> No → Go to question 27</p> <p>23. (If Yes) Are you currently enrolled full-time or part-time? Mark one answer. <b>ACFT</b></p> <p>1 <input type="checkbox"/> Full-time</p> <p>2 <input type="checkbox"/> Part-time</p> <p>24. Are you currently enrolled in a degree program?</p> <p>1 <input type="checkbox"/> Yes <b>ACDG</b></p> <p>2 <input type="checkbox"/> No, but I plan to transfer to a degree program.</p> <p>3 <input type="checkbox"/> No, and I do not plan to transfer to a degree program. → Go to question 27</p> <p>25. What degree are you working toward? Mark one answer. <b>ACDRG</b></p> <p>1 <input type="checkbox"/> Associate degree (e.g., AA, AS)</p> <p>2 <input type="checkbox"/> Bachelor's degree (e.g., BA, BS)</p> <p>3 <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)</p> <p>4 <input type="checkbox"/> Professional degree beyond a Bachelor's degree (e.g., MD, DDS, DVM, LLB, JD)</p> <p>5 <input type="checkbox"/> Doctorate degree (e.g., PhD, EdD)</p> <p>6 <input type="checkbox"/> Other – specify ↵ <b>ACDGov</b></p> <p>26. What is your primary field of study? FIELD OF STUDY <b>ACEDV</b> <b>NACED</b></p>	<p>27. What is the highest degree or level of school that you have COMPLETED? Mark one answer. <b>EDLEV</b></p> <p>1 <input type="checkbox"/> Elementary, middle, or high school, but no high school diploma or alternative high school credential (e.g., GED)</p> <p>2 <input type="checkbox"/> High school diploma</p> <p>3 <input type="checkbox"/> Alternative high school credential (e.g., GED) → Go to question 33</p> <p>4 <input type="checkbox"/> Some college credit, no degree</p> <p>5 <input type="checkbox"/> Vocational certificate or diploma</p> <p>6 <input type="checkbox"/> Associate degree (e.g., AA, AS)</p> <p>7 <input type="checkbox"/> Bachelor's degree (e.g., BA, BS)</p> <p>8 <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) → Go to question 29</p> <p>9 <input type="checkbox"/> Professional degree beyond a Bachelor's degree (e.g., MD, DDS, DVM, LLB, JD)</p> <p>10 <input type="checkbox"/> Doctorate degree (e.g., PhD, EdD)</p> <p>28. (If elementary, middle, or high school, but no high school diploma or alternative high school credential) Are you currently enrolled in high school? Do not include programs to earn an alternative high school credential (e.g., GED). <b>HSENRL</b></p> <p>1 <input type="checkbox"/> Yes → Go to question 77</p> <p>2 <input type="checkbox"/> No → Go to question 33</p> <p>29. In what year did you get your highest degree? If you have more than one highest degree, answer for your most recent one. YEAR <b>HDGYR</b></p>



30. What was the field of study for your highest degree?

FIELD OF STUDY

**HDGFOS**

**HDGED**

31. Why did you choose to get your highest degree in this particular field of study?

Mark one answer for each item.

Yes      No

- |    |   |   |               |
|----|---|---|---------------|
| 1  | It was required for the job I was already doing.....          | 1 | <b>HDGREQ</b> |
| 2  | It was required to get a job I wanted.....                    | 1 | <b>HDGWNT</b> |
| 3  | It allowed me to do more in the job I was already doing.....  | 1 | <b>HDGMRE</b> |
| 4  | It allowed me to earn more money.....                         | 1 | <b>HDGERN</b> |
| 5  | It allowed me to move up in my job.....                       | 1 | <b>HDGADV</b> |
| 6  | It was a new or emerging area in my field.....                | 1 | <b>HDGNEW</b> |
| 7  | I was pursuing my passion.....                                | 1 | <b>HDGPAS</b> |
| 8  | I was exploring potential interest in a new job or field..... | 1 | <b>HDGINT</b> |
| 9  | Someone recommended this field or job to me.....              | 1 | <b>HDGREC</b> |
| 10 | It was a free or inexpensive opportunity.....                 | 1 | <b>HDGFRE</b> |
| 11 | Some other reason – specify ↗ ....                            | 1 | <b>HDGOTH</b> |

**HDGOTV**

32. Do you use this highest degree for the MAIN job you wrote in question 7?

- 1  I am not currently working.
- 2  Yes **HDGNOW**
- 3  No

## Vocational Certificates

33. Have you earned a vocational certificate or diploma for completing a training program from a community college, technical or trade school, or some other school? **VOCCRT**

*Do not count Associate degrees.*

1  Yes

2  No → **Go to question 41**

34. (If Yes) Who awarded your MOST RECENT vocational certificate?

