

Topical Survey Front/End Matter

Language Thank you for your continued participation in the Census Household Panel!

Topicals 10 and 12: <This month’s survey will be about 20 minutes or less and is sponsored by the U.S. Census Bureau and other federal agencies. This survey will help measure the impact of social and economic factors on topics like:

- employment status
- food security
- housing security
- physical and mental wellbeing.>

Topical 11: < This month’s survey will be about 20 minutes or less and will ask questions about your household’s work and living situations.>

This survey is available in English and Spanish. Please select the language in which you prefer to complete the survey.

If you would like to change your language selection later, please use the drop-down menu in the upper right corner of each page to select the language in which you prefer to complete the survey.

- English (1)
 - Español (2)
-

Click the “Next” button below to begin.

Privacy

The authority for the collection of this information for the Census Household Panel Topicals 10, 11, 12 (0607-1025) is provided under Title 13, Sections 141, 182, and 193.

[The purpose of collecting information in Topical 10 (August) is to conduct a roster experiment and field content from the Household Pulse Survey (HPS) to run in parallel with the HPS.

The purpose of Topical 11 (September) is to test the Survey of Income and Program Participation's (SIPP) labor force, assets, and homeownership items.

Topical 12 (October) will ask a longitudinal version of the Household Pulse Survey.

Disclosure of the information provided to us to other Census Bureau staff for work-related purposes is permitted under the Privacy Act of 1974 (5 U.S.C. § 552a). Disclosure of this information is also subject to all of the published routine uses as identified in the Privacy Act System of Records Notice COMMERCE/Census-3 Demographic Survey Collection (Census Bureau Sampling Frame).

Staff (employees and contractors) received training on privacy and confidentiality policies and practices; access to PII is restricted to authorized personnel only. Personally identifiable information collected includes name, address, telephone/cell phone number, DOB or age, email address, race or ethnicity.

FedRAMP-approved computer systems that maintain sensitive information are in compliance with the Federal Information Security Management Act. Unsecured telecommunications to transmit individually identifiable information is prohibited. Information will only be shared with staff and contractors with Special Sworn Status that are sponsors of reimbursable surveys.

Furnishing this information is voluntary. Failure to do so will result in no consequences to you.

We estimate that completing this voluntary survey will take 20 minutes on average. Send comments regarding this estimate or any other aspect of this survey to adrm.pra@census.gov. The U.S. Census Bureau is required by law to protect your information. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Federal law protects your privacy and keeps your answers confidential (Title 13, United States Code, Section 9 and Title 5, U.S. Code, Section 552a). This collection has been approved by the Office of Management and Budget (OMB). This eight-digit OMB approval number, 0607-1025, confirms this approval and expires on 6/30/2026. If this number were not displayed, we could not conduct this survey.

To learn more about this survey go to: <https://www.census.gov/programs-surveys/census-household-panel.html>. ** U.S. Census Bureau Notice and Consent Warning **

Q1 Our records have your name as \${e://Field/FirstNameFill} \${e://Field/LastNameFill}. Is this correct?

Yes (1)

Yes but needs to be updated (2)

No (3)

Display This Question:

If Q1 = Yes but needs to be updated

Q2 What is your name?

FIRST NAME (1) _____

LAST NAME (2) _____

End of Block: Eligibility

Start of Block: Not Eligible

R2a You are not eligible to complete this survey. Thank you for your time.

End of Block: Not Eligible

[TOPICAL SURVEY QUESTIONNAIRES HERE]

Back End of Instrument

POC_display **Please review the contact information we have for you and indicate whether the information is correct or needs to be updated.**

Q3 Our records have your phone number as `#{e://Field/BestPhone}`. Is this correct?

Yes (1)

No (2)

Q4 Is this number a cell phone or land line?

Cell phone (1)

Land line (2)

Neither (3)

Q5 We send survey invitations via text message. Message and data rates may apply, depending on your mobile phone service plan. Message frequency varies. You can opt out of these messages at any time by replying STOP or reply HELP for more assistance. Would you like us to contact you by text message?

Yes (1)

No (2)

Q6 What is a good phone number to reach you?

Q7 Is this number a cell phone or land line?

Cell phone (1)

Land line (2)

Neither (3)

Q8 We send survey invitations via text message. Message and data rates may apply, depending on your mobile phone service plan. Message frequency varies. You can opt out of

these messages at any time by replying STOP or reply HELP for more assistance. Would you like us to contact you by text message?

Yes (1)

No (2)

Q9 Our records have your email address as [\\${m://Email1}](#). Is this correct?

Yes (1)

No (2)

Q10 We usually send updates, notifications, and survey links via email. What is the best email address for us to reach you?

Q11_a Our records have the following address as your home address where we will mail incentives for taking surveys. Is this correct?

[\\${e://Field/ADDRESS1}](#) [\\${e://Field/ADDRESS2}](#)
[\\${e://Field/CITY}](#), [\\${e://Field/STATE}](#) [\\${e://Field/ZIP}](#)

Yes (1)

No (2)

Q_11b Our records have the following address as your home address where we will mail incentives for taking surveys. Is this correct?

[\\${e://Field/ADDRESS1}](#)

#{e://Field/CITY}, #{e://Field/STATE} #{e://Field/ZIP}

Yes (1)

No (2)

Q12 Please enter your home address.

Address 1 (2) _____

Address 2 (3) _____

City (4) _____

State (5) _____

ZIP Code (6) _____

End of Block: Contact Update

RIP. We may recontact this household in the future to update information. We would like to use some of the information you have provided today to make that interview shorter and more efficient. When we speak to you or to someone else you are living with, is it OK if we use some of your answers as a starting point?

Yes (1)

No (2)

Start of Block: Submit_Page

Submit_Page That concludes the survey. Please click on the "Submit" button when you are finished. Thank you for participating in the Census Household Panel.

End of Block: Submit_Page

Topical 10 Questionnaire
Roster Test and Household Pulse Survey

OECD

Overall how satisfied are you with life as a whole these days?

Scale 0 ("Not satisfied at all) – 10 ("Completely satisfied")

Page break-----

INTRO (Treatment A & B & Control and Confirmed 18+)

Treatment A & B, Control: Living situations and household size may or may not change between waves of data collection. To ensure that we have an accurate list of people, please answer the following questions as if this is your first time providing this information."

LIVE (Confirmed 18)

Treatment A: On July 1, 2024 where were you living?

Treatment B: On July 1, 2024 where were you living or staying?

Control: Where were you living on July 1, 2024?

Response Fields: Address Number	Street Name	Apt/Unit
City	State	Zipcode

POPCOUNT (Confirmed 18+)

Treatment A: Including yourself, any family members, and any people not related to you, how many people were living at [Address] on July 1, 2024? Provide a number for each of the following age groups.

Treatment B: Including yourself, any family members, and any people not related to you, how many people were living or staying at [Address] on July 1, 2024? Provide a number for each of the following age groups.

Response Field: Number of people age 18 years or older
Number of people age 1 to 17 years old _____
Number of babies younger than 1 year old _____

Control: Including yourself, how many people were living or staying at [address] on July 1, 2024?

Response Field: Number _____

NAMEROSTER (Confirmed 18+ and POPCOUNT=>2)

Treatment A[2 or more] : Please list all [x] people who were living at [address] on July 1, 2024.

Treatment B [2 or more]: Please list all [x] people who were living or staying at [address] on July 1, 2024.

Control: What is the name of each person who was living or staying at [address] on July 1, 2024?

Response Field: First name _____ Middle Name _____ Last Name _____
Your Name [Auto populate from Q1 or Q2]
Person 2
...
Person X

Undercount (Confirmed 18+)

Treatment A&B: We do not want to miss anyone who might have slept at [address] on July 1, 2024.

For example:

Children of all ages, including babies, who may or may not be related to you.

Anyone, including children, who goes back and forth between [address] and other places.

Other people, children, or families who have no other place to stay.

The names listed so far are:

Person 1

Person2

Person X

Were there any people sleeping at [address] on July 1, 2024 who are not listed above?

Response Field:

Yes

No

Control: We do not want to miss any people who might have stayed at [address] on July 1, 2024.

For example:

Children, related or unrelated, such as newborn babies, grandchildren, or foster children

Relatives, such as adult children, nieces, nephews, cousins, or in-laws

Roommates or other nonrelatives

People without a permanent place to live

The names listed so far are:

Person 1

Person 2

Person X

Were there any ADDITIONAL people that you did not already list?

Response Field:

Yes

No

UNDERCOUNT_ROSTER (Confirmed 18+ and UNDERCOUNT="Yes" or missing)

Treatment A & B: Please add names for the ADDITIONAL people sleeping at [address] on July 1, 2024, who are not already listed below:

Your name

Person 1

Person 2

Response Field:

First name _____ Middle Name _____ Last Name _____

The list above has the names of all people who were living or sleeping at [address] on July 1, 2024.

Control: [Display UNDERCOUNT control again appears folds down or appears on same screen as UNDERCOUNT]

Response Field : First Name Middle Name Last Name

OVERCOUNT (Confirmed 18+)

Treatment A& B: Does anyone on this list have another place where they often sleep other than [address]? Select all that apply

Response Field:

Person 1

Person 2

Person X

None of these people have another place where they often sleep

Control: We would like to make sure everyone is only counted once. Some people live or stay in more than one place.

For example:

With a parent, grandparent, or other person

While attending college

For a military assignment

To be closer to a job or business

In a nursing home or group home

In a jail or prison

At a seasonal or second residence

Do any of the following people usually live or stay somewhere else, other than [address]?

Response field: Select all that apply:

Person 1

Person 2

None of these

OVERCOUNT_REASONA (If OVERCOUNT 1 or more people are selected, cycle through all selected names)

Treatment A & B: Why will <NAME> often sleep somewhere else?

Response field: [Select all that apply] To be with a parent, grandparent, or other person

To attend college

They stay at another place they usually live

For a military assignment

To be closer to their job or business

To stay in a nursing home or group home

They are at a jail, prison, or detention center

To stay at a seasonal or second residence

For another reason

Control: Why does [name] usually live or stay somewhere else?

Response Field: Select all that apply

- To be with a parent, grandparent, or other person
 - To attend college
 - For a military assignment
 - To be closer to a job or business
 - In a nursing home or group home
 - In a jail, or prison
 - At a seasonal or second residence
 - For another reason
-

OVERCOUNT_REASONB [If in Treatment A or Treatment B and OVERCOUNT_REASONA= "For another reason"]

Treatment A and B: Why will <Name> often sleep somewhere else?

Response field: [Select all that apply] They are at a hospital

- They are at a school (not college or university)
- They are at a mental health facility
- They are at a rehabilitation center
- They are at a hotel, motel, or short term rental unit
- They are in a vehicle or somewhere outside of buildings
- They are at a shelter
- For another reason (if selected: Blank text box)

Don't know

Control: Not applicable

OVERCOUNT_ADDRESS (If in Treatment A or B and OVERCOUNT=>1, repeat for each selected person)

Treatment A & B: What is the address of the other place where [name] will often sleep or if you do not know the address, do you know the city and state or zipcode?

If there is more than one place, provide the address for the other place they sleep most often.

Response Fields: Address Number _____ Street Name _____ Apt/Unit _____
City _____ State _____ Zipcode _____

Control: Not applicable

SLEEP_MOST (If in Treatment A or Treatment B and OVERCOUNT =>1 or more people are selected)

Treatment A and B: Where does [name] sleep most often?

Response field:

- [Address]
- The other place where they often sleep
- Equal time at both places
- Some other place
- Don't know

Control: Not applicable

SLEEP_REFDATE (If in Treatment A or Treatment B and OVERCOUNT 1 or more people are selected)

Treatment A and B: On July 1, 2024, where was [name] sleeping overnight?

- [Address]
- The other place where they often sleep

Some other place

Don't know

PROBE1 (Treatment A & B & Control)

Did anyone live at [address] between July 1, 2023 and July 1, 2024, who didn't sleep there on July 1, 2024?

Response Field:

Yes

No

PROBE1_NAME (If PROBE1= "Yes" fold down or keep PROBE1 on next screen with answer marked) Please tell us their name?

