



TPMA

Bold Solutions.
Empowered Communities.

1630 N. Meridian Street
Suite 330, Indianapolis, IN
46202

www.tpma-inc.com
info@tpma-inc.com
317-894-5508

West Virginia Broadband Survey



The West Virginia Office of Broadband is conducting a statewide survey to collect information about internet service in West Virginia. Access to reliable high-speed internet is important for education, business, healthcare, and overall quality of life. By participating in this survey, you will help the West Virginia Office of Broadband identify areas that lack adequate internet access and understand the needs of West Virginia communities. The survey is available online at: <https://broadband.wv.gov/survey>.

TPMA, on behalf of the West Virginia Office of Broadband, is excited to conduct the West Virginia Broadband Survey. This survey is voluntary and will take about **10 minutes** to complete. You must **live in West Virginia** and be **18 or older** to participate. You can stop taking the survey at any time. Your individual answers are completely confidential – we will never ask your name – and the information will only be reported as a group. Only TPMA and the West Virginia Office of Broadband will have access to the full data.

By continuing, you agree that TPMA can use your feedback to help understand internet access in the state. If you have any questions about this survey, please contact Erin Brown, TPMA Consultant, at ebrown@tpma-inc.com or 317-759-3612.

Thank you for your participation!

Required Criteria

1. Do you live in West Virginia and are you 18 or older? (CHECK ONE BOX)
 - ☐ Yes
 - ☐ No >>> You are not eligible for this survey. Thank you for your time.



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Section One: Internet Access

2. Do you have internet access **at home**? (CHECK ONE BOX)
- ☐ Yes >>> Please skip to **Question 5**
 - ☐ No
3. **If you do not have internet at home**, what are the reasons you do not have internet access? (CHECK ALL THAT APPLY)
- ☐ Available internet service is not reliable enough.
 - ☐ Internet service is not available.
 - ☐ Internet service is too expensive.
 - ☐ I do not know how to subscribe to internet service.
 - ☐ I do not want internet service.
 - ☐ I use internet somewhere else.
 - ☐ Other (please specify) _____
4. **If you do not have internet at home**, are you interested in signing up for high-speed home internet? (CHECK ONE BOX)
- With high-speed internet, you can:
- Watch TV and movies online
 - Listen to music online
 - Make video calls, like Zoom.
- This information will be used to better understand internet access in West Virginia. Your personal information will not be shared with any internet providers or salespersons.*
- ☐ Yes
 - ☐ Yes, but high-speed internet service is not available.
 - ☐ No
 - ☐ Unsure

If you do not have internet at home, please skip to Question 13 after answering the above question.



5. What type of internet do you currently have at home? (CHECK ALL THAT APPLY)

- ☐ Cable
- ☐ Cellular data plan for a smartphone or other mobile device
- ☐ Dial-up
- ☐ DSL
- ☐ Fiber optic
- ☐ Satellite
- ☐ Some other service (please specify) _____
- ☐ Not sure

6. Who is your home internet provider? (CHECK ALL THAT APPLY)

This information will be used to better understand internet access in West Virginia. Your personal information will not be shared with any internet providers or salespersons.

- | | |
|---|--|
| <input type="checkbox"/> Armstrong | <input type="checkbox"/> Point Broadband |
| <input type="checkbox"/> Arx Web | <input type="checkbox"/> Prodigy |
| <input type="checkbox"/> Blue Devil Cable | <input type="checkbox"/> Shentel |
| <input type="checkbox"/> Breezeline | <input type="checkbox"/> SkyPacket |
| <input type="checkbox"/> Charter | <input type="checkbox"/> Spruce Knob Seneca Rocks
Telephone (SKSRT) |
| <input type="checkbox"/> Citynet | <input type="checkbox"/> Starlink |
| <input type="checkbox"/> Comcast | <input type="checkbox"/> Telegia |
| <input type="checkbox"/> Community Antenna Services (CAS) | <input type="checkbox"/> T-Mobile |
| <input type="checkbox"/> Frontier | <input type="checkbox"/> USCellular |
| <input type="checkbox"/> GigaBeam | <input type="checkbox"/> Verizon |
| <input type="checkbox"/> Glo Fiber | <input type="checkbox"/> Viasat |
| <input type="checkbox"/> Hardy Telecommunications | <input type="checkbox"/> War Telephone |
| <input type="checkbox"/> HughesNet | <input type="checkbox"/> West Side Telecommunications |
| <input type="checkbox"/> Lynx | <input type="checkbox"/> Other (please specify)
_____ |
| <input type="checkbox"/> MCTV | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Micrologic | |
| <input type="checkbox"/> Morgan Wireless | |
| <input type="checkbox"/> Optimum (Suddenlink, Altice) | |

7. Overall, how satisfied are you with your internet service provider? (CHECK ONE BOX)

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Dissatisfied
- ☐ Very dissatisfied