*If you have more than one vocational certificate, answer for your most recent one.*

Mark one answer.

**VOCISS**

**VOCISS2**

- 1  A high school
- 2  A vocational, trade, or business school
- 3  A community or technical college
- 4  Another college or university
- 5  Someplace else – specify ↗

**VOCISV**

35. How long did it take to complete your MOST RECENT vocational certificate?

Mark one answer.

**VOCTIM**

- 1  2 full-time school weeks or less (50 hours or less of instruction)
- 2  More than 2 weeks but less than 3 months of full-time schooling (51 to 299 hours of instruction)
- 3  3 full-time school months, but less than a full-time academic year (300 to 899 hours of instruction)
- 4  1 full-time academic year or more (900 or more hours of instruction)



36. In what year did you get your MOST RECENT vocational certificate?

YEAR

**VOCYR**

37. What was the field of study for your MOST RECENT vocational certificate?

FIELD OF STUDY

**VOCFOS****VOCED**

38. Why did you choose to get your MOST RECENT vocational certificate in this particular field of study?

Mark one answer for each item.

Yes      No

- |   |   |               |
|---|---|---------------|
| 1 It was required for the job I was already doing.....          | 1 | <b>VOCREQ</b> |
| 2 It was required to get a job I wanted.....                    | 1 | <b>VOCWNT</b> |
| 3 It allowed me to do more in the job I was already doing.....  | 1 | <b>VOCMRE</b> |
| 4 It allowed me to earn more money.....                         | 1 | <b>VOCERN</b> |
| 5 It allowed me to move up in my job.....                       | 1 | <b>VOCADV</b> |
| 6 It was a new or emerging area in my field.....                | 1 | <b>VOCNEW</b> |
| 7 I was pursuing my passion.....                                | 1 | <b>VOCPAS</b> |
| 8 I was exploring potential interest in a new job or field..... | 1 | <b>VOCINT</b> |
| 9 Someone recommended this field or job to me.....              | 1 | <b>VOCREC</b> |
| 10 It was a free or inexpensive opportunity.....                | 1 | <b>VOCFRE</b> |
| 11 Some other reason – specify ↗.....                           | 1 | <b>VOCOTH</b> |

**VOCOTV**

39. Do you use your MOST RECENT vocational certificate for the MAIN job you wrote in question 7?

**VOCNOW**

- 1  I am not currently working.
- 2  Yes
- 3  No

40. To obtain your MOST RECENT vocational certificate, did you have any of the following financial support?

Mark one answer for each item.

Yes      No

- |   |   |              |
|---|---|--------------|
| 1 My own money.....   | 1 | <b>VFOWN</b> |
| 2 Loans from a spouse, partner, or family member.....                                 | 1 | <b>VFPLN</b> |
| 3 Money from a spouse, partner, or family member that does not need to be repaid..... | 1 | <b>VFGFT</b> |
| 4 Financial support or reimbursement from an employer.....                            | 1 | <b>VFEMP</b> |
| 5 Loans from the government or private lenders.....                                   | 1 | <b>VFFLN</b> |
| 6 Grants or scholarships from someplace other than my employer.....                   | 1 | <b>VFGRN</b> |
| 7 Financial support from a professional association.....                              | 1 | <b>VFASN</b> |
| 8 Some other financial support – specify ↗.....                                       | 1 | <b>VFOT</b>  |