Response field: First Name Middle Name Last Name

PROBE1_LS (If PROBE1= "Yes" appears on next screen) Please tell me more about [name]'s living situation?

Response Field: Open text box

PROBE1_RELATION (If PROBE1="Yes" appears on next screen after PROBE1_LS)

Please tell me more about [name]'s relationship to you and your household?

Response Field: Open text box

PROBE1_SLEPT_MOST (If PROBE1="Yes" appears on next screen after PROBE1_RELATION)

Where would you say [name] slept most from July 1, 2023 to today?

[Address]

Some other place

Don't know

PROBE2 (Treatment A & B & Control)

Please think back over the time since July 1, 2023. Did anyone else sleep at [address] for one or

more nights?

Response Field:

Yes

No

PROBE2_NAME (If PROBE2= "Yes" fold down or keep PROBE2 on next screen with answer marked) Please tell us their name?

Response field: First Name Middle Name Last Name

PROBE2_LS (If PROBE2= "Yes" appears on next screen) Please tell me more about [name]'s living situation?

Response Field: Open text box

PROBE2_RELATION (If PROBE2="Yes" appears on next screen after PROBE2_LS)

Please tell me more about [name]'s relationship to you and your household?

Response Field: Open text box

PROBE2_SLEPT_MOST (If PROBE2="Yes" appears on next screen after PROBE2_RELATION)

Where would you say [name] slept most from July 1, 2023 to today?

[Address]

Some other place

Don't know

PROBE3 (Treatment A & B & Control)

Between July 1, 2023 and July 1, 2024, did anyone you haven't listed during this survey use [address] on their driver's license or government id?

Response Field:

Yes

No

PROBE3_NAME (If PROBE3= "Yes" fold down or keep PROBE3 on next screen with answer marked) Please tell us their name?

Response field: First Name Middle Name Last Name

PROBE3_LS (If PROBE3= "Yes" appears on next screen) Please tell me more about [name]'s living situation?

Response Field: Open text box

PROBE3_RELATION (If PROBE3="Yes" appears on next screen after PROBE3_LS)

Please tell me more about [name]'s relationship to you and your household?

Response Field: Open text box

PROBE3_SLEPT_MOST (If PROBE3="Yes" appears on next screen after PROBE3_RELATION)

Where would you say [name] slept most from July 1, 2023 to today?

[Address]

Some other place

Don't know

D12 In your household, are there... *Select all that apply.*

Children under 1 year old?

Children 1 through 4 years old? (1)

Children 5 through 11 years old? (2)

Children 12 through 17 years old? (3)

Display This Question:

If D12 = 2 or 3

D13 During the school year that begins in the **Summer / Fall of 2024**, how many children in this household are or will be enrolled in Kindergarten through 12th grade or grade equivalent?

Enter whole numbers for all that apply.

Number enrolled in a public school (1) _____

Number enrolled in a private school (2) _____

Number homeschooled, that is not enrolled in public or private school (3)

None (4)

INF2 How many months old is the baby or infant in your household? If there is more than one, please report the age of the youngest.

Under 6 months (1)

Between 6 months and 9 months (2)

Between 9 months and 12 months (3)

Display This Question:

If Are there any babies or infants under the age of 12 months (one year) old in your household? = Yes

INF5 How is the baby in your household fed (in addition to any solid foods the baby may be consuming)? If there is more than one baby, please report on the youngest.

Breastfeeding (or pumped breastmilk) only (1)

Sometimes breastfeeding (or pumped breastmilk) and sometimes infant formula (2)

Infant formula only (3)

Baby isn't fed breastmilk OR infant formula (4)

Display This Question:

If Are there any babies or infants under the age of 12 months (one year) old in your household? = Yes

And If

How is the baby in your household fed (in addition to any solid foods the baby may be consuming)?... = Sometimes breastfeeding (or pumped breastmilk) and sometimes infant formula

Or How is the baby in your household fed (in addition to any solid foods the baby may be consuming)?... = Infant formula only



INF6 In the **last month**, did you have difficulty getting infant formula?

- Yes, in the last 7 days (1)
 - Yes, more than 7 days ago but within the last month (2)
 - No, did not have trouble getting infant formula in the last month (3)
-

EMP_Intro Now we are going to ask about your employment.

EMP1 Have you, or has anyone in your household experienced a loss of employment income **in the last 4 weeks**? *Select only one answer.*

- Yes (1)
- No (2)

EMP2

In the **last 7 days**, did you do **ANY** work for either pay or profit? *Select only one answer.*

- Yes (1)
- No (2)

Display This Question:

If In the last 7 days, did you do ANY work for either pay or profit? Select only one answer. = Yes

EMP3 Are you employed by the government, by a private company, a nonprofit organization or are you self-employed or working in a family business? *Select only one answer.*

- Government (1)
- Private company (2)
- Non-profit organization including tax exempt and charitable organizations (3)
- Self-employed (4)
- Working in a family business (5)

Display This Question:

If in the last 7 days, did you do ANY work for either pay or profit? Select only one answer. = No

EMP4 What is your main reason for not working for pay or profit? *Select only one answer.*

I did not work because:

- I did not want to be employed at this time (1)
- I am/was caring for children not in school or daycare (2)
- I am/was caring for an elderly person (3)
- I am/was sick or disabled (4)
- I am retired (5)
- I am/was laid off or furloughed (6)
- My employer closed temporarily or went out of business (7)
- I do/did not have transportation to work (8)
- Other reason, please specify (9) _____

SPN5_DAYSTW In the **last 7 days**, have any of the people in your household teleworked or worked from home?

- Yes, for 1-2 days (1)
- Yes, for 3-4 days (2)
- Yes, for 5 or more days (3)
- No (4)

Display This Question:

If In the last 7 days, have any of the people in your household teleworked or worked from home? = Yes, for 1-2 days

Or In the last 7 days, have any of the people in your household teleworked or worked from home? = Yes, for 3-4 days

Or In the last 7 days, have any of the people in your household teleworked or worked from home? = Yes, for 5 or more days

And If

In the last 7 days, did you do ANY work for either pay or profit? Select only one answer. = Yes

SPN5_DAYSTW_2 In the **last 7 days**, have you teleworked or worked from home?

- Yes, for 1-2 days (1)
- Yes, for 3-4 days (2)
- Yes, for 5 or more days (3)
- No (4)

End of Block: Employment

Start of Block: Mental Health and Health Status

display_HLTH Next, we will ask about health.

DIS1 Do you have difficulty seeing, even when wearing glasses? *Select only one answer.*

- No - no difficulty (1)
- Yes - some difficulty (2)
- Yes - a lot of difficulty (3)
- Cannot do at all (4)

DIS2 Do you have difficulty hearing, even when using a hearing aid? *Select only one answer.*

- No - no difficulty (1)
- Yes - some difficulty (2)
- Yes - a lot of difficulty (3)
- Cannot do at all (4)

DIS4 Do you have difficulty walking or climbing stairs? *Select only one answer.*

- No - no difficulty (1)
- Yes - some difficulty (2)
- Yes - a lot of difficulty (3)
- Cannot do at all (4)

DIS3 Do you have difficulty remembering or concentrating? *Select only one answer.*

- No - no difficulty (1)
- Yes - some difficulty (2)
- Yes - a lot of difficulty (3)
- Cannot do at all (4)

DIS5 Do you have difficulty with self-care, such as washing all over or dressing? *Select only one answer.*

- No - no difficulty (1)
- Yes - some difficulty (2)
- Yes - a lot of difficulty (3)
- Cannot do at all (4)

DIS6 Using your usual language, do you have difficulty communicating, for example understanding or being understood? *Select only one answer.*

- No - no difficulty (1)
 - Yes - some difficulty (2)
 - Yes - a lot of difficulty (3)
 - Cannot do at all (4)
-

HLTH_intro Over the **last 2 weeks**, how often have you been bothered by...

HLTH1 Feeling nervous, anxious, or on edge? *Select only one answer.*

- Not at all (1)
- Several days (2)
- More than half the days (3)
- Nearly every day (4)

HLTH2 Not being able to stop or control worrying? *Select only one answer.*

- Not at all (1)
- Several days (2)
- More than half the days (3)
- Nearly every day (4)

HLTH3 Having little interest or pleasure in doing things? *Select only one answer.*

- Not at all (1)
- Several days (2)
- More than half the days (3)
- Nearly every day (4)

HLTH4 Feeling down, depressed, or hopeless? *Select only one answer.*

- Not at all (1)
- Several days (2)
- More than half the days (3)
- Nearly every day (4)

Display This Question:

If How many people under 18 years-old currently live in your household? Please enter a number. Text Response Is Greater Than 0

MH1 During the **last 4 weeks**, did any children in your household need mental health treatment? Mental health treatment includes health services like counseling or medication.

- Yes, all children needed mental health treatment (1)
- Yes, some but not all children needed mental health treatment (2)
- No, none of the children needed mental health treatment (3)

Display This Question:

If During the last 4 weeks, did any children in your household need mental health treatment? Mental... = Yes, all children needed mental health treatment

Or During the last 4 weeks, did any children in your household need mental health treatment? Mental... = Yes, some but not all children needed mental health treatment

MH2 Did the children who needed mental health treatment receive it?

- Yes, all children who needed treatment received it (1)
- Yes, but only some children who needed treatment received it (2)
- No, none of the children who needed treatment received it (3)

Display This Question:

If Did the children who needed mental health treatment receive it? = Yes, all children who needed treatment received it

Or Did the children who needed mental health treatment receive it? = Yes, but only some children who needed treatment received it

MH3 Were you satisfied with the type, quality, and quantity of mental health treatment the children received?

- Satisfied with all of the mental health treatment the children received (1)
- Satisfied with some but not all of the mental health treatment the children received (2)
- Not satisfied with the mental health treatment the children received (3)

Display This Question:

If During the last 4 weeks, did any children in your household need mental health treatment? Mental... = Yes, all children needed mental health treatment

Or During the last 4 weeks, did any children in your household need mental health treatment? Mental... = Yes, some but not all children needed mental health treatment

MH4 How difficult was it to get mental health treatment for the children?

- Not difficult (1)

- Somewhat difficult (2)
- Very difficult (3)
- Unable to get treatment due to difficulty (4)
- Did not try to get treatment (5)

End of Block: Mental Health and Health Status

Start of Block: Socialization

SOC1_first How often do you get the social and emotional support you need?

- Always (1)
- Usually (2)
- Sometimes (3)
- Rarely (4)
- Never (5)

Display This Question:

If SOCexperiment = 1

Or SOCexperiment Is Empty

SOC2_first How often do you feel lonely?

- Always (1)
- Usually (2)
- Sometimes (3)
- Rarely (4)
- Never (5)

SOCInd1 In a typical week, how often do you talk on the telephone with family, friends, or neighbors?

- Less than once a week (1)
- 1 or 2 times a week (2)
- 3 or 4 times a week (3)
- 5 or more times a week (4)

SOCInd2 How often do you get together with friends or relatives?

- Less than once a week (1)
- 1 or 2 times a week (2)
- 3 or 4 times a week (3)
- 5 or more times a week (4)

SOCInd3 How often do you attend church or religious services?

- Never or less than once a year (1)
- 1 to 3 times per year (2)
- 4 to 11 times per year (3)
- 12 or more times per year (4)

SOCInd4 Altogether, how often do you attend meetings of clubs or organizations you belong to, such as church groups, unions, fraternal or athletic groups, or school groups?

