1. How often do you use paper and pen, pencils, markers, or other handwriting instruments for the following activities?

Select 1 per row

	Daily	A few	A few	Less	Never
		times a	times a	than	
		week	month	monthly	
Take notes during an activity (e.g., a					
conversation, meeting, presentation, lecture)					
Take notes on-the-go (e.g. in a field trip,					
outdoors, etc.)					
Complete forms/sign documents/write checks					
Play games (Sudoku, crosswords, tic-tac-toe,					
hangman, etc.)					
Mark up or annotate print outs, books or other					
documents					
Doodle					
Do creative activities (e.g., draw, sketch, paint)					
Hand draw diagrams, schematics, project					
sketches or handwrite formulas					
Create or add to lists (e.g., to-do's, grocery lists)					
Leave a short note to self (e.g., on a Post-it)					
Leave a short note to someone else (e.g.,. on a					
Post-it, thank you card, napkin)					
Hand-write letters to someone else					
Brainstorm/problem-solve on your own					
Brainstorm/problem-solve with others (e.g.					
whiteboard)					
Journal or keep a diary					
Keep a log (e.g., Exercise Regimen, Meal					
Planning)					
Keep a calendar (e.g., in kitchen, in purse)					

2.	,	are your TO	<u> </u>	sons fo	r using	pen/pe	encil an	ıd pape	<u>r?</u>	
	Selec	t up to 3								
	0	To help m			ings					
	0	To create			h iccuo	•				
	0	To help m		_	n issue	5				
	0	To share v								
	0	To create								
	0	To craft b		•						
	0	To lay on	-	_		Ι				
	0	To captur		•	_	·				artal and all altalation
	0	book)	e to piac	ce my w	riting/	arawin	g wner	e i want	: (e.g.,	stick on a wall, slide in a
	0	To be able	e to read	d my w	riting a	nywhei	re (e.g.,	in bus,	on pla	ane)
	0	To create	someth	ing uni	que or	person	al			
	0	To help m	e learn	things	(i.e., vis	sual lea	rner)			
	0	OTHER (P	lease Sp	ecify):						
3.	Please	are you mo e indicate of home			e pen/r	oencil a	nd pap	e <u>r?</u> o	o	At work
4.		are you mo			pen/p	encil ar	nd pape	er for?		
	Fo	r entertain	ment o	0	0	0	O	0	0	For productivity
5.		u have a pr ver ballpoir			pen/p	<u>encil o</u>	r other	writing	<u>instru</u>	ment (e.g. prefer fountain
		○ Yes, I ha (Continue to	•	•	•				ıcil.	
		o No, I us				l.				
		(Skip to PAC	3E 3: Pe	n/penc	il use)					END OF PAGE 1

PAGE 2: Tell us about your favorite pen

6. What type of pen/pencil is it?

Select 1

- o Fountain Pen
- o Ballpoint Pen
- o Roller Ball
- o Felt Tip Pen
- o Fineliner (e.g. Staedtler Pigment Liner)
- o Pencil
- o Crayon
- Marker
- o Highlighter
- OTHER (Please Specify):

7. Why is this pen/pencil preferred?

Select all that apply

- o The price is right
- I like the weight
- o It is durable
- o Tip is finer
- I like the friction on paper
- o I like how the ink is delivered
- I like the way the ink looks
- I feel more in control
- o It feels more like a premium experience
- o I have more colors at my disposal
- It is more comfortable to hold
- OTHER (Please Specify):

8. Approximately how much did your pen cost?

Select 1

- o **\$0**
- o \$0.5 to <\$5
- o \$5 to <\$10
- o \$10 to <\$15
- o \$15 to <\$20
- o >\$20
- I don't know

PAGE 3: Pen/Pencil Use

9. What is the most frequent medium on which you write/draw with pen/pencil? Select 1

- Notebook/notepad
- Post-it/sticky notes
- Blank copy paper
- Letterhead paper
- Loose paper (lined or grid)
- Paper scrap
- Note cards
- o Print-outs
- Greetings/thank you, or other cards
- o Wall calendar
- o Agenda
- OTHER (Please Specify):