**VFOTV**

Licenses and Certifications	
<p><b>41. Do you have any CURRENTLY ACTIVE state or industry licenses or professional certifications?</b></p> <p><i>For example: teaching license, land surveyor license, nurse midwife certification, ASE master technician certification, Cisco Certified Network Associate (CCNA), etc.</i></p> <p><i>Do not include vendor's licenses or other licenses to operate a business.</i></p> <p>1 <input type="checkbox"/> Yes <b>CLIC</b></p> <p>2 <input type="checkbox"/> No → <b>Go to question 68</b></p>	<p><b>44. What kind of work can you do with this license or certification?</b></p> <p><b>CLICKND</b> [CLICCODE]</p>
<p><b>42. (If Yes) How many CURRENTLY ACTIVE licenses and certifications do you have?</b></p> <p><i>If you have the same license in more than one state, count each license separately.</i></p> <p><i>If you earned a certification in order to get a license, count the license and certification separately.</i></p> <p>NUMBER OF LICENSES AND CERTIFICATIONS <b>CLICNMBR</b></p>	<p><b>45. Did you get your MOST IMPORTANT license or certification for work-related reasons?</b></p> <p>1 <input type="checkbox"/> Yes <b>CLICWKR</b></p> <p>2 <input type="checkbox"/> No</p>
<p><b>43. Thinking about all of your CURRENTLY ACTIVE licenses and certifications, which one do you consider to be your MOST IMPORTANT?</b></p> <p><i>Please write out the full name. Do not use abbreviations.</i></p> <p>NAME OF LICENSE OR CERTIFICATION <b>CLICNME</b></p>	



**46. Why did you choose to get your MOST IMPORTANT license or certification?**

Mark one answer for each item.

Yes      No

- |   |                  |
|---|------------------|
| 1 It was required for the job I was already doing.....          | 1 <b>CLICREQ</b> |
| 2 It was required to get a job I wanted.....                    | 1 <b>CLICWNT</b> |
| 3 It allowed me to do more in the job I was already doing.....  | 1 <b>CLICMRE</b> |
| 4 It allowed me to earn more money.....                         | 1 <b>CLICERN</b> |
| 5 It allowed me to move up in my job.....                       | 1 <b>CLICADV</b> |
| 6 It was a new or emerging area in my field.....                | 1 <b>CLICNEW</b> |
| 7 I was pursuing my passion.....                                | 1 <b>CLICPAS</b> |
| 8 I was exploring potential interest in a new job or field..... | 1 <b>CLICINT</b> |
| 9 Someone recommended this field or job to me.....              | 1 <b>CLICREC</b> |
| 10 It was a free or inexpensive opportunity.....                | 1 <b>CLICFRE</b> |
| 11 Some other reason – specify ↗.....                           | 1 <b>CLICOTH</b> |

**CLICOTV**

**47. Were you LEGALLY required to have your MOST IMPORTANT license or certification in order to work?**

- 1  Yes  
2  No

**CLICLEG**

**48. Who issued your MOST IMPORTANT license or certification?**

Mark one answer.

**CLICISS**

- |  |
|--|
| 1 <input type="checkbox"/> City or county government agency (e.g., County Electrical Licensing Board, County Department of Land Use) |
| 2 <input type="checkbox"/> State government agency (e.g., State Board of Education or other state board)                             |
| 3 <input type="checkbox"/> Federal government agency (e.g., OSHA, FAA)   |
| 4 <input type="checkbox"/> Professional or trade association (e.g., American Culinary Federation, CompTIA)                           |
| 5 <input type="checkbox"/> Business or company (e.g., Xerox, 3M Company)   |
| 6 <input type="checkbox"/> Other – specify ↗   |

**CLICISV**

**49. Does your MOST IMPORTANT license or certification need to be renewed?**

- 1  Yes **CLICREN**  
2  No → **Go to question 51**

**50. (If Yes) How often does it need to be renewed?**

Mark one answer.

**CLICOF**

- 1  Every year  
2  Every two years  
3  Other – specify ↗

**CLICOVF**



51. In what year did you first get your MOST IMPORTANT license or certification?

YEAR

**CLICYR**

52. Do you use your MOST IMPORTANT license or certification for the MAIN job you wrote in question 7?

Mark one answer.

**CLICNOW**

- 1  I am not currently working.
- 2  Yes
- 3  No

53. To obtain your MOST IMPORTANT license or certification, did you have any of the following financial support?

Mark one answer for each item.