- I do not belong to a group (0)
- Never or less than once a year (1)
- 1 to 3 times per year (2)
- 4 to 11 times per year (3)

12 or more times per year (4)

SHORTAGE1 In the past month, have you or a member of your household been directly affected by a shortage of the following? *Select all that apply.*

- A medicine or medication that requires a prescription or is given by provider, pharmacist, or hospital (1)
- A medicine or medication that is sold over the counter (without a prescription) (2)
- A medical equipment or supplies used at home such as infusion pumps, glucose monitors, home ventilators, masks, gloves, etc. (3)
- Other critical medical products, please specify ____ (4)
- My household has not been affected by any of these shortages (5)

SHORTAGE2A How did you or a member of your household respond to the shortage? *Select all that apply.*

- Changed to a substitute or alternative medication, equipment, or medical product (1)
- Spent more money or time to find the medication, equipment, or medical products (2)
- Delayed, stopped, rationed or re-used medication, equipment, or medical products (3)
- Delayed or canceled a medical procedure or treatment because medication, equipment or products needed for care were not available to me or a provider (4)
- Consulted a medical professional or other sources to help me get medication, equipment, or medical products (5)
- Experienced negative physical health impacts (6)
- Experienced negative mental health impacts (7)
- I don't know (8)

Other, specify _____ (9)

Start of Block: Stimulus and Finances

Display This Question:

If How many people under 18 years-old currently live in your household? Please enter a number. Text Response Is Greater Than 0

EMP7 Next, we are going to ask about the childcare arrangements for children in the household.

At any time in the **last 4 weeks**, were any children in the household unable to attend daycare or another childcare arrangement as a result of child care being closed, unavailable, unaffordable, or because you are concerned about your child's safety in care? Please include before school care, after school care, and all other forms of childcare that were unavailable. *Select only one answer.*

- Yes (1)
- No (2)
- Not applicable (3)

Display This Question:

If Next, we are going to ask about the childcare arrangements for children in the household. At any... = Yes

EMP8 Which if any of the following occurred in the **last 4 weeks** as a result of childcare being closed, unavailable, unaffordable, or because you are concerned about your child's safety in care? *Select all that apply.*

- You (or another adult) took unpaid leave to care for the children (1)
- You (or another adult) used vacation, or sick days, or other paid leave in order to care for the children (2)
- You (or another adult) cut your work hours in order to care for the children (3)
- You (or another adult) left a job in order to care for the children (4)

- You (or another adult) lost a job because of time away to care for the children (5)
- You (or another adult) did not look for a job in order to care for the children (6)
- You (or another adult) supervised one or more children while working (7)
- Other (specify) (8) _____
- None of the above (9)
-

INFLATE1 In the area where you live and shop, do you think prices in general have changed **in the last 2 months**? *Select only one answer.*

- I think prices have increased (1)
- I do not think prices have changed (2)
- I think prices have decreased (3)
- I do not know (4)

Display This Question:

If In the area where you live and shop, do you think prices in general have changed in the last 2 mo... = I think prices have increased



INFLATE2 How stressful, if at all, has the increase in prices **in the last 2 months** been for you? *Select only one answer.*

- Very stressful (1)
- Moderately stressful (2)
- A little stressful (3)
- Not at all stressful (4)

INFLATE4 In the area you live and shop, how concerned are you, if at all, that prices will increase **in the next 6 months**? *Select only one answer.*

- Very concerned (1)
 - Somewhat concerned (2)
 - A little concerned (3)
 - Not at all concerned (4)
-

display_SPN The next questions ask about your household's activities in the **last 7 days**. Please only include experiences that occurred in the **last 7 days**.

SPN4

In the **last 7 days**, how difficult has it been for your household to pay for usual household expenses, including but not limited to food, rent or mortgage, car payments, medical expenses, student loans, and so on? *Select only one answer.*

- Not at all difficult (1)
- A little difficult (2)
- Somewhat difficult (3)
- Very difficult (4)

End of Block: Stimulus and Finances

Start of Block: Food Security

FD1 Getting enough food can also be a problem for some people. In the **last 7 days**, which of these statements best describes the food eaten in your household? *Select only one answer.*

- Enough of the kinds of food (I/we) wanted to eat (1)

- Enough, but not always the kinds of food (I/we) wanted to eat (2)
- Sometimes not enough to eat (3)
- Often not enough to eat (4)

Display This Question:

If Getting enough food can also be a problem for some people. In the last 7 days, which of these sta... = Enough, but not always the kinds of food (I/we) wanted to eat

Or Getting enough food can also be a problem for some people. In the last 7 days, which of these sta... = Sometimes not enough to eat

Or Getting enough food can also be a problem for some people. In the last 7 days, which of these sta... = Often not enough to eat

And If

If How many people under 18 years-old currently live in your household? Please enter a number. Text Response Is Greater Than 0

FD2

Please indicate whether the next statement was often true, sometimes true, or never true in the **last 7 days** for the children living in your household who are under 18 years old.

"The children were not eating enough because we just couldn't afford enough food."

- Often true (1)
- Sometimes true (2)
- Never true (3)

Display This Question:

If Getting enough food can also be a problem for some people. In the last 7 days, which of these sta... = Enough, but not always the kinds of food (I/we) wanted to eat

Or Getting enough food can also be a problem for some people. In the last 7 days, which of these sta... = Sometimes not enough to eat

Or Getting enough food can also be a problem for some people. In the last 7 days, which of these sta... = Often not enough to eat

FD3 Why did you not have enough to eat (or not what you wanted to eat)? *Select all that apply.*

- Couldn't afford to buy more food (1)
- Couldn't get to store to buy food (for example, didn't have transportation, have mobility or health limitations that prevent you from getting out) (2)
- Couldn't go to store due to safety concerns (3)
- None of the above (4)

FD4 During the **last 7 days**, did you or anyone in your household get free groceries from a food pantry, food bank, church, or other place that provides free food? *Select only one answer.*

- Yes (1)
- No (2)

Display This Question:

If How many people under 18 years-old currently live in your household? Please enter a number. Text Response Is Greater Than 0

FD5 Do any of the children in this household... *Select all that apply.*

- Receive free meals at school (1)
- Pay for reduced-price meals at school (2)
- Pay for full-price meals at school (3)
- Pick up free meals at a school or other location (4)
- Receive or use an EBT card to help buy groceries (5)
- Eat free meals at a location other than school (6)
- Have free meals delivered (7)
- None of the above (8)

FD6_new Do you or does anyone in your household currently receive benefits from... *Select all that apply.*

- Supplemental Nutrition Assistance Program (SNAP) or Food Stamp Program (1)
- WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) (2)
- Summer Electronic Benefits Transfer (Summer EBT) (3)
- None of these (4)

Display This Question:

If Do any of the children in this household... Select all that apply. = Pay for reduced-price meals at school

Or Do any of the children in this household... Select all that apply. = Pay for full-price meals at school

Or Do any of the children in this household... Select all that apply. = None of the above

And If

In your household, are there... Select all that apply. = Children 5 through 11 years old?

Or In your household, are there... Select all that apply. = Children 12 through 17 years old?

FD7_new Does having to pay for the food children eat at school make it difficult for your household to pay for other expenses?

- Yes (1)
- No (2)

End of Block: Food Security

Start of Block: Natural Disasters

ND1 The next set of questions asks about natural disasters, such as hurricanes, floods and fires.

In the past year, were you displaced from your home because of a natural disaster?

- Yes (1)

No (2)

Display This Question:

If The next set of questions asks about natural disasters, such as hurricanes, floods and fires. In... = Yes

ND2 What type of natural disaster? *Select all that apply.*

- Hurricane (1)
- Flood (2)
- Fire (3)
- Tornado (4)
- Other, specify (5) _____

Display This Question:

If The next set of questions asks about natural disasters, such as hurricanes, floods and fires. In... = Yes

ND3 How long were you displaced from your home?

- Less than a week (1)
- More than a week but less than a month (2)
- One to six months (3)
- More than six months (4)
- Never returned to home (5)

Display This Question:

If The next set of questions asks about natural disasters, such as hurricanes, floods and fires. In... = Yes

ND4 Altogether, how much damage to your property or possessions did you experience as a

result of natural disasters in the last year? Would you say no damage, some damage, a moderate amount of damage, or a lot of damage?

- No damage (1)
- Some damage (2)
- Moderate amount of damage (3)
- A lot of damage (4)

Display This Question:

*If The next set of questions asks about natural disasters, such as hurricanes, floods and fires.
In... = Yes*

ND5 In the first month after the natural disaster, to what extent did you experience any of the following:

Display This Question:

*If The next set of questions asks about natural disasters, such as hurricanes, floods and fires.
In... = Yes*

ND5A A shortage of food?

- Not at all (1)
- A little (2)
- Some (3)
- A lot (4)

Display This Question:

*If The next set of questions asks about natural disasters, such as hurricanes, floods and fires.
In... = Yes*

ND5B A shortage of drinkable water?

- Not at all (1)

A little (2)

Some (3)

A lot (4)

Display This Question:

*If The next set of questions asks about natural disasters, such as hurricanes, floods and fires.
In... = Yes*

ND5C Loss of electricity?

Not at all (1)

A little (2)

Some (3)

A lot (4)

Display This Question:

*If The next set of questions asks about natural disasters, such as hurricanes, floods and fires.
In... = Yes*

ND5D Unsanitary conditions, such as inadequate toilets?

Not at all (1)

A little (2)

Some (3)

A lot (4)

Display This Question:

*If The next set of questions asks about natural disasters, such as hurricanes, floods and fires.
In... = Yes*

ND5E Feeling isolated, down, depressed, anxious, nervous or on edge?

- Not at all (1)
- A little (2)
- Some (3)
- A lot (4)

Display This Question:

*If The next set of questions asks about natural disasters, such as hurricanes, floods and fires.
In... = Yes*

ND5F Fear of crime?

- Not at all (1)
- A little (2)
- Some (3)
- A lot (4)

Display This Question:

*If The next set of questions asks about natural disasters, such as hurricanes, floods and fires.
In... = Yes*

ND5G Offers that seemed like a scam?

- Not at all (1)
- A little (2)
- Some (3)
- A lot (4)

End of Block: Natural Disasters

HSE1

The next questions ask about housing.

Is your house or apartment...? *Select only one answer.*

- Owned by you or someone in this household free and clear? (1)
- Owned by you or someone in this household with a mortgage or loan (including home equity loans)? (2)
- Rented? (3)
- Occupied without payment of rent? (4)

Display This Question:

If The next questions ask about housing. Is your house or apartment...? Select only one answer. = Rented?



HSEnew2 Has your monthly rent changed during the last 12 months? If so, by how much?

- My rent did not change (1)
- My rent decreased (2)
- My rent increased by less than \$100 (3)
- My rent increased by \$100-\$249 (4)
- My rent increased by \$250-\$500 (5)
- My rent increased by more than \$500 (6)

Display This Question:

If The next questions ask about housing. Is your house or apartment...? Select only one answer. = Rented?

HSE3 Is this household **currently** caught up on rent payments? *Select only one answer.*

- Yes (1)
- No (2)

Display This Question:

If The next questions ask about housing. Is your house or apartment...? Select only one answer. = Owned by you or someone in this household with a mortgage or loan (including home equity loans)?

HSE4 Is this household **currently** caught up on mortgage payments? *Select only one answer.*

Yes (1)

No (2)

Display This Question:

If Is this household currently caught up on rent payments? Select only one answer. = No
Or Is this household currently caught up on mortgage payments? Select only one answer. = No

HSE6 How many months behind is this household in paying your rent or mortgage?

Display This Question:

If The next questions ask about housing. Is your house or apartment...? Select only one answer. = Rented?

HSE7rev Thinking of all the places you've lived during the **last six months**, did you ever feel pressure to move due to any of the following reasons? *Select all that apply.*

- Because the landlord raised the rent (1)
- Because you missed a rent payment and you thought you would be evicted (2)
- Because the landlord did not make repairs (3)
- Because you were threatened with eviction or told to leave by your landlord (4)
- Because your landlord changed the locks, removed your belongings, or shut off your utilities (5)

- Because the neighborhood was dangerous (6)
- Some other pressure, please specify (7) _____
- Did not feel pressure to move (8)

Display This Question:

If Thinking of all the places you've lived during the last six months, did you ever feel pressure to... = Because the landlord raised the rent

Or Thinking of all the places you've lived during the last six months, did you ever feel pressure to... = Because you missed a rent payment and you thought you would be evicted

Or Thinking of all the places you've lived during the last six months, did you ever feel pressure to... = Because the landlord did not make repairs

Or Thinking of all the places you've lived during the last six months, did you ever feel pressure to... = Because you were threatened with eviction or told to leave by your landlord

Or Thinking of all the places you've lived during the last six months, did you ever feel pressure to... = Because your landlord changed the locks, removed your belongings, or shut off your utilities

Or Thinking of all the places you've lived during the last six months, did you ever feel pressure to... = Because the neighborhood was dangerous

Or Thinking of all the places you've lived during the last six months, did you ever feel pressure to... = Some other pressure, please specify

HSE7b During the **last six months**, did you actually move from any place you were living as a result of this pressure?