10. <u>Select the TOP 3 locations where you most frequently write and draw with pen/pencil and paper.</u>

Select up to 3

- Family/living room
- o Bedroom
- Kitchen
- o Dining room
- Home office
- o Backyard/patio
- During your daily commute
- While travelling via train/airplane
- o In a hotel room
- o In an alternate indoor location (e.g. coffee shop, library)
- At work/school
- OTHER (Please Specify):

11. <u>Select the TOP 3 locations where you most frequently **read, watch, or show** what you wrote or drew with pen/pencil and paper.</u>

Select up to 3

- Family/living room
- o Bedroom
- Kitchen
- o Dining room
- o Home office
- Backyard/patio
- Other location in home (specify)
- o During your daily commute
- o While travelling via train/airplane
- o In an alternate indoor location (e.g. coffee shop, library)
- At work/school
- OTHER (Please Specify):

12. Where do you usually carry pen/pencils while on the go?

Select all that apply

- I don't take one on the go
- In a bag, purse, or computer case
- In a pocket (pants, coat, etc.)
- o In a case
- Attached with notebook/paper
- o In the car
- OTHER (Please Specify):

13. Do you regularly use a paper notebook, notepad, day planner etc.?

- Yes
 Continue to PAGE 4 (Tell us about your notepad)
- No
 Skip to PAGE 5 (Your devices)

PAGE 4: Tell us about your notepad

14. <u>Do you tend to carry your notebook/notepad/day planner around with you, or does it typically stay in one place?</u>

Select 1

- o It stays in one place
- o It stays mostly in one place
- o It is mostly carried with me
- o It never leaves my side

15. About what size is your favorite notebook/notepad/day planner?

Select 1

- Pocket (Quarter Letter Size 3.5 x 5.5 inches)
- Medium (Half Letter Size 5.5 x 8.5 inches)
- Large (Letter Size 8.5x 11 inches)
- Extra Large (Larger than Letter)
- OTHER (Please Specify):

16. About how much did your notebook/notepad/day planner typically cost?

Select 1

- o \$0
- o \$0.5 to <\$5
- o \$5 to <\$10
- o \$10 to <\$15
- o \$15 to <\$20
- o >\$20
- I don't know

17. Do you have multiple notebooks/notepads that you keep and use in parallel?

- Yes
 Continue to Question 18.
- No, I do not use multiple notebooks.
 Skip to Question 19.

18. Why do you use multiple notebooks?

Select 1

- Keep my notes organized or separated
- o To make sure I always have one available when I need it.
- OTHER (Please Specify):

19. Do you keep some of your notebook/notepad/day planners once they are filled?

- Yes, I keep at least some of them Continue to Question 20.
- No, I do not keep any of them Skip to Question 22.

20. Why do you keep your notebooks?

Select all that apply

- I like knowing that I can read it later
- o It becomes a keepsake
- This is a work requirement
- I keep it for history/archive
- OTHER (Please Specify):

21. How often do you access or re-read the content of your old notebooks?

Please indicate on the scale

- Daily
- A few times a week
- A few times a month
- Less than monthly
- Never

22. <u>Please indicate if you own and regularly use any of the following electronic devices:</u> Select all that apply

- Smartphone
- Traditional Laptop/Notebook/Netbook
- Hybrid/Convertible Tablet/Laptop with a touch screen, and a keyboard that flips, twists, or detaches.
- o Large Tablet, e.g., iPad, Galaxy Tab 10.1, Nexus 10, Kindle Fire HD 8.9
- o Small Tablet, e.g., Kindle Fire, iPad Mini, Nexus 7, Galaxy Tab 7
- o Traditional Desktop, with monitor and tower.
- o All-in-One Desktop, with everything housed in monitor.
- o eReader
- O Video game console, e.g., Xbox, Wii, Playstation
- o Portable music player, e.g., iPod, Zune
- High Definition Television (HDTV)
- None of the above

If 'None of the above,' skip to PAGE 8 (Demographics)

END OF PAGE 5

PAGE 6: Tell us about your devices

23. In the previous question, you indicated that you own some devices.

We would like to know exactly which devices you use <u>the most</u>. Please enter the brand and model for <u>up to 4</u> of your most-used devices. Please enter screen size where relevant.

