

Digital Skills Survey

Please provide your feedback. Participation is voluntary, but your input is important. Individual responses will be confidential. Reports will be in summary form.

Today's date: _____

How did you participate in today's session? _____ In-Person _____ Virtual

If in-person, what was the location? County: _____ State: _____

The digital skills session that was covered.

ENTER LESSON NAMES HERE

1. Has what you know about this topic changed because of this session? Mark the best options below by placing an X in the blank.

	None	A Little	Some	A Lot
<u>Before</u> this session, how would you rate how much you knew about this topic?				
<u>After</u> this session, how would you rate how much you know about this topic?				

2. How do you plan to use what you learned today? (Select all that apply).

_____ To connect with friends/family/customers.

_____ To increase my entertainment options.

_____ To find community activities or resources.

_____ To express myself through posts, videos, blogs, podcasts, etc.

_____ To improve my day-to-day happiness.

_____ To use more digital technologies in my household.

_____ To find household goods or services.

_____ To access healthcare/wellness opportunities in new ways.

_____ To access government services, programs, or information.

_____ To protect private information when using the internet.

_____ To further my education.

_____ To seek employment.

_____ To start a business.

_____ To strengthen my current business.

_____ To expand my personal and/or professional network.

_____ To stabilize or grow my household income.

_____ Other (please specify): _____

3. What was most helpful about the session?

4. What would make the session even better?

5. What else do you need to improve access to digital resources?

6. About you:

Are you a Veteran?

☐ Yes ☐ No ☐ Prefer not to answer

What is your age?

☐ 18 to 24 ☐ 25 to 34 ☐ 35 to 44 ☐ 45 to 54 ☐ 55 to 59 ☐ 60 or older
☐ Prefer not to answer

What is your ethnicity?

☐ Hispanic, Latino, or Spanish Origin
☐ Non- Hispanic, Latino, or Spanish Origin
☐ Prefer not to answer

What is your race? (Select all that apply)

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> White or Caucasian
<input type="checkbox"/> Asian	<input type="checkbox"/> Not listed, please specify: _____
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	

How would you describe yourself?

☐ Female ☐ Male ☐ Prefer not to answer ☐ Not listed, please specify: _____

Thank you for sharing your thoughts.