- Yes (1)
- No (2)

Display This Question:

If Is this household currently caught up on rent payments? Select only one answer. = No

HSE8 How likely is it that your household will have to leave this home or apartment within the **next 2 months** because of eviction? *Select only one answer.*

- Very likely (1)
- Somewhat likely (2)
- Not very likely (3)
- Not likely at all (4)

Display This Question:

*If Is this household currently caught up on mortgage payments? Select only one answer. =
No*

HSE9 How likely is it that your household will have to leave this home within the **next 2 months** because of foreclosure? *Select only one answer.*

- Very likely (1)
- Somewhat likely (2)
- Not very likely (3)
- Not likely at all (4)

HSE10 In the **last 12 months**, how many months did your household reduce or forego expenses for basic household necessities, such as medicine or food, in order to pay an energy bill?

- Almost every month (1)
- Some months (2)
- 1 or 2 months (3)
- Never (4)

HSE11 In the **last 12 months**, how many months did your household keep your home at a temperature that you felt was unsafe or unhealthy?

- Almost every month (1)

Some months (2)

1 or 2 months (3)

Never (4)

HSE12 In the **last 12 months**, how many times was your household unable to pay an energy bill or unable to pay the full bill amount?

Almost every month (1)

Some months (2)

1 or 2 months (3)

Never (4)

TRANS1 Which of the following transportation options do you have access to: (Check all that apply)

Walk

Bike or e-scooter

Motorcycle or moped

Your own personal vehicle (e.g., car, truck, SUV)

A personal vehicle borrowed from a friend, family member, neighbor, coworker, or acquaintance (including carpooling)

Rental car or carsharing service (e.g., Zipcar)

Taxi service or rideshare (e.g., Uber, Lyft)

Bus

- Rail transit (subway, light rail, streetcar, commuter rail)
- Ferryboat
- Paratransit (that is, specialized, door-to-door transport service for people with disabilities)
- Other methods, please specify _____

TRANS2 Which one of the following statements best describes your access to transportation in the past 30 days:

- Enough transportation to meet your needs;
- Enough transportation, but not always the kinds you want to use;
- Sometimes not enough transportation to meet your needs;
- Often not enough transportation to meet your needs, or
- Always not enough transportation to meet your needs

If TRANS2=3, 4, or 5:

TRANS3 If you do not have enough transportation to meet your needs, which of the following reasons explain why (select all that apply):

- My transportation options are not available when I need them
- My transportation options require more travel time than I have available
- My transportation options are unpredictable (travel time, availability)
- My transportation options cost more than I can afford
- My transportation options feel unsafe

I have a disability that limits my travel options or makes travel challenging

None of the above

GAS1 Has the cost of gas in the **last 7 days** caused you to:

Select all that apply.

- Choose not to take a trip (for example, chose not to visit a friend/restaurant/park etc., change a task from in-person to online to reduce gas use) (1)
- Combine trips (2)
- Take alternative modes of transportation (for example, public transit, ridesharing, bike, etc.) (3)
- None of these - the cost of gas has not affected my driving behavior (4)

End of Block: Housing

Start of Block: Vaccination Intent

leadin2 The next set of questions ask about COVID-19 vaccination.

VAC1 Have you received at least one dose of a COVID-19 vaccine?

Yes (1)

No (2)

Display This Question:

If Have you received at least one dose of a COVID-19 vaccine? = Yes

VAC2_new What was the date of your most recent COVID-19 vaccine?

Month (1) _____

Year (2) _____

VAC8_B Have you ever tested positive for COVID-19 (using a rapid point-of-care test, self-test, or laboratory test) or been told by a doctor or other health care provider that you have or had COVID-19?

Yes (1)

No (2)

Display This Question:

If Have you ever tested positive for COVID-19 (using a rapid point-of-care test, self-test, or labor... = Yes

VAC8_C When did you test positive or were told you have or had COVID-19? *Select all that apply.*

Within the last four weeks (1)

More than four weeks ago, but within the last year (2)

More than a year ago (3)

Display This Question:

If Have you ever tested positive for COVID-19 (using a rapid point-of-care test, self-test, or labor... = Yes

PASC1 How would you describe your coronavirus symptoms when they were at their worst?

I had no symptoms (1)

I had mild symptoms (2)

I had moderate symptoms (3)

I had severe symptoms (4)

Display This Question:

If When did you test positive or were told you have or had COVID-19? Select all that apply. = More than four weeks ago, but within the last year

Or When did you test positive or were told you have or had COVID-19? Select all that apply. = More than a year ago

PASC2 Did you have any symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19?

Long term symptoms may include: tiredness or fatigue, difficulty thinking or concentrating, forgetfulness, or memory problems (sometimes referred to as "brain fog"), difficulty breathing or shortness of breath, joint or muscle pain, fast-beating or pounding heart (also known as heart palpitations), chest pain, dizziness on standing, changes to your menstrual cycle, changes to taste/smell, or inability to exercise.

Yes, my symptoms lasted between 3 and 6 months (1)

Yes, my symptoms lasted 6 months to a year (2)

Yes, my symptoms lasted more than a year (3)

No (4)

Display This Question:

If How would you describe your coronavirus symptoms when they were at their worst? = I had mild symptoms

Or How would you describe your coronavirus symptoms when they were at their worst? = I had moderate symptoms

Or How would you describe your coronavirus symptoms when they were at their worst? = I had severe symptoms

Or Did you have any symptoms lasting 3 months or longer that you did not have prior to having corona... = Yes, my symptoms lasted between 3 and 6 months

PASC3 Do you have symptoms now?

Yes (1)

No (2)

Display This Question:

If Did you have any symptoms lasting 3 months or longer that you did not have prior to having corona... = Yes, my symptoms lasted between 3 and 6 months

Or Did you have any symptoms lasting 3 months or longer that you did not have prior to having corona... = Yes, my symptoms lasted 6 months to a year

Or Did you have any symptoms lasting 3 months or longer that you did not have prior to having corona... = Yes, my symptoms lasted more than a year

And If

Do you have symptoms now? = Yes

PASC4 Do these long-term symptoms reduce your ability to carry out day-to-day activities compared with the time before you had COVID-19?

Yes, a lot (1)

Yes, a little (2)

Not at all (3)

Display This Question:

If If What year were you born? Please enter a number. Text Response Is Less Than or Equal to 1964

VAC3_new There is a vaccine that was recently recommended for some people that helps prevent the respiratory virus called RSV. Have you received the RSV vaccine?

Yes (1)

No (2)

End of Block: Vaccination Intent 3

Start of Block: Arts and Entertainment

Arts Intro Next, we have a few questions about participation with the arts and entertainment.

ART1 During the last month, did you attend any live music, dance, or theater performances in person?

Yes (1)

No (2)

ART2 During the last month, did you go in person to an art exhibit, such as paintings, sculpture, textiles, graphic design, or photography?

Yes (1)

No (2)

ART3 During the last month, did you go to the movies?

Yes (1)

No (2)

ART4 During the last month, did you create, practice, or perform art of your own?

This may have included music, dance, or theater; creative writing; crafts or visual arts; digital art; or film or photography done for artistic purposes.

Yes (1)

No (2)

ART5 Please indicate whether you strongly agree, agree, disagree, or strongly disagree with the next statement.

“There are plenty of opportunities for me to take part in arts and cultural activities in my neighborhood or community.”

Strongly agree (1)

Agree (2)

Disagree (3)

Strongly Disagree (4)

End of Block: Arts and Entertainment

Start of Block: Insurance

HLTH8 Are you currently covered by any of the following types of health insurance or health coverage plans? *Mark Yes or No for each.*

	Yes (1)	No (2)
Insurance through a current or former employer or union (through yourself or another family member) (1)	<input type="radio"/>	<input type="radio"/>
Insurance purchased directly from an insurance company, including marketplace coverage (through yourself or another family member) (2)	<input type="radio"/>	<input type="radio"/>
Medicare, for people 65 and older, or people with certain disabilities (3)	<input type="radio"/>	<input type="radio"/>
Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability (4)	<input type="radio"/>	<input type="radio"/>
TRICARE or other military health care (5)	<input type="radio"/>	<input type="radio"/>
VA (including those who have ever used or enrolled for VA health care) (6)	<input type="radio"/>	<input type="radio"/>
Indian Health Service (7)	<input type="radio"/>	<input type="radio"/>
Other (8)	<input type="radio"/>	<input type="radio"/>

Display This Question:

If Are you currently covered by any of the following types of health insurance or health coverage pl... != Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability [Yes]

MEDICAID_1 Since **January 1, 2023**, have you ever had Medicaid coverage?

- Yes, I had Medicaid coverage, but I no longer have it (1)
- No, I have not had Medicaid since January 1, 2023 (2)

Display This Question:

If Since January 1, 2023, have you ever had Medicaid coverage? = Yes, I had Medicaid coverage, but I no longer have it

MEDICAID_2 What was the main reason you no longer have Medicaid?

- I gained new coverage and chose to drop Medicaid (1)
 - I moved to a new state (2)
 - I no longer qualify for Medicaid (3)
 - I tried to stay in Medicaid, but I could not complete the renewal process (4)
-

INT1 Do you or anyone in this household access the internet from home?

- Yes
- No
- Don't know

INT2 Do you or anyone in this household access the internet using a cell phone or mobile data plan?

- Yes
- No

Don't know

INT3 During 2024, have you or your household received free or reduced-price internet through any of the following programs? *Select all that apply.*

- Affordable Connectivity Program
- Lifeline Program
- State or local program
- Program through an Internet Service Provider
- Other program
- None / not applicable

[If any program selected in INT3]

INT4 If the program that helped you pay for home internet ended, did you or will you have to cancel your home internet service because you couldn't afford it?

- Yes, and this has already happened
- Yes, would need to cancel or cut back internet service
- No
- Don't know

Trust1 The population count, the crime rate, and the unemployment rate are examples of statistics produced by the federal government. Personally, how much trust do you have in federal statistics in the United States? Would you say that you tend to trust federal statistics or you tend not to trust them?

- Tend to trust federal statistics
- Tend not to trust federal statistics

Trust2 Below is a list of institutions in American society. Please indicate how much confidence you, yourself, have in each one.

Scale: a great deal, quite a lot, some or very little

The military (1)

The police (2)

The U.S.
Supreme Court
(3)

The presidency
(4)

Public schools
(5)

The criminal
justice system
(6)

Congress (7)

U.S. Census
Bureau (8)

U.S. statistical
agencies (9)

Trust3 To what extent do you agree or disagree with the following statement?

Policy makers need federal statistics to make good decisions about things like federal funding.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Topical 11 Questionnaire

Labor Force Test

PRE-LABOR INTRO - Disability

Next, we will ask some questions about your employment and work activities over the last six months.

DEM13 What is your marital status?

1. Now married
2. Not married but in a domestic partnership
3. Widowed
4. Divorced
5. Separated
6. Never married

Universe: All respondents greater than 15 years old. Will repeat Intro and Earnings questions for their spouse (when present on the household roster)

(WD1) Do you have a physical, mental, or emotional condition that limits the kind or amount of work you are able to do?

1. Yes
2. No

(WD2) Are you prevented from working due to a physical, mental, or emotional condition?

Universe: WD1 = 1

1. Yes
2. No

[if WD2 = 1, skip to INFORMAL_WORK]

LABOR INTRO Version A

(a1) During the last six months, did you work for an employer as a permanent employee?

Universe: AGE > 15 & WD2 ne 1

1. Yes
2. No

(a2) During the last six months, did you work for an employer as a temporary employee?

Universe: AGE > 15 & WD2 ne 1

1. Yes
2. No

(a3) During the last six months, did you work for a formal or informal business that you own?

Universe: AGE > 15 & WD2 ne 1

1. Yes
2. No

(a4) During the last six months, did you own a business but not work for it?