Device 1	
Brand	
Model	
Size	

Device 2	
Brand	
Model	
Size	

Device 3	
Brand	
Model	
Size	

Device 4	
Brand	
Model	
Size	

Size drop down:

- o Less than 5 in
- o Between 5-7 inch
- o Between 7-9 in
- o Between 9-11 in
- o Between 11-13 in
- More than 13 in

24. Of the device(s) referenced in the previous question, did you purchase all or some of them? Select 1

- I purchased all of my devices
 Continue to Question 25
- I purchased some of my devices; others were gifts, provided by my employer, etc.
 Continue to Question 25
- I did not purchase any of them (e.g., they were gifts, they were all provided by my employer, etc.)
 SKIP to Question 26

25. From this list, please choose the TOP 5 most important factors that influenced your purchasing decision (of any devices).

Select up to 5

A	pps available	Recommended by friends	Status appeal
Br	rand appeal	Read about it online	Accessories available
Di	isplay / screen	Saw an advertisement	Manufacturer
O	perating system	Price	Track pad / keyboard
St	tyle / look / design	Touch screen capability	Hard drive
Ве	etter general features	Camera	Availability of ports
Pr	rocessor	Dedicated pen / stylus	Integration with devices
Ba	attery life	Docking solution	Other

26. <u>Please indicate if the following statements apply more to using **your device(s)** or to **pen/pencil & paper**:</u>

Select 1 per row

	Device	Pen & Paper
It's faster to get started		
It's more efficient to work with		
I know it will work when I need it to		
I'm confident what I create will not get lost		
I can overlay my markups/drawings/handwriting directly over the relevant		
content		
It is easy to find my notes when I need them later		
Can be used in more postures overall, (e.g., sitting, lying in bed, standing)		
I can put my writing/drawings where I want		
I can more easily write		
What I create is pretty		
What I create is unique		
It helps me remember		
It helps me think or be creative		
It more uniquely fits what I need to capture		
It allows me to stay focused		
I can work on multiple documents or parts of a documents at once		
It's readily available		
I can share it easily		
It is personal		

27. Please select your top 3 reasons for using a **computer keyboard & mouse** instead of a **pen/pencil & paper** to do a given task.

I can easily edit my project
My project can be archived in the cloud
My project is already in a format I can share
I can easily share my project
I am faster typing (or mouse drawing) than handwriting or drawing by hand
I am already typing on other projects and do not want to switch methods
OTHER (Please Specify):

28. Which of the following features do you use on a regular basis (weekly or more) with your device(s)?

Select all that apply

o Touch screen





o Digital pen / stylus



o Integrated speakers



o External speakers



o Headphones / earbuds





o Integrated microphone



o Integrated front camera



o Integrated back camera





o External mouse/keyboard



o External monitor / TV



o Case



If Digital Pen/Stylus is selected, continue to PAGE 7 (Tell us about your digital pen)

If Digital Pen/Stylus is not selected, skip to PAGE 8 (Demographics)

PAGE 7: Tell us about your digital pen

While before we asked you about your use of typical paper and pen/pencils/markers, now we would like you to focus on the use of the digital pen / stylus with your laptop/tablet/convertible.