8. To what extent do you agree with the following statements? (CIRCLE ONE NUMBER FOR EACH ROW)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am satisfied with my current home internet speed.	1	2	3	4	5
I am satisfied with my current home internet reliability.	1	2	3	4	5
My home internet is affordable.	1	2	3	4	5

9. Currently, how much do you pay for home internet service each month? (FILL IN THE BLANK)

\$_____

10. How much more per month would you pay for better home internet? (FILL IN THE BLANK)

\$_____ per month

11. Are you interested in getting better internet service than you have now? (CHECK ONE BOX)

- ☐ Yes
☐ No
☐ Unsure

Please explain your response:



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12. Please rate how important the following factors are to you when selecting a home internet provider. (CIRCLE ONE NUMBER FOR EACH ROW)

	Not at all important	Slightly important	Moderately important	Very important	Extremely important
Faster internet	1	2	3	4	5
Increased reliability of internet	1	2	3	4	5
Less expensive internet	1	2	3	4	5

Please explain your responses:

13. How often do you use the internet (either at home or in other locations)? (CHECK ONE BOX)

- ☐ Almost constantly
- ☐ Several times a day
- ☐ About once a day
- ☐ Several times a week
- ☐ Less than several times a week
- ☐ Never >>> Please skip to **Question 16**



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14. Please rate how often you use the internet at the following locations for personal use.
(CIRCLE ONE NUMBER FOR **EACH** ROW)

	Never	Rarely	Sometimes	Often
Your home	1	2	3	4
Friend or family member's house	1	2	3	4
Library	1	2	3	4
Parking lot of a business or community organization	1	2	3	4
Place of worship	1	2	3	4
Retail store (such as McDonalds, Taco Bell, Starbucks)	1	2	3	4
School (for <u>personal</u> use)	1	2	3	4
Work (for <u>personal</u> use)	1	2	3	4

15. Which activities do you do on the internet? (CHECK ALL THAT APPLY)

- ☐ Accessing healthcare services (telehealth) or information
- ☐ Email
- ☐ Job searching
- ☐ Online banking or financial transactions (including paying bills)
- ☐ Online classes, education, or e-learning
- ☐ Online gaming
- ☐ Online shopping
- ☐ Reading news or articles
- ☐ Remote work or running a business
- ☐ Social media
- ☐ Streaming videos or movies
- ☐ Video conferencing or online meetings (such as Zoom, FaceTime, or Google Meet)
- ☐ Other (please specify): _____

If you are an internet user, please skip to Question 18 after answering the above question.

16. **If you are not an internet user**, are you interested in increasing your internet knowledge and skills?

- ☐ Yes
- ☐ No
- ☐ Unsure



17. **If you are not an internet user**, what activities would you like to be able to do on the internet? (CHECK ALL THAT APPLY)

- ☐ None
- ☐ Accessing healthcare services (telehealth) or information
- ☐ Email
- ☐ Job searching
- ☐ Online banking or financial transactions (including paying bills)
- ☐ Online classes, education, or e-learning
- ☐ Online gaming
- ☐ Online shopping
- ☐ Reading news or articles
- ☐ Remote work or running a business
- ☐ Social media
- ☐ Streaming videos or movies
- ☐ Video conferencing or online meetings (such as Zoom, FaceTime, or Google Meet)
- ☐ Other (please specify): _____

Section Two: Internet-Enabled Device Usage

18. Are there internet-enabled devices available in your household? (For example: smartphones, tablets, laptops, desktop computers, smart TVs, etc.) (CHECK ONE BOX)

- ☐ Yes >>> **Please skip to Question 20**
- ☐ No

19. **If you do not have access to an internet-enabled device**, what are the main reasons? (CHECK ALL THAT APPLY)

- ☐ I don't have access to internet where I live.
- ☐ Privacy concerns
- ☐ Cost of device is too high
- ☐ Learning to use the device
- ☐ Personal preference (not interested in owning one)
- ☐ Other financial priorities
- ☐ Other (please specify) _____

If you do not have access to an internet-enabled device, please skip to Question 22 after answering the above question.



20. How many internet-enabled devices are available in your household? (For example: smartphones, tablets, laptops, desktop computers, smart TVs, etc.) (FILL IN THE BLANK)

_____ devices

21. What device do you mostly use for accessing the internet at home? (CHECK ONE BOX)

- ☐ Desktop computer
- ☐ Gaming system
- ☐ Laptop
- ☐ Tablet
- ☐ Smartphone
- ☐ Smart TV
- ☐ Other (please specify) _____

22. Please rate the affordability of internet-enabled devices. (For example: smartphones, tablets, laptops, desktop computers, smart TVs, etc.) (CHECK ONE BOX)

- ☐ Very affordable
- ☐ Somewhat affordable
- ☐ Somewhat unaffordable
- ☐ Very unaffordable

23. Are you aware of any programs that provide free or reduced-price internet-enabled devices, or internet-enabled device loan programs? (CHECK ONE BOX)

- ☐ Yes
- ☐ No

24. Have you ever used any programs that provide free or reduced-price internet-enabled devices, or internet-enabled device loan programs? (CHECK ONE BOX)

- ☐ Yes, I have successfully used those programs.
- ☐ Yes, but I faced challenges in using them.
- ☐ No, I am not aware of those programs.
- ☐ No, I have not needed to use those programs.
- ☐ No, I wanted to or tried, but was unsuccessful.

