

# SURVEY QUESTIONS:

**Talker Research** team members are members of the Market Research Society (MRS) and the European Society for Opinion and Marketing Research (ESOMAR).

**Talker Research** is also part of the Transparency Initiative through the American Association for Public Opinion Research (AAPOR) – to view the complete methodology as part of this initiative, please visit the [Talker Research Process and Methodology page](#).

For more information on the survey or any additional questions, please contact: [questions@talkerresearch.com](mailto:questions@talkerresearch.com)

## PROJECT NAME:

# Better bonding through building

**SAMPLE: 2,000 American millennial and Gen Z parents of children aged 2 – 18**

**SPLITS:** Age, gender, region and age of children

## Survey Questions:

**1. What is your gender? [SINGLE SELECT, MAINTAIN ORDER]**

1. Male
2. Female
3. Non-Binary
4. Other
5. Prefer not to say

KEEP NON-BINARY/OTHER/PNTS IN TOTAL, REMOVE FROM GENDER SPLIT

### QSEX. HIDDEN GENDER RECODE

1. Male
2. Female

If D1=1, QSEX=Male

If D1=2, QSEX=Female

**D2. What is your age in years?**

[NUMERICAL OPEN-END; RANGE 0-99]

[**TERMINATE IF UNDER 18**]

**D2a. Please select the year in which you were born.**

[Dropdown list of years from 2007 to 1926]

[**TERMINATE if age and birth year do not align +/- 1 year**]

### **QAGE: HIDDEN AGE RECODE BY GENERATION**

IF D2a=1997-2007, QAGE=Generation Z

IF D2a=1981-1996, QAGE=Millennials

IF D2a=1965-1980, QAGE=Generation X [TERMINATE]

IF D2a=1946-1964, QAGE=Baby Boomers [TERMINATE]

IF D2a=1926-1945, QAGE=Silent Generation [TERMINATE]

**D3. Which state do you live in?**

[DROP DOWN OF 50 U.S. STATES AND "I DO NOT LIVE IN A U.S. STATE".

TERMINATE IF OUTSIDE THE U.S.]

### **QRGN5: HIDDEN REGION RECODE**

1. Northeast
2. Southeast
3. Southwest
4. Midwest
5. West

**Screener questions:**

**SQ1. Which of the following best describes you? [Select one]**

Single + no children

Single + I have children — **CONTINUE**

In a relationship + no children

In a relationship + I have children — **CONTINUE**

Cohabiting + no children

Cohabiting + I have children — **CONTINUE**

Married + no children

Married + I have children — **CONTINUE**

Divorced + no children

Divorced + I have children — **CONTINUE**

Widowed + no children

Widowed + I have children — **CONTINUE**

**SQ2. [SPLIT] What is the age of your child? If you have multiple children, please use your youngest child.**

1 — **TERMINATE**

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19 or older — **TERMINATE**

## Survey Questions:

1. **On a typical day, how many hours does your child spend on screens (TV, tablet, phone, gaming)? [Select one]**
  - a. [SLIDER; 0 – 10 ] [increments of 1] [left label 0 hours | right label 10+ hours]
  - b. Unsure/can't recall
  
2. **On a typical day, how many hours do you spend on screens (TV, tablet, phone, gaming)? [Select one]**
  - a. [SLIDER; 0 – 10] [increments of 1] [left label 0 hours | right label 10+ hours]
  - b. Unsure/can't recall
  
3. **To what extent do you agree or disagree with the following statement? "It's difficult to bond with my child when they're having screen time." [Select one]**
  - a. Strongly agree
  - b. Somewhat agree
  - c. Neither agree nor disagree
  - d. Somewhat disagree
  - e. Strongly disagree

4. **To what extent do you agree or disagree with the following statement? "I feel disconnected from my child due to technology." [Select one]**
- a. Strongly agree
  - b. Somewhat agree
  - c. Neither agree nor disagree
  - d. Somewhat disagree
  - e. Strongly disagree
5. **Which of the following do you notice in your child as a result of spending too much time in front of a screen? [Select all that apply] [RANDOMIZE, ANCHOR LAST 2]**
- a. Less physical activity (i.e., sports, hobbies, playtime)
  - b. Disengaged with people around them
  - c. Reduced creativity
  - d. Trouble sleeping
  - e. Easily distracted
  - f. Irritability / mood changes
  - g. They don't spend time on chores/homework
  - h. Other (please specify)
  - i. Nothing in particular [EXCLUSIVE]
6. **Which of the following do you worry your child may struggle with as they grow up, due to spending too much time in front of a screen? [Select all that apply] [RANDOMIZE, ANCHOR LAST 2]**
- a. Build or fix something
  - b. Solve problems without instant answers