29. What kind of digital pen/stylus you typically use with your device(s): Select all that apply



30. How did you get the **digital pen / stylus** you currently use with your pen-enabled device(s)? Select all that apply

- It was sold with the device
 (If this is the only selection, skip to Question 32)
- I bought it separately from the device because it was sold separately
- o I bought it separately from the device because I lost the one that was sold with it
- o I bought it separately from the device because I liked this pen better
- OTHER (Please Specify):

31. <u>Please</u>	specify th	e bran	d and n	nodel o	f your d	igital pe	en / styl	us.	
Stylu Stylu	s 1 Brand s 1 Model s 2 Brand (s 2 Model (_							
32. <u>How l</u> Select	ong have y	ou ow i	ned yοι	ur digita	l pen / s	stylus?			
0 0 0 0	Less than 1-3 mont 4-6 mont 7-12 mon 1-2 Years More tha	hs hs iths		ase Spe	cify):				
33. <u>How c</u> Select	often do yo 1	u use \	our dig	gital per	n / stylu:	s on a to	ouch sc	reen de	vice?
	Multiple to Once a da 2-3 times Once a w 2-3 times Less ofter Never	per wo eek per m	eek – a	•		d above	.		
user l	often do yo nterface, as e indicate o	oppo	sed to ι						and interacting with the rdrawing?
Tapping /	scrolling	0	0	О	0	0	0	0	Handwriting

Sketching / Drawing

Interacting

35. For each of these categories, do you use your device/pen more often, less often, or as often as expected than anticipated at purchase?

Please select one per row

	Less	As expected	More
Take notes during an activity (e.g., a conversation, meeting,			
presentation, lecture)			
Take notes on-the-go (e.g. in a field trip, outdoors, etc.)			
Complete forms/sign documents/write checks			
Play games (Sudoku, crosswords, tic-tac-toe, hangman, etc.)			
Mark up or annotate print outs, books or other documents			
Doodle			
Do creative activities (e.g., draw, sketch, paint)			
Hand draw diagrams, schematics, project sketches or			
handwrite formulas			
Create or add to lists (e.g., to-do's, grocery lists)			
Leave a short note to self (e.g., on a Post-it)			
Leave a short note to someone else (e.g.,. on a Post-it, thank			
you card, napkin)			
Hand-write letters to someone else			
Brainstorm/problem-solve on your own			
Brainstorm/problem-solve with others (e.g. whiteboard)			
Journal or keep a diary			
Keep a log (e.g., Exercise Regimen, Meal Planning)			
Keep a calendar (e.g., in kitchen, in purse)			
Using your pen for tapping and scrolling.			

36. Are there particular times or circumstances when you choose to use your digital pen/device over a traditional pen/paper?

Select all that apply

- At home in the family/living room
- At home in the bedroom
- At home in the kitchen
- o At home in the dining room
- In my home office
- In my backyard/patio
- During my daily commute (bus, train, car pool)
- While travelling via train/airplane
- In a hotel room
- o In an alternate indoor location (e.g. coffee shop, library)
- At work/school
- All of the above
- None of the above
- OTHER (Please Specify):

37. What are your main reasons for using a digital pen/stylus over typing or using the mouse/trackpad?

Select all that apply

- Better for using while standing up/on the go than mouse/trackpad
- Mouse/trackpad/keyboard is inconvenient
- The pen is easier to carry than a mouse/trackpad
- The pen is more precise than a mouse/trackpad
- The pen is more comfortable than a mouse/trackpad
- I need to handwrite or draw
- The pen does not interfere with my thoughts and ideas
- o I do not need to correct as much when I use a pen
- o I feel like I have a better flow of ideas with a pen
- OTHER (Please Specify):

38. Overall based on your experiences using your primary digital pen, indicate how much you agree or disagree with the following statements:

Please use a scale of 1 -7, where 1= **STRONGLY DISAGREE** and 7 = **STRONGLY AGREE**

	1	2	3	4	5	6	7
I find my digital pen beautiful							
I find my digital pen of good quality							
I like the weight and balance of my digital pen							
I find my digital pen comfortable to use for long periods of							
time							
I like the material/coating of my digital pen							
I am confident I will have my digital pen with me when I							
need it							
My digital pen helps me get things done more efficiently.							
When using my digital pen, I can confidently rest the hand							
holding the pen on the screen while writing.							
My digital pen allows me to erase what I wrote easily.							