Yes      No

- |   |   |                |
|---|---|----------------|
| 1 My own money.....   | 1 | <b>CLICOWN</b> |
| 2 Loans from a spouse, partner, or family member.....                                 | 1 | <b>CLICPLN</b> |
| 3 Money from a spouse, partner, or family member that does not need to be repaid..... | 1 | <b>CLICGFT</b> |
| 4 Financial support or reimbursement from an employer.....                            | 1 | <b>CLICEMP</b> |
| 5 Loans from the government or private lenders.....                                   | 1 | <b>CLICFLN</b> |
| 6 Grants or scholarships from someplace other than my employer.....                   | 1 | <b>CLICGRN</b> |
| 7 Financial support from a professional association.....                              | 1 | <b>CLICASN</b> |
| 8 Some other financial support – specify ↗.....                                       | 1 | <b>CLICFOT</b> |

**CLICFTV**

54. To get the skills and knowledge needed for your MOST IMPORTANT license or certification, did you take classes from a college, university, technical or trade school, or other school after high school?

1  Yes**CLICSCH**2  No

55. Did you report having TWO OR MORE CURRENTLY ACTIVE licenses or certifications in question 42?

**CLICMULT**

- 1  Yes → Go to question 56
- 2  No → Go to question 68



You indicated that you have two or more licenses or certifications. The next few questions will be about your SECOND MOST IMPORTANT license or certification.

56. Thinking about all of your CURRENTLY ACTIVE licenses and certifications you wrote in question 42, which one do you consider to be your SECOND MOST IMPORTANT?

Please write out the full name. Do not use abbreviations.

NAME OF LICENSE OR CERTIFICATION

**CLIC2NME**

57. What kind of work can you do with this license or certification?

**CLIC2KND**

**CLIC2CODE**

58. Did you get your SECOND MOST IMPORTANT license or certification for work-related reasons?

1  Yes

**CLIC2WKR**

2  No

59. Why did you choose to get your SECOND MOST IMPORTANT license or certification?

Mark one answer for each item.

Yes      No

- 1 It was required for the job I was already doing.....  
**CLIC2REQ**
- 2 It was required to get a job I wanted.....  
**CLIC2WNT**
- 3 It allowed me to do more in the job I was already doing.....  
**CLIC2MRE**
- 4 It allowed me to earn more money.....  
**CLIC2ERN**
- 5 It allowed me to move up in my job.....  
**CLIC2ADV**
- 6 It was a new or emerging area in my field.....  
**CLIC2NEW**
- 7 I was pursuing my passion.....  
**CLIC2PAS**
- 8 I was exploring potential interest in a new job or field.....  
**CLIC2INT**
- 9 Someone recommended this field or job to me.....  
**CLIC2REC**
- 10 It was a free or inexpensive opportunity.....  
**CLIC2FRE**
- 11 Some other reason – specify ↗.....  
**CLIC2OTH**

**CLIC2OTV**

60. Were you LEGALLY required to have your SECOND MOST IMPORTANT license or certification in order to work?

1  Yes

**CLIC2LEG**

2  No



**61. Who issued your SECOND MOST IMPORTANT license or certification?**

Mark one answer.

**CLIC2ISS**

- 1  City or county government agency (e.g., County Electrical Licensing Board, County Department of Land Use)
- 2  State government agency (e.g., State Board of Education or other state board)
- 3  Federal government agency (e.g., OSHA, FAA)
- 4  Professional or trade association (e.g., American Culinary Federation, CompTIA)
- 5  Business or company (e.g., Xerox, 3M Company)
- 6  Other – specify ↗

**CLIC2ISV**

**62. Does your SECOND MOST IMPORTANT license or certification need to be renewed?**

- 1  Yes

**CLIC2REN**

- 2  No → Go to question 64

**63. (If Yes) How often does it need to be renewed?**

Mark one answer.

**CLIC2OF**

- 1  Every year
- 2  Every two years
- 3  Other – specify ↗

**CLIC2OFV**

**64. In what year did you first get your SECOND MOST IMPORTANT license or certification?**

YEAR

**CLIC2YR**

**65. Do you use your SECOND MOST IMPORTANT license or certification for the MAIN job you wrote in question 7?**

Mark one answer.