Universe: AGE > 15 and WD2 ne 1

1. Yes
2. No

(a5) During the last six months, did you find short, in-person jobs or tasks through companies that connect you directly with customers using a website or mobile app (such as rideshare/delivery apps, online tutoring services, nanny/housekeeping services, etc.)?

Universe: AGE > 15 and WD2 ne 1

1. Yes
2. No

(a6) During the last six months, did you receive pay for work done through social media (not including selling items through social media marketplaces, unless that is part of your regular work)?

Universe: AGE > 15 and WD2 ne 1

1. Yes
2. No

You mentioned that you have done the following types of work in the past six months. Please only list each job, business, or type of work in only one space:

[If (a1) = 1] For your work as a permanent employee, please list each employer you worked for separately:

- [Blank space for employer 1]
- [Button: Add another employer]

[If (a2) = 1] For your work as a temporary employee, please list each type of job you held separately:

- [Blank space for temporary job type 1]
- [Button: Add another temporary job type]

[If (a3) = 1] For the business(es) you own and worked for, please list the name or description of each business separately:

- [Blank space for owned business 1]
- [Button: Add another owned business]

[If (a4) = 1] For the business(es) you own but did not work for, please list the name or description of each business separately:

- [Blank space for non-working owned business 1]
- [Button: Add another non-working owned business]

[If (a5) = 1] For the short, in-person jobs or tasks you found through apps or websites, please list each type of work you did separately:

- [Blank space for app/website job type 1]
- [Button: Add another app/website job type]

[If (a6) = 1] For the work you did through social media, please list each type of work separately:

- [Blank space for social media work type 1]
- [Button: Add another social media work type]

LABOR INTRO Version B

Next, we will ask some questions about your employment and work activities over the last six months.

(a1) During the last six months, have you done work for a formal or informal business **that you own?**

Universe: AGE > 15 and WD2 ne 1

1. Yes
2. No

(a2) During the last six months, have you owned any businesses for which you did not work?

Universe: AGE > 15 and WD2 ne 1

1. Yes
2. No

(a3) Please list the names (or the best description) of each business.

[blank spaces where respondent can fill in name of business] – defines [a1 Roster]

(b1) During the last six months, have you had a job where you worked as an employee for an employer on a permanent basis?

Universe: AGE > 15 and WD2 ne 1

1. Yes
2. No

(b2) Please list the employers you worked for during the past six months. If you have had more than three employers, please list the three most recent.

[up to three blank spaces] – defines [b1 Roster]

(c1) During the last six months, have you had a job where you worked for an employer on a temporary basis?

Universe: AGE > 15 and WD2 ne 1

1. Yes
2. No

(c2) Please list the different types of jobs you held on a temporary basis during the last six months. [up to three blank spaces] – defines [c1 Roster]

(d1) Some people find short, in-person jobs or tasks through companies that connect them directly with customers using a website or mobile app, such as rideshare apps, online tutoring services, nanny/housekeeping services, etc. In the past six months, have you done any work for pay using one of these services?

Universe: AGE > 15

1. Yes
2. No

(d2) Please list the types of app/online service-based work you have done over the past six months. Please consider work for similar services to be one type of work, such as rideshare driver, nanny, house cleaner, etc.

[up to three blank spaces] – defines [d1 Roster]

(e1) During the last six months, have you received any pay for work done through social media? This would not include selling items through social media marketplaces unless doing so is considered part of your regular work.

Universe: AGE > 15

1. Yes
2. No

(e2) Please list the types of work you have done through social media over the last six months. E.g. influencer, blogger, etc.

[up to three blank spaces] – defines [e1 Roster]

INFORMAL_WORK

Universe A: $WD2 = 1$ or $a1-a6 = 2$ or [Sum of reported jobs] < 2

Universe B: $WD2 = 1$ or $a1, b1, c1, d1,$ and $e1 = 2$ or [Sum of reported jobs] < 2

The next set of questions is about informal work activities that you may have received payment for during the last six months.

Informal work is typically any activity or service performed in exchange for pay that is not part of a traditional job or formal business. Informal work can be short-term or long-term and may involve regular or irregular hours. These activities are often paid in cash or through other informal arrangements.

Examples of informal work include:

- Babysitting or providing childcare
- Doing yard work or home repairs for neighbors or friends
- Selling goods online or at a local market
- Helping a friend with a project for pay
- Providing freelance services

- Working as a day laborer

Please include all informal work activities, even if they were done for as little as one hour.

Present in Version A only: Your answers about any informal work you do will be kept private. We will combine your answers with others to better understand informal work without identifying anyone personally.

The Census Bureau is not allowed to share any personal information about the people who answer their questions. Census only collects this information to create statistics and reports. No other government agency or court can use someone's personal census information against them.

[IW1]: Not counting any work that you may have already reported. In the last six months, did you do any informal work to earn money, even for as little as one hour?

Universe A: $WD2 = 1$ or $a1-a6 = 2$ or [Sum of reported jobs] < 2

Universe B: $WD2 = 1$ or $a1, b1, c1, d1, \text{ and } e1 = 2$ or [Sum of reported jobs] < 2

1. Yes
2. No

[IW2a]: During the last six months, did you perform any services for other people on an informal basis, such as babysitting, lawn work, etc.?

Universe: $IW1 = 1$

1. Yes
2. No

[IW2b]: Please list the types of services you performed for other people over the last six months. E.g., babysitting, lawn care, etc.

Universe: $IW2a = 1$

[up to three blank spaces]

[IW3a]: In the past six months, did you do any work for someone who is self-employed or for a business, but not as part of a regular job? This could include things like consulting on a project or helping with building maintenance.

Universe: $IW1 = 1$

1. Yes
2. No

[IW3b]: Please list the types of services you performed for a self-employed individual or business.

Universe: $IW4a = 1$

[up to three blank spaces]

[IW4]: During the past six months, did you do any work as a day laborer? That is, did you ever

obtain work by waiting at a place where employers pick up people to work for a day?

Universe: $IW1 = 1$

1. Yes
2. No

[IWdis]: During the last six months, did you find short, in-person jobs or tasks through companies that connect you directly with customers using a website or mobile app (such as rideshare/delivery apps, online tutoring services, nanny/housekeeping services, etc.)?

Universe: $IW1 = 1$ & $WD2 = 1$

1. Yes
2. No

[IWdisb]: Please list the types of app/online service-based work you have done over the past six months. Please consider work for similar services to be one type of work, such as rideshare driver, nanny, house cleaner, etc.

Universe: $IWdis = 1$

[up to three blank spaces]

[IW5a]: Were there any other activities/jobs that you did to earn money during the last six months?

Universe: $IW1 = 1$

1. Yes
2. No

[IW5b]: Please list these activities/jobs.

Universe: $IW5a = 1$

[three-four blank spaces]

[Define IW Roster as the activities reported in IWdisb, IW2b, IW3b, IW5b and "Day Laborer" if $IW4 = 1$]

WORK_ARRANGEMENTS

Now we want to ask you some questions about the characteristics of [some of] the job[s] you reported.

If [JOB] is from IW roster skip to Earnings Section

A: If [JOB] is from a4 roster, skip to Profits Section

B: If [JOB] is from a3 roster and $a1 = 2$, skip to Profits Section

[WA1]: Thinking of the work you do for [JOB], would you consider yourself to be self-employed?

Universe A: *[JOB] is not from a3, or a4 rosters*

Universe B: *[JOB] is not from a3 roster*

1. Yes
2. No

[WA2]: Thinking of the work you do for [JOB], would you consider yourself to be an independent contractor, independent consultant, or freelance worker?

Universe A: *[JOB] is not from a6 roster*

Universe B [JOB] is not from e1 roster

1. Yes
2. No

[WA3]: Thinking of the work you do for [JOB], do you choose the jobs/contracts you want to complete?

Universe A: [JOB] on a1 or a2 roster and WA1, WA2 = 2

Universe B: [JOB] on b1 or c1 roster and WA1, WA2 = 2

1. Yes
2. No

[WA4]: Thinking of the work you do for [JOB], do you have flexible hours that allow you to vary or make changes in the times you begin or end work

Universe A: [JOB] on a1 or a2 roster

Universe B: [JOB] on b1, or c1 roster

1. Yes
2. No

[WA5] Thinking of the work you do for [JOB], do you have a say in the hours you begin and end work or does your employer decide?

Universe A: [JOB] on a1 or a2 roster and WA1 = 2;

Universe B: [JOB] on b1 or c1 roster and WA1 = 2

1. I have some say
2. Employer decides
3. Other, specify

[WA6]: Thinking of the work you do for [JOB], are you called in to work as needed (i.e. and on-call worker) or do you have a set regular schedule?

Universe A: [JOB] on a1 or a2 roster

Universe B: [JOB] on b1, or c1 roster

1. As needed
2. Regular schedule
3. Both
4. Other, specify

[WA7]: Did/will you receive any of the following from work done for [JOB]:

SELECT ALL THAT APPLY

Universe A: [JOB] on a1, a2, a3, or a5 roster

Universe B: [JOB] on b1, c1, or d1 roster

1. W2
2. 1099-MISC
3. 1099-NEC
4. 1099-K
5. Other, specify

6. Don't Know

[WA8]: Thinking of the work you do for [JOB], are you paid by the person or company that you perform work for or are you paid by a different person or company, such as a consulting firm or temporary help agency?

Universe A: [JOB] on a1 or a2 roster and WA1, WA2 = 2

Universe B: [JOB] on b1 or c1 roster and WA1, WA2 = 2

1. Yes
2. No

[WA9]: Thinking about the commute that you may have for [JOB], please indicate whether each of the following statements applies to you.

SELECT ALL THAT APPLY

Universe A: [JOB] on a1, a2, a3, or a5 roster

Universe B: [JOB] on a1, b1, c1, or d1 roster

1. I commute to the same place most days Yes No Don't know
2. I commute at about the same time most days Yes No Don't know
3. I regularly travel for work purposes other than commuting (e.g., driving to meet clients, making deliveries) Yes No Don't know
4. My work for [JOB] is fully or mostly remote Yes No Don't know

EARNINGS SECTION

The next set of questions is about (your/your spouse's) earnings from (your/your spouse's) jobs and businesses in the past 6 months, including both formal employment and informal work.

Please report (your/your spouse's) earnings before taxes and other deductions. If (you/your spouse) owned any businesses, please report (your/your spouse's) take-home pay rather than the total business profits.

Present in Version A only:

EARNINGS_TOTAL_[JOB] [Universe: Job on Test Roster and not self-owned business]

What were (your/your spouse's) total earnings from [JOB] before taxes and other deductions during the past 6 months?

If this was a business (you/your spouse) owned, please report (your/your spouse's) take-home pay and not the total profits.

Response field: Numerical text entry

Present in Version A only:

EARNINGS_AVG_[JOB] [Universe: Job on Test Roster and not self-owned business]

In a typical month during the past 6 months, what were (your/your spouse's) usual earnings from [JOB] before taxes and other deductions?

If this was a business (you/your spouse) owned, please report (your/your spouse's) take-home pay and not the total profits.

Response field: Numerical text entry

If you don't know the exact amount, please provide your best estimate.

Present in Version B only:

EARNINGS_LAST_[JOB] [Universe: Job on Test Roster and not self-owned business]

In the most recent month (you/your spouse) earned money from [JOB], what were (your/your spouse's) total earnings before taxes and deductions?

If this was a business (you/your spouse) owned, please report (your/your spouse's) take-home pay and not the total profits.

Response field: Numerical text entry

If you don't know the exact amount, please provide your best estimate.

Present in Version B only:

EARNINGS_MAX_[JOB] [Universe: Job on Test Roster and not self-owned business]

During the past 6 months, in the month when (you/your spouse) earned the *most* from [JOB], what were (your/your spouse's) earnings before taxes and other deductions?

If this was a business (you/your spouse) owned, please report (your/your spouse's) take-home pay and not the total profits.

Response field: Numerical text entry

If you don't know the exact amount, please provide your best estimate.

Present in Version B only:

EARNINGS_MIN_[JOB] [Universe: Job on Test Roster and not self-owned business]

During the past 6 months, in the month when (you/your spouse) earned the *least* from [JOB], what were (your/your spouse's) earnings before taxes and other deductions?

