## **Broadband Internet Survey Introduction**

Welcome! Thank you for taking the time to participate in this important survey. We are conducting a study to better understand broadband access in our community and identify ways to improve internet availability, affordability, and digital literacy.

## What is Broadband?

In this survey, "broadband" means high-speed internet with download speeds of at least 25 megabits per second (Mbps) and upload speeds of at least 3 Mbps, as defined by the Federal Communications Commission (FCC). This fast internet is essential for activities like working from home, online learning, and using healthcare services.

## Purpose of the Survey

The information gathered will help us identify the main challenges residents face in accessing reliable and affordable broadband. Your feedback will guide the development of initiatives to ensure everyone in our community can benefit from high-speed internet. We want to hear from you about what barriers exist, what improvements are needed, and how we can create solutions that work for everyone.

## Time to Complete

This survey will take approximately 10–15 minutes to complete. Your responses are completely confidential, and your input is vital in shaping the future of internet access in the region.

Thank you for your participation! Your insights will directly contribute to making broadband access more fair and widespread.



1.	you currently have at home?  (Select all that apply)  □ Broadband (cable or fiber)  □ DSL  □ Satellite  □ Cellular data plan  □ Dial-up  □ None  □ I have Internet, but I do not know what kind.	4,	choice of broadband or other internet service provider?  (Select all that apply)  Cost Reliability Speed Customer service Availability in my area Recommendations from others Promotions/discounts Other—please specify:
2.	access, what is the primary		——————————————————————————————————————
3.	reason? (Select one)  □ Cost is too high □ Broadband is not available in my area □ I do not need broadband □ I use a cellular data plan instead □ I am unsure how to get broadband □ Technical difficulties setting it up □ Other—please specify: ————————————————————————————————————		How often do you experience issues with your internet service (e.g., slow speeds, disconnections)?  Daily Weekly Monthly Rarely Never  Are you open to exploring alternative broadband options if they were available and more affordable? Yes No
	☐ 6 months to 1 year ☐ 1 to 2 years ☐ More than 2 years ☐ I do not have broadband access.	7.	How important is it for you to have affordable broadband access? (Select one) □ Not important at all □ Slightly important □ Somewhat important □ Fairly important □ Important □ Very important

8.	How much do you pay each month	11. Would you be willing to pay more
	for internet service (excluding	for improved broadband internet
	cellular plans)?	service?
	☐ Less than \$20	☐ Yes, I would pay more
	□ \$20–\$39	☐ No, I would not pay more
	□ \$40–\$59	☐ It depends on how much more
	□ \$60–\$79	☐ It depends on how much the
	□ \$80–\$99	service is improved
	□ \$100–\$119	•
	□ \$120 or more	12. How often do you use the internet?
	☐ I do not pay for internet service	(Select one)
	1 .,	☐ Daily
9.	How well does your current	☐ Several times a week
	internet service meet your	☐ Weekly
	household's needs?	☐ Monthly
	(Select one)	☐ Rarely
	☐ Does not meet my household's needs at all	□ Never
	☐ Barely meets my household's	13. What activities do you primarily
	needs	engage in online?
	☐ Partially meets my household's	(Select all that apply)
	needs	□ Work
	☐ Mostly meets my household's	☐ Education
	needs	☐ Entertainment (e.g., streaming,
	☐ Almost fully meets my	gaming)
	household's needs	☐ Social media
	☐ Fully meets my household's needs	☐ Online shopping
10	Transcription 1	☐ Healthcare (e.g., telemedicine,
10.	Have you canceled or downgraded your internet service in the past 12	online health resources)
	months due to cost?	☐ Paying bills or banking
	☐ Yes	☐ Communicating with
	□ No	family/friends
	If yes, please explain:	☐ Other—please specify:
	11 Jes, prouse explain.	

14. What devices do you primarily use to access the internet? (Select all that apply)  ☐ Smartphone ☐ Tablet ☐ Laptop ☐ Desktop computer	17. Has a lack of broadband access ever prevented you from accessing essential services such as healthcare?  ☐ Yes ☐ No If yes, please specify the services:
☐ Smart TV	
☐ Other—please specify:	18. Do you have difficulties using digital devices (like computers,
15. Are there specific areas in your community where broadband access is limited or unavailable?  ☐ Yes ☐ No If yes, please specify:	smartphones, or tablets) that make it hard to use the internet?  Yes  No If yes, please specify the difficulties: Difficulty with setup Slow device Lack of skills Other—please specify:
16. What is the primary barrier preventing you from obtaining broadband service or improving your current broadband service?  (Select one)  ☐ Cost is too high ☐ Broadband is not available in my area ☐ Lack of information about options ☐ Technical difficulties with setup or connection ☐ I am satisfied with my current service ☐ I do not need broadband ☐ Other—please specify:	19. What challenges do you or someone in your household face when using digital devices for essential services?  (Select all that apply)  □ Lack of skills □ Technical difficulties (e.g., device or software issues) □ Device is too old or slow □ Accessibility issues (e.g., vision or mobility problems) □ Other—please specify:

20. Have you ever applied for financial assistance or discount programs to help with broadband access?  (Select one)  ☐ Yes ☐ No, I am not aware of any programs ☐ No, I do not need financial assistance ☐ No, I don't know how to apply for such programs  21. What options or resources would help you or others in your community gain better internet access?  (Select all that apply) ☐ Subsidized or discounted broadband service plans ☐ More public Wi-Fi locations (e.g., in libraries, community centers) ☐ Digital literacy training programs (e.g., using email, navigating websites, online safety) ☐ Low-cost or free devices (e.g., laptops, tablets) ☐ Technical support services (e.g., for setting up devices or troubleshooting) ☐ Other—please specify:	23. What specific digital skills do you feel you need to improve?  (Select all that apply)  Basic computer skills (e.g., using mouse, keyboard)  Using email  Navigating websites  Online safety and security (e.g., passwords, avoiding scams)  Using video conferencing tools (e.g., Zoom, Skype)  Accessing healthcare services online (e.g., telemedicine)  Using online banking or paying bills  Job searching or applying for jobs online  Other—please specify:  24. Would you be interested in digital skills training?  (Select one)  Yes  No  If yes, please specify topics of interest:
22. How would you rate your ability to navigate the internet and use digital devices for online tasks?  (Select one)  Very poor  Poor  Fair  Good  Very good  Excellent	digital literacy training specifically designed for older adults? (Select one)  ☐ Yes, I would benefit ☐ Yes, an elderly individual in my household would benefit ☐ Yes, both myself and an elderly individual in my household would benefit ☐ No, we do not need this training ☐ No elderly individuals in my household

26. In your opinion, elderly people in your community have adequate support to access and use the internet?  (Select one)	29. How do you think having better internet access would improve your household's quality of life? (Select all that apply)  ☐ Easier access to work or remote
☐ Yes, they have sufficient support and face no major barriers ☐ They have some support, but face occasional difficulties (e.g., need more training, help with devices) ☐ No, they need much more support to access and effectively use the internet ☐ I don't know whether elderly people have support for internet use	employment  Better access to healthcare services  Improved educational opportunities  Enhanced ability to communicate with family and friends  Access to entertainment and leisure activities  Ability to access government and
27. What is the biggest barrier to achieving broadband access in every household? (Examples: high cost, lack of infrastructure, limited digital skills, unawareness of available options, etc.)	community services  Other—please specify:  30. What is your zip code?  a.
	31. What is your age? (Select one) □ Under 18 □ 18–24 □ 25–34 □ 35–44
28. What do you think is the best way to ensure everyone who wants to can access broadband at home? (Examples: providing digital skills training, offering affordable plans,	☐ 45–54 ☐ 55–64 ☐ 65 or older ☐ Prefer not to say
building better infrastructure, or offering technical support.)	32. What is your gender?  ☐ Male ☐ Female ☐ Prefer not to say
	33. Are you of Hispanic, Latino, or Spanish origin?  ☐ Yes ☐ No ☐ Prefer not to say

34. In which town or county do you	36. What best describes your
reside?	employment status?
(Select one)	(Select one)
☐ Amelia County	☐ Employed full-time
☐ Buckingham County	☐ Employed part-time
☐ Charlotte County	☐ Unemployed
☐ Cumberland County	☐ Student
☐ Lunenburg County	☐ Retired
☐ Nottoway County	☐ Self-employed
☐ Prince Edward County	☐ Prefer not to say
☐ Town of Charlotte Court House	☐ Other—please specify:
☐ Town of Farmville	
☐ Town of Blackstone	37. How many individuals live in your
☐ Town of Crewe	household, including yourself?
☐ Town of Burkeville	(Select one)
☐ Town of Kenbridge	1 (I live alone)
☐ Town of Victoria	□ 2 □ -
☐ Town of Dillwyn	□ 3
☐ Town of Drakes Branch	□ 4
☐ Town of Phenix	□ 5
☐ Town of Keysville	□ 6 or more
☐ Other—please specify:	38. Which category best represents
other please specify.	your total combined annual
	household income?
35. What is your race or races?	(Select one)
(Select all that apply)	☐ Less than \$25,000
□ White	□ \$25,000–\$49,999 □ \$50,000 \$74,000
☐ Black or African American	□ \$50,000–\$74,999
☐ Asian	□ \$75,000 <b>–</b> \$99,999
☐ Native American or Alaska Native	□ \$100,000–\$124,999
☐ Native Hawaiian or Pacific	□ \$125,000 <b>–</b> \$149,999
Islander	$\square$ \$150,000 or more
☐ Other—please specify:	☐ Prefer not to say
	39. What is your highest level of
☐ Prefer not to say	education completed?
•	(Select one)
	☐ Some high school
	☐ High school graduate or GED
	☐ Some college
	☐ Bachelor's degree
	☐ Graduate or professional degree
	☐ Prefer not to say

40.	Do you have any disabilities that affect your ability to use digital
	devices or the internet?
	(Select one)
	☐ Yes, I have a physical disability
	that affects my ability to use digital
	devices (e.g., limited mobility, vision
	impairment)
	☐ Yes, I have a cognitive or learning
	disability that affects my ability to
	use digital devices
	☐ Yes, I have another type of
	disability that affects my ability to
	use digital devices
	☐ No, I do not have a disability that
	affects my ability to use digital
	devices
	☐ Prefer not to say