**CLIC2NOW**

- 1  I am not currently working.
- 2  Yes
- 3  No

**66. To obtain your SECOND MOST IMPORTANT license or certification, did you have any of the following financial support?**

Mark one answer for each item.

Yes      No

- |  |                   |
|--|-------------------|
| 1 <input type="checkbox"/> My own money.....   | 1 <b>CLIC2OWN</b> |
| 2 <input type="checkbox"/> Loans from a spouse, partner, or family member.....                                 | 1 <b>CLIC2PLN</b> |
| 3 <input type="checkbox"/> Money from a spouse, partner, or family member that does not need to be repaid..... | 1 <b>CLIC2GFT</b> |
| 4 <input type="checkbox"/> Financial support or reimbursement from an employer.....                            | 1 <b>CLIC2EMP</b> |
| 5 <input type="checkbox"/> Loans from the government or private lenders.....                                   | 1 <b>CLIC2FLN</b> |
| 6 <input type="checkbox"/> Grants or scholarships from someplace other than my employer.....                   | 1 <b>CLIC2GRN</b> |
| 7 <input type="checkbox"/> Financial support from a professional association.....                              | 1 <b>CLIC2ASN</b> |
| 8 <input type="checkbox"/> Some other financial support – specify ↗.....                                       | 1 <b>CLIC2FOT</b> |

**CLIC2FTV**

**67. To get the skills and knowledge needed for your SECOND MOST IMPORTANT license or certification, did you take classes from a college, university, technical or trade school, or other school after high school?**

- 1  Yes **CLIC2SCH**
- 2  No



## Work Experience Programs

68. Have you ever COMPLETED an internship, apprenticeship, clerkship, externship, residency, clinical experience, student teaching, or similar program?

**WEP**

- 1  Yes, I have completed this type of program.  
 2  No, but I am in one now. → **Go to question 77**  
 3  No, and I am not in one now.

In the next few questions, we will refer to internships, apprenticeships, and similar programs as "work experience programs."

69. What type of work was your last completed work experience program for?

For example: administrative assistant, entry-level plumber, etc.

TYPE OF WORK

**WEPWRK**

**WEPCODE**

70. How related is your last completed work experience program to the MAIN job you wrote in question 7?

Mark one answer.

**WEPREL**

- 1  I am not currently working. → **Go to question 72**  
 2  Very related  
 3  Somewhat related  
 4  Not related

71. How often do you use the skills or knowledge that you gained during your last work experience program for the MAIN job you wrote in question 7?

Mark one answer.

**WEPOFT**

- 1  All or most of the time  
 2  Sometimes  
 3  Almost never  
 4  Never

72. In what year did you complete your last work experience program?

YEAR **WEPYR**

73. What wage did you earn during your last completed work experience program?

Mark one answer.

**WEPWAGE**

- 1  I was not paid.  
 2  A wage that increased as I gained skills and experience  
 3  A set wage that was lower than the wage of a fully qualified worker  
 4  The same wage as a fully qualified worker



74. Which ONE of the following best describes your last completed work experience program?

Mark one answer.

**WEPPROG**

- 1  It was part of a high school program.
- 2  It was part of a school program after high school.
- 3  It was not part of a formal education program.

Go to question  
76

75. Did your last completed work experience program require that you take classes from...

Mark one answer for each item.

Yes      No

- 1 A college, university, technical or trade school, or other school after high school?.....
- 2 A company, association, union, or other provider?.....

**WEPCOLL**

**WEPCOMP**

76. As part of your last completed work experience program, did you get formal training from a coworker or mentor?

- 1  Yes
- 2  No

**WEPTRN**

## Background

77. Are you male or female?

- 1  Male
- 2  Female

**SEX**

78. What is your birthdate?

MONTH      DAY      YEAR

**BIRMN**

**BIRDAY**

**BIRYR**

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

- 1  Yes
- 2  No

**HISP**

80. What is your race?

Mark all that apply.