If this was a business (you/your spouse) owned, please report (your/your spouse's) take-home pay and not the total profits.

Response field: Numerical text entry

If you don't know the exact amount, please provide your best estimate.

PROFITS SECTION

Universe A: [JOB] on a3, or a4 roster

Universe B: [JOB] on a3 roster

The next set of questions is about the profits (you/your spouse) earned from businesses (you/your spouse) owned in the past 6 months.

When answering these questions, please think about profits before deducting taxes and other business expenses. If (your/your spouse's) business(es) experienced a loss or broke even, you will be able to indicate that in your response.

Present in Version A only:

PROFIT_TOTAL_[JOB]

Universe A: [JOB] on a3, or a4 roster

Universe B: [JOB] on a3 roster

In the past 6 months, what were (your/your spouse's) total profits before taxes and other deductions from [JOB]?

If (you/your spouse) had a loss, check the box and enter the amount of (your/your spouse's) loss. If (you/your spouse) broke even, enter zero.

\$ _____ Check if this amount was a loss
If you don't know the exact amount, please provide your best estimate.

Present in Version A only:

PROFIT_AVG_[JOB]

Universe A: [JOB] on a3, or a4 roster

Universe B: [JOB] on a3 roster

In a typical month during the past 6 months, what were (your/your spouse's) usual profits before taxes and other deductions from [JOB]?

If (you/your spouse) had a loss, check the box and enter the amount of (your/your spouse's) loss. If (you/your spouse) broke even, enter zero.

\$ _____ Check if this amount was a loss
If you don't know the exact amount, please provide your best estimate.

Present in Version B only:

PROFIT_LAST_[JOB]

Universe A: [JOB] on a3, or a4 roster

Universe B: [JOB] on a3 roster

In (fill for last month), what were (your/your spouse's) total profits before taxes and other deductions from [JOB]?

If (you/your spouse) had a loss, check the box and enter the amount of (your/your spouse's) loss. If (you/your spouse) broke even, enter zero.

\$ _____ Check if this amount was a loss
If you don't know the exact amount, please provide your best estimate.

Present in Version B only:

PROFIT_MAX_[JOB]

Universe A: [JOB] on a3, or a4 roster

Universe B: [JOB] on a3 roster

During the past 6 months, in the month when (you/your spouse) had the greatest profit or smallest loss from [JOB], what were (your/your spouse's) profits or losses before taxes and other deductions?

If (you/your spouse) had a loss, check the box and enter the amount of (your/your spouse's) loss. If (you/your spouse) broke even, enter zero.

\$ _____ Check if this amount was a loss

If you don't know the exact amount, please provide your best estimate.

Present in Version B only:

PROFIT_MIN_[JOB]

Universe A: [JOB] on a3, or a4 roster

Universe B: [JOB] on a3 roster

During the past 6 months, in the month when (you/your spouse) had the lowest profit or greatest loss from [JOB], what were (your/your spouse's) profits or losses before taxes and other deductions?

If (you/your spouse) had a loss, check the box and enter the amount of (your/your spouse's) loss. If (you/your spouse) broke even, enter zero.

\$ _____ Check if this amount was a loss

If you don't know the exact amount, please provide your best estimate.

Work Schedule and Hours Worked

The next set of questions is about (your/your spouse's) work schedule in the past 6 months, including both formal employment and informal work. Please include all time spent working and consider all jobs and businesses when answering these questions.

WORKSCHED_[JOB] [Universe: [JOB] not from IW roster] In the past six months, what was (your/your spouse's) usual work schedule for [JOB]?

1. Regular daytime schedule
2. Regular evening shift
3. Regular night shift
4. Rotating shift (changes between days, evenings, and nights)
5. Split shift (two distinct work periods each day)
6. Irregular schedule (days and hours vary from week to week)
7. Other - please specify: [TEXT ENTRY]

HOURS_AVG_[JOB] [Universe: Job on Test Roster]

In a typical week during the past 6 months, what was the usual number of hours (you/your spouse) worked at [JOB]?

Response field: Numerical text entry
If you don't know the exact amount, please provide your best estimate.

HOURS_LAST_[JOB] [Universe: Job on Test Roster]

In the most recent month you did work for [JOB], what was the usual number of hours per week (you/your spouse) worked?

Response field: Numerical text entry
If you don't know the exact amount, please provide your best estimate.

HOURS_MAX_[JOB] [Universe: [JOB] not from IW roster]

During the past 6 months, in the week when (you/your spouse) worked the most hours at [JOB], how many hours did (you/your spouse) work?

Response field: Numerical text entry
If you don't know the exact amount, please provide your best estimate.

HOURS_MIN_[JOB] [Universe: [JOB] not from IW roster] During the past 6 months, in the week when (you/your spouse) worked the least hours at [JOB], how many hours did (you/your spouse) work?

Response field: Numerical text entry

If you don't know the exact amount, please provide your best estimate.

Informal Work (follow up with alternate universe)

[IW6]: Sometimes people who have a job do additional things to earn money. We would like to learn more about activities you may have done to earn money that you haven't reported or that you didn't feel were described by the previous set of questions. In the last six months, did you do any other activities to earn money, even for as little as one hour?

Universe: A: Any of $a1-a6 = 1$ and [Sum of reported jobs in LABOR INTRO] ≥ 2

Universe B: $a1, b1, c1, d1, \text{ or } e1 = 1$ and [Sum of reported jobs in LABOR INTRO] ≥ 2

1. Yes
2. No

[IW7]: Please list these activities/jobs.

Universe: IW8 = 1

[three-four blank spaces]

ASSET_INTRO [Universe: all respondents]

Next, we will ask some questions about the value of assets and debts held by the household.

We know that people aren't used to talking about their assets and debt, but we ask these questions to get an overall picture of your community and the nation -- NOT to find out about your household personally. We will be asking about housing, checking accounts, stocks, mutual funds, and credit card debt.

[Next button, no response field]

PEU [Universe: all respondents]

Please select all individuals who contribute to or rely on the same household income and resources as you do. Examples of individuals to include are spouses or partners, children, and any other relatives or non-relatives who live with you and with whom you are financially interdependent, sharing financial resources and responsibilities beyond just splitting rent and utilities.

Response Field: [For programming purposes only: Select all that apply from the full household roster (not conditioning on age)]

Respondent [PRE-SELECTED IF POSSIBLE]

Person 1

Person 2

...

Person N

Feedback: HHRoster

LIV_QTR

What type of residence do you currently live in?

1. House
 2. Apartment
 3. Mobile Home
 4. Condominium
 5. Townhouse
 6. Shared Housing
 7. Other
-

PROP_OWN

Do you or someone in this household own or rent the residence where you currently live?

1. Owned by you or someone in this household with a mortgage or loan, including home equity loans
 2. Owned by you or someone in this household without a mortgage or loan
 3. Rented
 4. Occupied without ownership or payment of rent
 5. Other, text box
-

PROP_VAL

What is the current value of this property?

Response field: Text entry

LOAN_NUM

Present in Version A only:

How many mortgages or loans are there on this home?

1. 1
 2. 2 or more
-

LOAN1_TYPE

Present in Version A only:

What type of loan is Loan 1?

1. Mortgage
 2. Home equity loan
 3. Reverse mortgage
 4. Home improvement loan
 5. Other
-

LOAN2_TYPE

Present in Version A only:

What type of loan is Loan 2?

1. Mortgage
 2. Home equity loan
 3. Reverse mortgage
 4. Home improvement loan
 5. Other
-

LOAN_TYPE

Present in Version B only:

What types of loans do you have on your residence? Mark all that apply.

1. Mortgage
2. Home equity loan
3. Reverse mortgage
4. Home improvement loan
5. Other

Response field: Select all that apply

LOAN1_AMT

Present in Version A only:

How much does ... currently owe on Loan 1?

Response field: Text entry

LOAN2_AMT

Present in Version A only:

How much does ... currently owe on Loan 2?

Response field: Text entry

LOAN_AMT

Present in Version B only:

How much does ... currently owe on all of their loans on this property, in total?

Response field: Text entry

LOAN1_RT

Present in Version A only:

Is the interest rate paid on loan 1 fixed, variable, or a combination of the two?

1. Fixed
2. Variable
3. Combination
4. Other, specify

LOAN2_RT

Present in Version A only:

Is the interest rate paid on loan 2 fixed, variable, or a combination of the two?

1. Fixed
2. Variable
3. Combination
4. Other, specify

LOAN_RT

Present in Version B only:

Are the interest rates paid on any of the loans on this property fixed, variable, or a combination of the two? Mark all that apply.

1. Fixed
2. Variable
3. Combination
4. Other

Response field: Select all that apply

LOAN1_OBT

Present in Version A only:

Was loan/mortgage 1 obtained through an FHA, VA, or other mortgage program?

1. FHA
2. VA
3. Other
4. None

LOAN2_OBT

Present in Version A only:

Was loan/mortgage 2 obtained through an FHA, VA, or other mortgage program?

1. FHA
2. VA
3. Other

LOAN_OBT

Present in Version B only:

Were any of the mortgages/loans on this property obtained from an FHA, VA, or other mortgage program? Check all that apply.

1. FHA
2. VA
3. Other

Response field: Select all that apply

HELD_SEPARATE [Universe: DEM13 in (1,2)]

Think about any checking and savings accounts, stocks, mutual funds, money market funds, bonds, or CDs (certificates of deposit) that you and your [^spouse/partner] may own. Are these assets all held jointly? Or are some of them held separately, in your own names?

Response Field:

1. All assets are held jointly.
2. All assets are held separately
3. Combination of separately and jointly held assets

Fills:

If DEM13 = 1, then "spouse"
ELSE if DEM13 =2, then "partner"

Feedback:

DEM13

CHK_OWN [Universe: All respondents]

Version A:

Do you or anyone in the household have any checking accounts?

Response Field:

1. Yes
2. No

Version B:

Do you or anyone in the household have any checking accounts?

Response Field:

[Universe for names that populate: (DOB_YEAR>=2006 or missing(DOB_YEAR) or AGE>=18 or missing(AGE)]

Yes No Don't Know

[Adult 1 name]

[Adult 2 name]

...

[Adult n name]

Feedback:

HHRoster
DOB_YEAR
AGE

CHK_AMT [Universe: CHK_OWN_A=1 or CHK_OWN_B = "Yes" for at least one person]

If you added up all checking accounts (for everyone in the household), about how much would they amount to right now?

Response field: Text entry

CHK_AMT_FUP [Universe: CHK_AMT skipped & respondent owns a checking account & (((DEM13=1 or DEM13=2) & number of checking account owners>2) or ((DEM13 ne 1 & DEM13 ne 2) & number of checking account owners>1)]

!Version B only!

What is the total amount of all the checking accounts you [^and your [^spouse/partner]] own?

Response field: Text entry

Fills:

- Fill 1: If DEM13=1 or DEM13=2, then "and your"
Else, empty
- Fill 2: If DEM13 = 1, then "spouse"
ELSE if DEM13 =2, then "partner"

Feedback:

DEM13

ST_MF_OWN [Universe: All respondents]

Version A:

Excluding those in retirement accounts, do you or anyone in the household have any stocks, mutual funds, or ETFs (exchange-traded funds)? Include those held in brokerage or investment accounts.

1. Yes
2. No

Version B:

Excluding those in retirement accounts, do you or anyone in the household have any stocks, mutual funds, or ETFs (exchange-traded funds)? Include those held in brokerage or investment accounts.

Response Field:

[Universe for names that populate: (DOB_YEAR>=2006 or missing(DOB_YEAR) or AGE>=18 or missing(AGE)]

Yes No Don't Know

[Adult 1 name]

[Adult 2 name]

...

[Adult n name]

Feedback:

HHRoster
DOB_YEAR
AGE

ST_MF_AMT [Universe: ST_MF_OWN_A=1 or ST_MF_OWN_B = "Yes" for at least one person]

If you added up all stocks, mutuals funds, and ETFs held outside retirement accounts such- accounts (for everyone in the household), about how much would they amount to right now?