39. If your digital pen has buttons, please indicate how much you **agree** or **disagree** with the following statements:

Please use a scale of 1 -7, where 1= **STRONGLY DISAGREE** and 7 = **STRONGLY AGREE**

	1	2	3	4	5	6	7	N/A
I like the buttons of my digital pen (placement,								
accessibility, comfort, force required to activate)								
I understand the role of the buttons on my pen								

40. Where do you usually store your digital pen while on the go?

Select ALL that apply

- o I don't take one on the go
- Stored inside the device
- Stored attached to the device/cover
- o In a sleeve, bag/purse
- In a pocket (pants, coat, etc.)
- o In a case
- o In the car
- OTHER (Please Specify):

41. On your primary pen-enabled device(s), what are the TOP 3 apps you use on your device for handwriting, drawing, or markups?

Please select 3 choices out of the entire list

Office	Note-taking
Microsoft Word	Microsoft OneNote
Microsoft Excel	Microsoft Journal
Microsoft PowerPoint	S-Note
Polaris Office	S-Memo
OfficeSuite Professional	Action Memo
Hancom Office (specify app)	EverNote
Other Office suite	Other note-taking

Drawing / painting	Drawing, con.
Microsoft Paint	Paper
Microsoft FreshPaint	Other drawing
AutoDesk Sketchbook Express	Annotation
AutoDesk Sketchbook Pro	Microsoft Reader
ArtRage	Adobe Acrobat Reader
Adobe Photoshop	Other annotation
Adobe Illustrator	Other overall

42. If you responded with any "Other," or with Hancom Office, then please specify app:

PAGE 8: Tell us about yourself.

Laptop/Tablet Hybrid

o Smartphone

43. What	t is your age?
0	Under 18
0	18-29
0	30-49
0	50-79
0	Over 80
44. What	is your gender?
0	Male
0	Female
0	Prefer not to answer
0	OTHER (Please Specify):
45. Are yo	ou currently employed?
0	Full-Time (35+ hours/week) Employed
Conti	nue to question 46
0	Part-Time Employed
Conti	nue to question 46
0	No
Skip t	o question 51
46. Appro	eximately how many people are employed with your organization?
0	1-49 (Small Business)
0	50-999 (Medium Business)
0	1000+ (Large Business)
47. On av	erage, how many hours per day do you spend on computing devices at work (e.g.,
comp	uter, laptop, tablet)?
0	Less than 2
0	2 – 4
0	More than 4
48. What	percentage of time do you spend on each type of device at work? (Record)
0	Computer
0	Laptop
0	Tablet

Other (Record)

49. What industry do you work in?

- o Agriculture and Mining
- Computer and Electronics
- o Education
- Energy and Utilities
- o Financial Services
- o Restaurants, Food Services and Drinking Places
- o Health, Pharmaceuticals, and Biotech
- Manufacturing
- Media and Entertainment
- Non-profit
- Real Estate and Construction
- o Retail
- Software and Internet
- o Telecommunications
- Transportation and Storage
- o Travel, Recreation, and Leisure
- Wholesale and Distribution
- OTHER (Please Specify):

50. What is your highest education level?

- High school
- 2-year college degree
- 4-year college degree
- Master's degree
- PhD
- OTHER (Please Specify):

51. What is your primary language?

English Albanian Arabic Armenian Basque Bengali Bosnian Bulgarian Catalan Chinese Chinese Croatian Czech Danish Dutch Estonian Filipino Finnish French Georgian German Greek Hebrew Hindi Hungarian Icelandic Indonesian Irish Italian Japanese Korean Kurdish Latvian Lithuanian Macedonian Malay Malayalam Norwegian

