

Demographic Questionnaire

(Please note, your information will not be sold or given to outside entities. It is for internal educational use only.)

Name		
Gender	Male	Female
Age		
<p>How would you classify your self?</p> <p>Note: This is a sensitive question that can help Internet developers to understand the needs of current web users--it is not intended to offend.</p>	<input type="checkbox"/> Rather Not Say <input type="checkbox"/> Caucasian/White <input type="checkbox"/> African American <input type="checkbox"/> Indigenous or Aboriginal <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Multiracial <input type="checkbox"/> Other: Specify _____	
<p>How long have you been using the Internet (including using e-mail, gopher, ftp, etc.)?</p>	<input type="checkbox"/> less than 6 months <input type="checkbox"/> 6 to 12 months <input type="checkbox"/> 1 to 3 years <input type="checkbox"/> 4 to 6 years <input type="checkbox"/> 7 years or more	
<p>What do you usually do on the internet? (e.g., email, use reference materials such as encyclopedias and dictionaries, read news, curriculum activities, games, entertainment etc.)</p>		
<p>What is your primary language (i.e., the one you speak most of the time)?</p>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Dutch <input type="checkbox"/> Japanese <input type="checkbox"/> Other: specify _____	
<p>Are you disabled or impaired? (Please check all that apply.)</p> <p>Note: This is a sensitive question that can help Internet developers to understand the needs of current web users--it is not intended to offend.</p>	<input type="checkbox"/> Rather not say <input type="checkbox"/> Vision Impaired <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Motor Impaired <input type="checkbox"/> Cognitively impaired <input type="checkbox"/> Not Impaired	

How frequently do you access the internet from the following places?	
Home	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Less than once a month <input type="checkbox"/> never <input type="checkbox"/> can't say
School	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Less than once a month <input type="checkbox"/> never <input type="checkbox"/> can't say
Work	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Less than once a month <input type="checkbox"/> never <input type="checkbox"/> can't say
Cyber Café	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Less than once a month <input type="checkbox"/> never <input type="checkbox"/> can't say
Other	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Less than once a month <input type="checkbox"/> never <input type="checkbox"/> can't say
Please indicate the highest level of education completed.	<input type="checkbox"/> Grammar school <input type="checkbox"/> High School or equivalent <input type="checkbox"/> Vocational/Technical School <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate(4yr) <input type="checkbox"/> Master's Degree (MS) <input type="checkbox"/> Doctoral Degree (PhD) <input type="checkbox"/> Professional Degree (MD, JD, etc) <input type="checkbox"/> Other: Please Specify
What is your primary internet browser?	<input type="checkbox"/> Internet Explorer <input type="checkbox"/> FireFox <input type="checkbox"/> Mozilla <input type="checkbox"/> Netscape <input type="checkbox"/> Safari <input type="checkbox"/> AOL <input type="checkbox"/> Other: Please Specify