

Date \_\_\_\_\_

### Mobile Office to Go User Survey

Survey results are anonymous. Data collected in this survey will be used to support the continuation of this program.

1. How many people live in your household? Circle one

- |   |   |           |
|---|---|-----------|
| 1 | 4 | 7 or more |
| 2 | 5 |           |
| 3 | 6 |           |

2. What internet capable devices do you have in your household? Check all that apply

- |                                      |                                 |
|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Smart phone | <input type="checkbox"/> Tablet |
| <input type="checkbox"/> Computer    | <input type="checkbox"/> None   |

3. Does your household currently pay for internet service? Check all that apply

- |   |
|---|
| <input type="checkbox"/> Cellular data      |
| <input type="checkbox"/> Broadband internet |
| <input type="checkbox"/> No internet        |

4. What devices did you use in the Mobile Office to Go kit? Check all that apply

- |                                     |
|-------------------------------------|
| <input type="checkbox"/> Chromebook |
| <input type="checkbox"/> Hotspot    |
| <input type="checkbox"/> Printer    |

5. What online activities were you or someone in your household able to do using the Mobile Office to Go kit? Check all that apply

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Find or apply for a job         | <input type="checkbox"/> Telehealth service            | <input type="checkbox"/> Online retail |
| <input type="checkbox"/> Educational use for myself      | <input type="checkbox"/> Government service            | <input type="checkbox"/> Social media  |
| <input type="checkbox"/> Educational use for my children | <input type="checkbox"/> Entertainment (Netflix, Hulu) |  |

6. Do you plan to check out a Mobile Office to Go Kit again? Circle one

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

7. Any comments or suggestions you'd like to share?

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