Persian

Polish

Portuguese (Brazilian)

Portuguese (Iberian)

Punjabi

Romanian

Russian

Serbian

Slovak

Slovenian

Spanish

Swahili

Swedish

Tamil

Telugu

Thai

Vietnamese

Welsh

OTHER (Please Specify):

52. Do you speak another language(s)? Please select all that apply

Albanian	
Arabic	
Armenian	
Basque	
Bengali	
Bosnian	
Bulgarian	
Catalan	
Chinese	
Chinese	
Croatian	
Czech	
Danish	
Dutch	
English	
Estonian	
Filipino	
Finnish	
French	
Georgian	
German	
Greek	
Hebrew	
Hindi	
Hungarian	
Icelandic	
Indonesian	
Irish	
Italian	
Japanese	
Korean	
Kurdish	
Latvian	
Lithuanian	
Macedonian	
Malay	
Malayalam	
Norwegian	

Persian

Polish

Portuguese (Brazilian)

Portuguese (Iberian)

Punjabi

Romanian

Russian

Serbian

Slovak

Slovenian

Spanish

Swahili

Swedish

Tamil

Telugu

Thai

Vietnamese

Welsh

OTHER (Please Specify):

53. What is your country of residence?

- US United States
- o AD Andorra
- o AE United Arab Emirates
- o AF Afghanistan
- o AG Antigua and Barbuda
- o AI Anguilla
- o AL Albania
- o AM Armenia
- o AO Angola
- o AQ Antarctica
- o AR Argentina
- o AS American Samoa
- o AT Austria
- o AU Australia
- o AW Aruba
- o AZ Azerbaijan
- o BA Bosnia and Herzegovina
- BB Barbados
- o BD Bangladesh
- o BE Belgium
- o BF Burkina Faso
- o BG Bulgaria
- o BH Bahrain
- o BI Burundi
- o BJ Benin
- o BL Saint Barthelemy
- o BM Bermuda
- o BN Brunei
- o BO Bolivia
- o BR Brazil
- o BS Bahamas, The
- o BT Bhutan
- o BV Bouvet Island
- o BW Botswana
- o BY Belarus
- o BZ Belize
- o CA Canada
- o CC Cocos (Keeling) Islands
- o CD Congo, Democratic Republic of the
- o CF Central African Republic

- o CG Congo, Republic of the
- o CH Switzerland
- CI Cote d'Ivoire
- CK Cook Islands
- o CL Chile
- o CM Cameroon
- o CN China
- o CO Colombia
- o CR Costa Rica
- o CU Cuba
- CV Cape Verde
- o CW Curacao
- o CX Christmas Island
- CY Cyprus
- o CZ Czech Republic
- o DE Germany
- o DJ Djibouti
- o DK Denmark
- o DM Dominica
- o DO Dominican Republic
- o DZ Algeria
- o EC Ecuador
- o EE Estonia
- o EG Egypt
- o EH Western Sahara
- o ER Eritrea
- o ES Spain
- o ET Ethiopia
- o FI Finland
- o FJ Fiji
- o FK Falkland Islands (Islas Malvinas)
- o FM Micronesia, Federated States of
- o FO Faroe Islands
- o FR France
- o FX France, Metropolitan
- o GA Gabon
- o GB United Kingdom
- o GD Grenada
- GE Georgia
- o GF French Guiana
- o GG Guernsey
- o GH Ghana
- o GI Gibraltar
- o GL Greenland