- 1  American Indian or Alaska Native  
specify tribal affiliation(s) ↗  
**NATIVE**
- 2  Native Hawaiian or other Pacific Islander  
**PACIFIC**
- 3  Asian      **ASIAN**
- 4  Black or African American      **BLACK**
- 5  White      **WHITE**

81. What is your current marital status?

- 1  Married      **MARSTA**
- 2  Living in a marriage-like relationship
- 3  Widowed
- 4  Divorced
- 5  Separated
- 6  Never married



**82. Is English your first language?**

- 1  Yes  
2  No

**ENGFIRST****83. How well do you need to speak English for the MAIN job you wrote in question 7?**

Mark one answer.

**ENGSPK**

- 1  I am not currently working.
- 2  I need to be able to easily carry on a conversation.
- 3  I need to be able to reply to or ask simple questions.
- 4  I need to be able to use single words or short phrases.
- 5  I do not need to speak English for this job.

**84. How well do you need to speak Spanish for the MAIN job you wrote in question 7?**

Mark one answer.

**SPNSPK**

- 1  I am not currently working.
- 2  I need to be able to easily carry on a conversation.
- 3  I need to be able to reply to or ask simple questions.
- 4  I need to be able to use single words or short phrases.
- 5  I do not need to speak Spanish for this job.

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

Mark one answer.

**VETSTAT**

- 1  Never served in the military
- 2  Only on active duty for training in the Reserves or National Guard
- 3  Now on active duty
- 4  On active duty in the past, but not now

**86. Are you currently living in the United States or Puerto Rico, another U.S. territory, or are you living in another country?**

Mark one answer.

**RESIDE**

- 1  United States or Puerto Rico
- 2  Another U.S. territory
- 3  Another country

**87. In what U.S. state, U.S. territory, or foreign country were you born?**

U.S. STATE OR U.S. TERRITORY

**BTHSTV**

OR

FOREIGN COUNTRY

**BTHST****88. Are you a U.S. citizen?****CTZUSIN**

- 1  Yes → Go to question 90
- 2  No

**89. (If non-U.S. citizen) Are you currently a non-U.S. citizen with a...****CTZFOR**

Mark one answer.

- 1  Permanent U.S. Resident Visa (Green Card)?
- 2  Temporary U.S. Resident Visa?



This next question will help us better understand the career paths of individuals with different types of limitations.

90. What is the USUAL degree of difficulty you have with...

Mark one answer for each item.

	None ↓	Slight ↓	Moderate ↓	Severe ↓	Unable to do ↓
1 SEEING words or letters in ordinary newsprint (with glasses/contact lenses, if you usually wear them)?.....	<b>DIFSEE</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>				
2 HEARING what is normally said in conversation with another person (with a hearing aid, if you usually use one)?.....	<b>DIFHEAR</b> <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>				
3 WALKING without human or mechanical assistance or using stairs?.....	<b>DIFWALK</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>				
4 LIFTING or carrying something as heavy as 10 pounds, such as a bag of groceries?.....	<b>DIFLIFT</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>				
5 CONCENTRATING, REMEMBERING, or MAKING DECISIONS because of a physical, mental, or emotional condition? ..	<b>DIFCOGN</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>				

91. Because we are interested in how education and employment change over time, we might contact you in the future. To help us contact you, please list an email address and phone numbers where you can be reached.

Email Address

**EMAIL**

Area code Number

Home Phone Number

**HOMEPHONE** / / / /

Cell Phone Number

Area code Number

**CELLPHONE** / / / /



← Mark this box to give consent to receive text messages for follow-up purposes only.

**TXTOPTIN**



**Thank you for your participation in the National Training,  
Education, and Workforce Survey!**

**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  
1201 E. 10<sup>th</sup> St.  
Jeffersonville, IN 47132-0001**

**If you have any questions or need assistance, please email us at  
[ntews@census.gov](mailto:ntews@census.gov) or call us toll-free at 1-888-329-5903.**

**Results of the National Training, Education, and Workforce Survey will be released  
next year and can be found on the National Science Foundation's website at  
<https://www.nsf.gov/statistics/srvyntews/>.**

**You are not required to respond to any information collection unless it displays a  
valid approval number from the Office of Management and Budget. The approval  
number for this survey can be found at the bottom of the front page.**