- c. Solve problems independently
- d. Use basic tools
- e. Learn through trial and error
- f. Entertain themselves without a device
- g. Be self sufficient
- h. Connect with others face-to-face
- i. Appreciate how things are made
- j. Other (please specify)
- k. N/A: I'm not worried [EXCLUSIVE]

7. **How many times do you usually have to tell your child to turn off their screens before they actually do it? [Select one]**

- a. *{SLIDER; 1 – 10+} [increments of 1] [left label 1 time | right label 10+ times]*
- b. Unsure/ can't recall

8. **What do you try to do to encourage less screen time for your child? [Select all that apply] [RANDOMIZE, ANCHOR LAST 2]**

- a. Provide or encourage them to do more hands-on activities
- b. Enforce screen time limits or rules
- c. Bribe them with their favorite snacks/meals
- d. Reward or use incentives for spending more time offline or away from a screen (i.e., later bedtime, more time to play outside, etc.)
- e. Other (please specify)

f. Nothing in particular [EXCLUSIVE]

9. **[SHOW IF Q8 = A] What hands-on activities do you like to give your child instead of screen time? [Select all that apply] [RANDOMIZE, ANCHOR LAST 1]**

- d. Coloring
- b. Crafts
- c. Reading
- d. Building
- e. STEM-based / educational activities
- f. Playing with toys
- g. Helping me around the home
- h. Other (please specify)

10. **How many hours a week do you spend trying to find non-screen activities for your child?**

- a. *{SLIDER; 0 – 30+} [increments of 1] [left label 0 hours | right label 30+ hours]*
- b. Unsure/can't recall

11. **Where do you usually find out about children's activities in your area? [Select all that apply] [RANDOMIZE, ANCHOR LAST 2]**

- d. School newsletters
- b. Social media chats / pages
- c. Word of mouth / other parents
- d. Community centers or libraries
- e. Parenting blogs

- f. Local businesses
- g. Other (please specify)
- h. N/A: I usually don't look for them [EXCLUSIVE]

12. **Do you feel there are enough free, in-person activities for children in your area?**

- a. Yes, plenty
- b. Some, but not enough
- c. Very few
- d. None at all

13. **Which types of free activities do you wish were more available locally? [Select all that apply] [RANDOMIZE, ANCHOR LAST 1]**

- a. Hands-on / DIY workshops
- b. Creative arts & crafts
- c. Educational activities
- d. Outdoor activities
- e. STEM-focused programs
- f. Family activities I can do with my child
- g. After-school or weekend programs
- h. None of the above [EXCLUSIVE]

14. **Which of the following situations make it hardest to reduce your child's screen time? [Select all that apply] [RANDOMIZE, ANCHOR LAST 1]**

- a. Cold or bad weather limiting outdoor play

- b. Shorter daylight hours
- c. Fewer affordable out-of-home activities
- d. Being stuck indoors for long periods
- e. School breaks
- f. None of the above [EXCLUSIVE]

15. **During the season that you find it's most difficult to source activities, what is your preferred way to keep your child engaged and entertained? [Select all that apply] [RANDOMIZE, ANCHOR LAST 2]**

- a. Screens
- b. Activities at home
- c. Paid programs or camps
- d. Free community programs
- e. Letting kids figure it out on their own
- f. Other (please specify)
- g. None of the above [EXCLUSIVE]

16. **What prevents you from doing more hands-on activities with your child? [Select all that apply] [RANDOMIZE, ANCHOR LAST 2]**

- a. Lack of time
- b. Distance or transportation
- c. Not knowing they exist
- d. Cost
- e. Mess / cleanup / limited space
- f. Safety concerns

- g. My child prefers screens
- h. Other (please specify)
- i. Nothing in particular [EXCLUSIVE]