Response field: Text entry

ST_MF_AMT_FUP [Universe: ST_MF_AMT skipped & respondent owns stocks/mf/etf & [((DEM13=1 or DEM13=2) & number of stock/mf/etf owners>2) or ((DEM13 ne 1 & DEM13 ne 2) & number of st/mf/etf owners>1)]

!Version B only!

What is the total amount of all the accounts you [^and your [^spouse/partner]] own?

Response field: Text entry

Fills:

- Fill 1: If DEM13=1 or DEM13=2, then "and your"
Else, empty
- Fill 2: If DEM13 = 1, then "spouse"
ELSE if DEM13 =2, then "partner"

Feedback:

DEM13

CC_DEBT [Universe: All respondents]

Version A:

Do you or anyone in the household carry a balance from one month to another for store or credit card bills?

1. Yes
2. No

Version B:

Do you or anyone in the household carry a balance from one month to another for store or credit card bills?

Response Field:

[Universe for names that populate: (DOB_YEAR>=2006 or missing(DOB_YEAR) or AGE>=18 or missing(AGE)]

Yes No Don't Know

[Adult 1 name]

[Adult 2 name]

...

[Adult n name]

Feedback:

HHRoster
DOB_YEAR
AGE

CC_AMT [Universe: CC_DEBT_A=1 or CC_DEBT_B = "Yes" for at least one person]

If you added up all store and credit card debts (for everyone in the household), about how much would they amount to right now? Please do not count any new debt that will be paid off this month.

Enter "0" if all accounts were paid in full.

Response field: Text entry

CC_AMT_FUP [Universe: CC_AMT skipped & respondent has credit card debt & (((DEM13=1 or DEM13=2) & number of debt holders>2) or ((DEM13 ne 1 & DEM13 ne 2) & number of debt holders>1)]

!Version B only!

How much store and credit card debt did you [^and your [^spouse/partner]] carry over from last month to this one? Please do not count any new debt that will be paid off this month.

Enter "0" if all accounts were paid in full.

Response field: Text entry

Fills:

- Fill 1: If DEM13=1 or DEM13=2, then “and your”
Else, empty
- Fill 2: If DEM13 = 1, then “spouse”
ELSE if DEM13 =2, then “partner”

Feedback:

DEM13

AST_CONFIDENT [Universe A: not missing(CHK_AMT) or not missing(ST_MF_AMT) or not missing(CC_AMT)

Universe B: not missing(CHK_AMT) or not missing(CHK_AMT_FUP) or not missing(ST_MF_AMT) or not missing(ST_MF_AMT_FUP) or not missing(CC_AMT) or not missing(CC_AMT_FUP)]

How confident are you in the amounts you reported for your household’s [^account]?

Response field:

1. Extremely confident
2. Very confident
3. Moderately confident
4. Slightly confident
5. Not at all confident

Fills:

Version A:

If not missing(CHK_AMT) and missing(ST_MF_AMT) and missing(CC_AMT),
then “checking accounts”
ELSE if not missing(ST_MF_AMT) and missing(CHK_AMT) and missing(CC_AMT),
then “stocks, mutual funds, and ETFs”
ELSE if not missing(CC_AMT) and missing(ST_MF_AMT) and missing(CHK_AMT),
then “store and credit card debts”
ELSE if not missing(CHK_AMT) and missing(ST_MF_AMT) and not missing(CC_AMT),
then “checking accounts and store and credit card debts”
ELSE if missing(CHK_AMT) and not missing(ST_MF_AMT) and not missing(CC_AMT),
then “stocks, mutual funds, and ETFs and store and credit card debts”
ELSE if not missing(CHK_AMT) and not missing(ST_MF_AMT) and missing(CC_AMT),
then “checking accounts and stocks, mutual funds, and ETFs”
ELSE if not missing(CHK_AMT) and not missing(ST_MF_AMT) and not missing(CC_AMT),
then “checking accounts; stocks, mutual funds, and ETFs; and store and credit card debts”

Version B:

If not missing(CHK_AMT) or not missing(CHK_AMT_FUP) and missing(ST_MF_AMT) and

missing(ST_MF_AMT_FUP) and missing(CC_AMT) and missing(CC_AMT_FUP),
then “checking accounts”
ELSE if not missing(ST_MF_AMT) or not missing(ST_MF_AMT_FUP) and
missing(CHK_AMT) and missing(CHK_AMT_FUP) and missing(CC_AMT) and
missing(CC_AMT_FUP),
then “stocks, mutual funds, and ETFs”
ELSE if not missing(CC_AMT) or not missing(CC_AMT_FUP) and missing(ST_MF_AMT)
and missing(ST_MF_AMT_FUP) and missing(CHK_AMT) and missing(CHK_AMT_FUP),
then “store and credit card debts”
ELSE if [not missing(CHK_AMT) or not missing(CHK_AMT_FUP)] AND
[missing(ST_MF_AMT) and missing(ST_MF_AMT_FUP)] and [not missing(CC_AMT) or
not missing(CC_AMT_FUP)],
then “checking accounts and store and credit card debts”
ELSE if [missing(CHK_AMT) and missing(CHK_AMT_FUP)] and [not missing(ST_MF_AMT)
or not missing(ST_MF_AMT_FUP)] and [not missing(CC_AMT) or not
missing(CC_AMT_FUP)],
then “stocks, mutual funds, and ETFs and store and credit card debts”
ELSE if [not missing(CHK_AMT) or not missing(CHK_AMT_FUP)] and [not
missing(ST_MF_AMT) or not missing(ST_MF_AMT_FUP)] and [missing(CC_AMT) and
missing(CC_AMT_FUP)],
then “checking accounts and stocks, mutual funds, and ETFs”
ELSE if [not missing(CHK_AMT) or not missing(CHK_AMT_FUP)] AND [not
missing(ST_MF_AMT) or not missing(ST_MF_AMT_FUP)] AND [not missing(CC_AMT) or
not missing(CC_AMT_FUP)],
then “checking accounts; stocks, mutual funds, and ETFs; and store and credit
card debts”

KNOW_MOST [Universe: DEM13 in (1,2)]

Who is the most knowledgeable about household assets, debts, and retirement planning, you
or your ^[spouse/partner]?

1. Me
2. ^[spouse/partner]
3. Equally knowledgeable

Fills:

If DEM13 = 1, then “spouse”
ELSE if DEM13 =2, then “partner”

Feedback:

DEM13

INFO_SOURCE [Universe: All respondents]

When answering the questions in this survey did you:

[CHECKBOX: SELECT ALL THAT APPLY]

1. Look up amounts in records, documents, or online
2. Ask other household members for information
1. Provide your best estimates without looking up amounts or asking others
2. Pass the survey to another household member who is more knowledgeable about these topics
3. Not applicable (did not answer these questions)

Topical 12 Questionnaire
Household Pulse Survey

OECD Overall how satisfied are you with life as a whole these days?

Scale 0 ("Not satisfied at all") - 10 ("Completely satisfied")

D12 In your household, are there... *Select all that apply.*

- Children under 1 year old?
- Children 1 through 4 years old? (1)
- Children 5 through 11 years old? (2)
- Children 12 through 17 years old? (3)

Display This Question:

If D12 = 2 or 3

D13 During the school year that begins in the **Summer / Fall of 2024**, how many children in this household are or will be enrolled in Kindergarten through 12th grade or grade equivalent?

Enter whole numbers for all that apply.

- Number enrolled in a public school (1)

- Number enrolled in a private school (2)

- Number homeschooled, that is not enrolled in public or private school (3)

- None (4)

Page Break _____

Display This Question:

If How many people under 18 years-old currently live in your household? Please enter a number. Text Response Is Greater Than 0

EMP7 Next, we are going to ask about the childcare arrangements for children in the household.

At any time in the **last 4 weeks**, were any children in the household unable to attend daycare or another childcare arrangement as a result of child care being closed, unavailable, unaffordable, or because you are concerned about your child's safety in care? Please include before school care, after school care, and all other forms of childcare that were unavailable. *Select only one answer.*

- Yes (1)
- No (2)
- Not applicable (3)

Display This Question:

If Next, we are going to ask about the childcare arrangements for children in the household. At any... = Yes

EMP8 Which if any of the following occurred in the **last 4 weeks** as a result of childcare being closed, unavailable, unaffordable, or because you are concerned about your child's safety in care? *Select all that apply.*

- You (or another adult) took unpaid leave to care for the children (1)
- You (or another adult) used vacation, or sick days, or other paid leave in order to care for the children (2)
- You (or another adult) cut your work hours in order to care for the children (3)
- You (or another adult) left a job in order to care for the children (4)
- You (or another adult) lost a job because of time away to care for the children (5)
- You (or another adult) did not look for a job in order to care for the children (6)

You (or another adult) supervised one or more children while working (7)

Other (specify) (8)

None of the above (9)

Display if D12= at least one child under 1yo

INF2 How many months old is the baby or infant in your household? If there is more than one, please report the age of the youngest.

Under 6 months (1)

Between 6 months and 9 months (2)

Between 9 months and 12 months (3)

Page Break

Display if D12= at least one child under 1yo

INF5 How is the baby in your household fed (in addition to any solid foods the baby may be consuming)? If there is more than one baby, please report on the youngest.

Breastfeeding (or pumped breastmilk) only (1)

Sometimes breastfeeding (or pumped breastmilk) and sometimes infant formula (2)

Infant formula only (3)

Baby isn't fed breastmilk OR infant formula (4)

Display This Question:

If Are there any babies or infants under the age of 12 months (one year) old in your household? = Yes

And If

How is the baby in your household fed (in addition to any solid foods the baby may be consuming)?... = Sometimes breastfeeding (or pumped breastmilk) and sometimes infant formula

Or How is the baby in your household fed (in addition to any solid foods the baby may be consuming)?... = Infant formula only

INF6 In the **last 4 weeks**, did you have difficulty getting infant formula?

- Yes, in the last 7 days (1)
 - Yes, more than 7 days ago but within the last 4 weeks (2)
 - No, did not have trouble getting infant formula in the last 4 weeks (3)
-

EMP_Intro Now we are going to ask about your employment.

EMP1 Have you, or has anyone in your household experienced a loss of employment income **in the last 4 weeks**? *Select only one answer.*

- Yes (1)
 - No (2)
-

EMP2

In the **last 7 days**, did you do **ANY** work for either pay or profit? *Select only one answer.*

- Yes (1)
 - No (2)
-

Display This Question:

If In the last 7 days, did you do ANY work for either pay or profit? Select only one answer. = Yes

EMP3 Are you employed by the government, by a private company, a nonprofit organization or are you self-employed or working in a family business? *Select only one answer.*

- Government (1)
 - Private company (2)
 - Non-profit organization including tax exempt and charitable organizations (3)
 - Self-employed (4)
 - Working in a family business (5)
-

Display This Question:

If In the last 7 days, did you do ANY work for either pay or profit? Select only one answer. = No

EMP4 What is your main reason for not working for pay or profit? *Select only one answer.* I did not work because:

- I did not want to be employed at this time (1)
 - I am/was caring for children not in school or daycare (2)
 - I am/was caring for an elderly person (3)
 - I am/was sick or disabled (4)
 - I am retired (5)
 - I am/was laid off or furloughed (6)
 - My employer closed temporarily or went out of business (7)
 - I do/did not have transportation to work (8)
 - Other reason, please specify (9)
-

Display This Question:

If

In the last 7 days, did you do ANY work for either pay or profit? Select only one answer. = Yes

SPN5_DAYSTW_2 In the **last 7 days**, have you teleworked or worked from home?

- Yes, for 1-2 days (1)
- Yes, for 3-4 days (2)
- Yes, for 5 or more days (3)
- No (4)

End of Block: Employment

Start of Block: Mental Health and Health Status

display_HLTH Next, we will ask about health.