- o GM Gambia, The
- o GN Guinea
- o GP Guadeloupe
- o GQ Equatorial Guinea
- o GR Greece
- o GS South Georgia and the Islands
- o GT Guatemala
- o GU Guam
- o GW Guinea-Bissau
- o GY Guyana
- HK Hong Kong
- o HM Heard Island and McDonald Islands
- HN Honduras
- o HR Croatia
- o HT Haiti
- o HU Hungary
- o ID Indonesia
- o IE Ireland
- o IL Israel
- o IM Isle of Man
- o IN India
- o IO British Indian Ocean Territory
- o IQ Iraq
- o IR Iran
- o IS Iceland
- o IT Italy
- JE Jersey
- o JM Jamaica
- o JO Jordan
- o JP Japan
- o KE Kenya
- o KG Kyrgyzstan
- o KH Cambodia
- o KI Kiribati
- o KM Comoros
- o KN Saint Kitts and Nevis
- o KP Korea, North
- o KR Korea, South
- o KW Kuwait
- KY Cayman Islands
- KZ Kazakhstan
- o LA Laos
- o LB Lebanon
- LC Saint Lucia

- o LI Liechtenstein
- o LK Sri Lanka
- o LR Liberia
- o LS Lesotho
- o LT Lithuania
- LU Luxembourg
- o LV Latvia
- o LY Libya
- o MA Morocco
- o MC Monaco
- o MD Moldova
- ME Montenegro
- o MF Saint Martin
- o MG Madagascar
- MH Marshall Islands
- o MK Macedonia
- o ML Mali
- o MM Burma
- o MN Mongolia
- o MO Macau
- o MP Northern Mariana Islands
- o MQ Martinique
- o MR Mauritania
- MS Montserrat
- o MT Malta
- o MU Mauritius
- o MV Maldives
- o MW Malawi
- o MX Mexico
- o MY Malaysia
- o MZ Mozambique
- o NA Namibia
- o NC New Caledonia
- o NE Niger
- o NF Norfolk Island
- o NG Nigeria
- o NI Nicaragua
- NL Netherlands
- o NO Norway
- o NP Nepal
- o NR Nauru
- o NU Niue
- o NZ New Zealand
- o OM Oman

- o PA Panama
- o PE Peru
- o PF French Polynesia
- o PG Papua New Guinea
- PH Philippines
- PK Pakistan
- o PL Poland
- o PM Saint Pierre and Miquelon
- o PN Pitcairn Islands
- o PR Puerto Rico
- o PS Gaza Strip
- o PS West Bank
- o PT Portugal
- o PW Palau
- o PY Paraguay
- o QA Qatar
- o RE Reunion
- o RO Romania
- o RS Serbia
- o RU Russia
- o RW Rwanda
- o SA Saudi Arabia
- SB Solomon Islands
- SC Seychelles
- o SD Sudan
- SE Sweden
- SG Singapore
- o SH Saint Helena, Ascension, and Tristan da Cunha
- o SI Slovenia
- SJ Svalbard
- SK Slovakia
- o SL Sierra Leone
- SM San Marino
- o SN Senegal
- o SO Somalia
- o SR Suriname
- SS South Sudan
- ST Sao Tome and Principe
- SV El Salvador
- SX Sint Maarten
- o SY Syria
- o SZ Swaziland
- o TC Turks and Caicos Islands
- o TD Chad

- o TF French Southern and Antarctic Lands
- o TG Togo
- o TH Thailand
- o TJ Tajikistan
- o TK Tokelau
- o TL Timor-Leste
- o TM Turkmenistan
- o TN Tunisia
- o TO Tonga
- o TR Turkey
- o TT Trinidad and Tobago
- o TV Tuvalu
- o TW Taiwan
- o TZ Tanzania
- o UA Ukraine
- o UG Uganda
- o UM United States Minor Outlying Islands
- UY Uruguay
- o UZ Uzbekistan
- VA Holy See (Vatican City)
- VC Saint Vincent and the Grenadines
- VE Venezuela
- o VG British Virgin Islands
- o VI Virgin Islands
- o VN Vietnam
- o VU Vanuatu
- o WF Wallis and Futuna
- o WS Samoa
- o XK Kosovo
- o YE Yemen
- YT Mayotte
- o ZA South Africa
- o ZM Zambia
- o ZW Zimbabwe

END SURVEY