25. Are you familiar with the Affordable Connectivity Program or Lifeline? (CHECK ONE BOX)

- ☐ Yes
- ☐ No



26. Does your household participate in the Affordable Connectivity Program or Lifeline?

(CHECK ONE BOX)

- ☐ Yes
- ☐ No
- ☐ Unsure

Section Three: Digital Usage

27. **Here, you will read five short paragraphs. As you read, please think about which one most closely resembles your use of the internet and internet-enabled devices.**

After you read all five, please CIRCLE the ONE that best describes you. None of them may match you perfectly, but choose the best option.

1. I never use the internet and I am not interested in increasing my internet use or skills. I prefer more traditional methods of communication, such as phone calls, mail, and face-to-face conversations.
2. I rarely use the internet and find that navigating the internet and social media can be challenging for me. I often need help when using a computer or the internet.
3. I use the internet for limited tasks, such as email and social media. I am comfortable performing the tasks I know how to do, but doing other things online can be challenging for me and I sometimes need help.
4. I use the internet daily for a variety of different tasks, such as email, social media, video streaming/conferencing. I am comfortable with learning tasks and rarely need help.
5. I am a heavy internet user. I use the internet daily for many different tasks, such as gaming, programming, video streaming, email, and social media. I am confident in my ability to troubleshoot technology issues and learn new tasks.



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Section Four

Here, we would like to know a little about you for statistical purposes. All of your answers to the survey are strictly confidential. However, we need this information to be able to compare your responses with other West Virginians. We thank you again for completing this survey.

28. What is your location? (FILL IN THE BLANKS)

Entering your street address is optional and will ONLY be used to determine internet speeds around the state. Your zip code is required so we can compare different areas in West Virginia and ensure enough responses from areas that are known to have no internet or slow internet speeds.

Street address: _____

City : _____

Zip code (Required): _____

29. What is your age? (FILL IN THE BLANK)

30. How many people, including yourself, live in your household? (FILL IN THE BLANK)

Number of children (less than 18 years old) _____

Number of adults (18 years old and older) _____

31. What is the highest level of education you have completed? (CHECK ONE BOX)

- ☐ Less than a high school diploma
- ☐ High school diploma or GED
- ☐ Some college, but no degree
- ☐ Associate degree or equivalent
- ☐ Bachelor's degree or equivalent
- ☐ Postgraduate degree (ex. Master's, doctorate, law, or other degree)
- ☐ Prefer not to say

32. Are you a veteran of the United States Armed Forces? (CHECK ONE BOX)

- ☐ Yes
- ☐ No
- ☐ Prefer not to say



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33. Do you identify as a person with a disability? (CHECK ONE BOX)

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

34. Which of these best describes you? (CHECK ALL THAT APPLY)

- ☐ Woman
- ☐ Man
- ☐ Nonbinary
- ☐ Prefer to self-describe: _____
- ☐ Prefer not to say

35. Are you of Hispanic, Latino, or Spanish origin? (CHECK ONE BOX)

- ☐ Yes
- ☐ No
- ☐ Prefer to not say

36. What is your race? (CHECK ALL THAT APPLY)

- ☐ White
- ☐ Black or African American
- ☐ Asian
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or Pacific Islander
- ☐ Other _____
- ☐ Prefer not to say

37. Are you an English Language Learner or do you have difficulty understanding English?
(CHECK ONE BOX)

- ☐ Yes
- ☐ No



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38. What is your total annual household income? (CHECK ONE BOX)

- | | |
|--|--|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$75,000 – \$99,999 |
| <input type="checkbox"/> \$10,000 – \$14,999 | <input type="checkbox"/> \$100,000 – \$149,999 |
| <input type="checkbox"/> \$15,000 – \$24,999 | <input type="checkbox"/> \$150,000 – \$199,999 |
| <input type="checkbox"/> \$25,000 – \$34,999 | <input type="checkbox"/> More than \$200,000 |
| <input type="checkbox"/> \$35,000 – \$49,999 | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> \$50,000 – \$74,999 | |

39. Do you receive SNAP benefits? (CHECK ONE BOX)

- ☐ Yes
☐ No
☐ Unsure
☐ Prefer not to say

40. Do you live in Charleston, Morgantown, Huntington, Parkersburg, or Wheeling? (CHECK ONE BOX)

- ☐ No
☐ Charleston
☐ Morgantown
☐ Huntington
☐ Parkersburg
☐ Wheeling

Thank you for your time. In the space below, please feel free to share any additional comments you have.



1900 Kanawha Boulevard, East
Charleston, West Virginia
304-558-2234
<https://broadband.wv.gov/>