17. **How aware are you of free or low-cost family activities in your local community? [select one]**

- a. Very aware
- b. Somewhat aware
- c. Not very aware
- d. Not aware at all

18. **Think back to your childhood. What activities do you remember bonding with your parents / parental figures over?**

- a. [Free response]
- b. Prefer not to answer

19. **Have you ever tried to recreate an activity with your child that you remember bonding with your parents / parental figures over? [Select one]**

- a. Yes
- b. No
- c. Unsure

20. **Have you ever tried to bond with your child over an activity that you never did with your parents / parental figures in your own childhood? [Select one]**

- a. Yes

- b. No
- c. Unsure

21. **[SHOW IF Q20 = A] What was the activity and why that one?**

- a. [Free response]
- b. Prefer not to answer

22. **To the best of your memory, how often did you participate in do-it-yourself (DIY) projects as a child with your parents / parental figures? [Select one]**

- a. All the time
- b. Often
- c. Sometimes
- d. Rarely
- e. Never

23. **[SHOW IF Q22 = A-D ] What age were you when you started participating in DIY projects with your parents / parental figures? [Select one]**

- a. *Under 3 years old*
- b. *3 - 4 years old*
- c. *5 –6 years old*
- d. *7 - 8 years old*
- e. *9 – 10 years old*
- f. *11 – 12 years old*
- g. *13 – 14 years old*

- h. *15 – 16 years old*
- i. *17 – 18 years old*
- j. Unsure / can't recall

24. **[SHOW IF Q22 = A-D ] What DIY projects did you do with your parents / parental figures in your childhood? [Select all that apply] [RANDOMIZE, ANCHOR LAST 2]**

- a. Painting rooms
- b. Small builds (i.e. birdfeeders, ant farms, clocks, lamps, etc.)
- c. Large builds (i.e., room/house renovation)
- d. Putting together furniture
- e. Car maintenance
- f. Yardwork/lawn improvement
- g. Gardening
- h. Redecorating
- i. Other (please specify)
- j. Can't recall [EXCLUSIVE]

25. **[ SHOW IF Q22 = A-D ] Which of the following emotions do you recall from participating in DIY projects with your parents / parental figures in your childhood? [Select all that apply] [RANDOMIZE, ANCHOR LAST 1]**

- a. Boredom
- b. Happiness
- c. Curiosity
- d. Frustration

- e. Wonder
- f. Creativity
- g. Confidence
- h. Satisfaction
- i. None of the above [EXCLUSIVE]

26. **[ SHOW IF Q22 = A-D ] Do you think of the DIY projects you participated in during your childhood more or less fondly today than you did when you were a child? [Select one]**

- a. Much more fondly
- b. Somewhat more fondly
- c. Neither more nor less fondly
- d. Somewhat less fondly
- e. Much less fondly

27. **[ SHOW IF Q22 = A-D ] Do you believe doing DIY projects with your parents / parental figures helped strengthen your bond with them? [Select one]**

- a. Yes
- b. No
- c. Unsure

28. **Do you believe doing DIY projects with your child would strengthen your bond with them? [Select one]**

- a. Yes
- b. No
- c. Unsure

29. **[SHOW IF Q28 = A OR C] What DIY projects would you want to do with your child? [Select all that apply] [RANDOMIZE, ANCHOR LAST 2]**
- a. Painting rooms
  - b. Small builds (i.e. birdfeeders, money banks, ant farms, clocks, lamps, etc.)
  - c. Large builds (i.e., room/house renovation)
  - d. Putting together furniture
  - e. Yardwork/lawn improvement
  - f. Gardening
  - g. Redecorating
  - h. Other (please specify)
  - i. None of the above [EXCLUSIVE]
30. **What, if anything, do you believe hands-on activities and projects can teach your child? [Select all that apply] [RANDOMIZE, ANCHOR LAST 2]**
- a. Read/follow instructions
  - b. What different tools do and how to use them
  - c. Critical thinking
  - d. Patience
  - e. Learn from mistakes
  - f. Express creativity
  - g. Hand-eye coordination
  - h. Work better with others

- i. STEM concepts (i.e., how electricity works, physics, math, deductive reasoning, etc.)
- j. Other (please specify)
- k. Unsure [EXCLUSIVE