DIS1 Do you have difficulty seeing, even when wearing glasses? *Select only one answer.*

- No - no difficulty (1)
 - Yes - some difficulty (2)
 - Yes - a lot of difficulty (3)
 - Cannot do at all (4)
-

DIS2 Do you have difficulty hearing, even when using a hearing aid? *Select only one answer.*

- No - no difficulty (1)
- Yes - some difficulty (2)

Yes - a lot of difficulty (3)

Cannot do at all (4)

DIS4 Do you have difficulty walking or climbing stairs? *Select only one answer.*

No - no difficulty (1)

Yes - some difficulty (2)

Yes - a lot of difficulty (3)

Cannot do at all (4)

DIS3 Do you have difficulty remembering or concentrating? *Select only one answer.*

No - no difficulty (1)

Yes - some difficulty (2)

Yes - a lot of difficulty (3)

Cannot do at all (4)

DIS5 Do you have difficulty with self-care, such as washing all over or dressing? *Select only one answer.*

No - no difficulty (1)

Yes - some difficulty (2)

Yes - a lot of difficulty (3)

Cannot do at all (4)

DIS6 Using your usual language, do you have difficulty communicating, for example understanding or being understood? *Select only one answer.*

- No - no difficulty (1)
 - Yes - some difficulty (2)
 - Yes - a lot of difficulty (3)
 - Cannot do at all (4)
-

HLTH_intro Over the **last 2 weeks**, how often have you been bothered by...

HLTH1 Feeling nervous, anxious, or on edge? *Select only one answer.*

- Not at all (1)
 - Several days (2)
 - More than half the days (3)
 - Nearly every day (4)
-

HLTH2 Not being able to stop or control worrying? *Select only one answer.*

- Not at all (1)
 - Several days (2)
 - More than half the days (3)
 - Nearly every day (4)
-

HLTH3 Having little interest or pleasure in doing things? *Select only one answer.*

- Not at all (1)

- Several days (2)
 - More than half the days (3)
 - Nearly every day (4)
-

HLTH4 Feeling down, depressed, or hopeless? *Select only one answer.*

- Not at all (1)
 - Several days (2)
 - More than half the days (3)
 - Nearly every day (4)
-

Display This Question:

If How many people under 18 years-old currently live in your household? Please enter a number. Text Response Is Greater Than 0

MH1 During the **last 4 weeks**, did any children in your household need mental health treatment? Mental health treatment includes health services like counseling or medication.

- Yes, all children needed mental health treatment (1)
 - Yes, some but not all children needed mental health treatment (2)
 - No, none of the children needed mental health treatment (3)
-

Display This Question:

If During the last 4 weeks, did any children in your household need mental health treatment? Mental... = Yes, all children needed mental health treatment

Or During the last 4 weeks, did any children in your household need mental health treatment? Mental... = Yes, some but not all children needed mental health treatment

MH2 Did the children who needed mental health treatment receive it?

- Yes, all children who needed treatment received it (1)
 - Yes, but only some children who needed treatment received it (2)
 - No, none of the children who needed treatment received it (3)
-

Display This Question:

If Did the children who needed mental health treatment receive it? = Yes, all children who needed treatment received it

Or Did the children who needed mental health treatment receive it? = Yes, but only some children who needed treatment received it

MH3 Were you satisfied with the type, quality, and quantity of mental health treatment the children received?

- Satisfied with all of the mental health treatment the children received (1)
 - Satisfied with some but not all of the mental health treatment the children received (2)
 - Not satisfied with the mental health treatment the children received (3)
-

Display This Question:

If During the last 4 weeks, did any children in your household need mental health treatment? Mental... = Yes, all children needed mental health treatment

Or During the last 4 weeks, did any children in your household need mental health treatment? Mental... = Yes, some but not all children needed mental health treatment

MH4 How difficult was it to get mental health treatment for the children?

- Not difficult (1)

- Somewhat difficult (2)
- Very difficult (3)
- Unable to get treatment due to difficulty (4)
- Did not try to get treatment (5)

HLTH8 Are you **currently** covered by any of the following types of health insurance or health coverage plans? *Mark Yes or No for each.*

	Yes (1)	No (2)
Insurance through a current or former employer or union (through yourself or another family member) (1)	<input type="radio"/>	<input type="radio"/>
Insurance purchased directly from an insurance company, including marketplace coverage (through yourself or another family member) (2)	<input type="radio"/>	<input type="radio"/>
Medicare, for people 65 and older, or people with certain disabilities (3)	<input type="radio"/>	<input type="radio"/>
Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability (4)	<input type="radio"/>	<input type="radio"/>
TRICARE or other military health care (5)	<input type="radio"/>	<input type="radio"/>
VA (including those who have ever used or enrolled for VA health care) (6)	<input type="radio"/>	<input type="radio"/>
Indian Health Service (7)	<input type="radio"/>	<input type="radio"/>
Other (8)	<input type="radio"/>	<input type="radio"/>

End of Block: Mental Health and Health Status

Start of Block: Socialization

SOC1_first How often do you get the social and emotional support you need?

- Always (1)
 - Usually (2)
 - Sometimes (3)
 - Rarely (4)
 - Never (5)
-

SOC2_first How often do you feel lonely?

- Always (1)
- Usually (2)
- Sometimes (3)
- Rarely (4)
- Never (5)

Page Break _____

SOCnew1 In a **typical week**, how often do you get together in person, or talk on the phone (or

video) with family members, friends or neighbors? *Do not include text, DM or email.*

- Never (1)
 - Less than once a week (2)
 - 1 or 2 times a week (3)
 - 3 or 4 times a week (4)
 - 5 or more times a week (5)
-

SOCnew2 In a **typical year**, how often do you participate in meetings of the clubs or organizations you belong to such as volunteer groups, school groups, social clubs or gatherings or religious services?

- Never (1)
 - Less than once a year (2)
 - 1 to 3 times per year (2)
 - 4 to 11 times per year (3)
 - 12 or more times per year (4)
-

Page Break

FALLVAC Have you received the following vaccines **this fall** (that is, since August 2024)?

COVID

Yes

No

Flu

Yes

No

RSVVAC Have you ever received a vaccine for RSV?

Yes

No

SHORTAGE1 In **the last 4 weeks**, have you or a member of your household been directly affected by a shortage of the following? *Select all that apply.*

- A medicine or medication that requires a prescription or is given by provider, pharmacist, or hospital (1)
- A medicine or medication that is sold over the counter (without a prescription) (2)
- A medical equipment or supplies used at home such as infusion pumps, glucose monitors, home ventilators, masks, gloves, etc. (3)
- Other critical medical products, please specify ____ (4)
- My household has not been affected by any of these shortages (5)

SHORTAGE2A How did you or a member of your household respond to the shortage? *Select all that apply.*

- Changed to a substitute or alternative medication, equipment, or medical product (1)
- Spent more money or time to find the medication, equipment, or medical products (2)
- Delayed, stopped, rationed or re-used medication, equipment, or medical products (3)
- Delayed or canceled a medical procedure or treatment because medication, equipment or products needed for care were not available to me or a provider (4)

- Consulted a medical professional or other sources to help me get medication, equipment, or medical products (5)
- Experienced negative physical health impacts (6)
- Experienced negative mental health impacts (7)
- I don't know (8)
- Other, specify _____ (9)

FD1 Getting enough food can be a problem for some people. In the **last 7 days**, which of these statements best describes the food eaten in your household? *Select only one answer.*

- Enough of the kinds of food (I/we) wanted to eat (1)
 - Enough, but not always the kinds of food (I/we) wanted to eat (2)
 - Sometimes not enough to eat (3)
 - Often not enough to eat (4)
-

Display This Question:

If Getting enough food can also be a problem for some people. In the last 7 days, which of these sta... = Enough, but not always the kinds of food (I/we) wanted to eat

Or Getting enough food can also be a problem for some people. In the last 7 days, which of these sta... = Sometimes not enough to eat

Or Getting enough food can also be a problem for some people. In the last 7 days, which of these sta... = Often not enough to eat

And If

If How many people under 18 years-old currently live in your household? Please enter a number. Text Response Is Greater Than 0

FD2

Please indicate whether the next statement was often true, sometimes true, or never true in the **last 7 days** for the children living in your household who are under 18 years old.

"The children were not eating enough because we just couldn't afford enough food."

- Often true (1)
- Sometimes true (2)
- Never true (3)

Display This Question:

If Getting enough food can also be a problem for some people. In the last 7 days, which of these sta... = Enough, but not always the kinds of food (I/we) wanted to eat

Or Getting enough food can also be a problem for some people. In the last 7 days, which of these sta... = Sometimes not enough to eat

Or Getting enough food can also be a problem for some people. In the last 7 days, which of these sta... = Often not enough to eat

FD3 Why did you not have enough to eat (or not what you wanted to eat)? *Select all that apply.*

- Couldn't afford to buy more food (1)
- Couldn't get to store to buy food (for example, didn't have transportation, have mobility or health limitations that prevent you from getting out) (2)
- Couldn't go to store due to safety concerns (3)
- None of the above (4)

FD4 During the **last 7 days**, did you or anyone in your household get free groceries from a food pantry, food bank, church, or other place that provides free food? *Select only one answer.*

- Yes (1)
- No (2)

FD6_rev Do you or does anyone in your household currently receive benefits from... *Select all that apply.*

- Supplemental Nutrition Assistance Program (SNAP) or Food Stamp Program (1)
- WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) (2)

- Free or reduced-price meals at school through NSLP (National School Lunch Program) (3)
 - Pay full-price meals at school through NSLP (National School Lunch Program) (4)
 - None of these (4)
-

Display This Question: If

In your household, are there... Select all that apply. = Children 5 through 11 years old?

Or In your household, are there... Select all that apply. = Children 12 through 17 years old?

FD7_new Does having to pay for the food children eat at school make it difficult for your household to pay for other expenses?

- Yes (1)
- No (2)
- Not Applicable/don't have to pay for food at school (3)

End of Block: Food Security

SPN4

In the **last 2 months**, how difficult has it been for your household to pay for usual household expenses, including but not limited to food, rent or mortgage, car payments, medical expenses, student loans, and so on? *Select only one answer.*

- Not at all difficult (1)
- A little difficult (2)
- Somewhat difficult (3)
- Very difficult (4)

INFLATE1 In the area where you live and shop, do you think prices in general have changed in the **last 2 months**? *Select only one answer.*

- I think prices have increased (1)
 - I do not think prices have changed (2)
 - I think prices have decreased (3)
 - I do not know (4)
-

Display This Question:

If In the area where you live and shop, do you think prices in general have changed in the last 2 mo... = I think prices have increased

INFLATE2 How stressful, if at all, has the increase in prices in the **last 2 months** been for you? *Select only one answer.*

- Very stressful (1)
 - Moderately stressful (2)
 - A little stressful (3)
 - Not at all stressful (4)
-

INFLATE4 In the area you live and shop, how concerned are you, if at all, that prices will increase **in the next 6 months**? *Select only one answer.*

- Very concerned (1)
- Somewhat concerned (2)
- A little concerned (3)
- Not at all concerned (4)

HSE1

The next questions ask about housing.

Is your house or apartment...? *Select only one answer.*

- Owned by you or someone in this household free and clear? (1)
 - Owned by you or someone in this household with a mortgage or loan (including home equity loans)? (2)
 - Rented? (3)
 - Occupied without payment of rent? (4)
-

Display This Question:

If The next questions ask about housing. Is your house or apartment...? Select only one answer. = Rented?

HSE3 Is this household **currently** caught up on rent payments? *Select only one answer.*

- Yes (1)
 - No (2)
-

Display This Question:

If The next questions ask about housing. Is your house or apartment...? Select only one answer. = Owned by you or someone in this household with a mortgage or loan (including home equity loans)?

HSE4 Is this household **currently** caught up on mortgage payments? *Select only one answer.*

- Yes (1)
- No (2)

Display This Question:

If Is this household currently caught up on rent payments? Select only one answer. = No

Or Is this household currently caught up on mortgage payments? Select only one answer. = No

HSE6 How many months behind is this household in paying your rent or mortgage?

Display This Question:

If Is this household currently caught up on rent payments? Select only one answer. = No

HSE8 How likely is it that your household will have to leave this home or apartment within the **next 2 months** because of eviction? *Select only one answer.*

- Very likely (1)
- Somewhat likely (2)
- Not very likely (3)
- Not likely at all (4)

Display This Question:

If Is this household currently caught up on mortgage payments? Select only one answer. = No

HSE9 How likely is it that your household will have to leave this home within the **next 2 months** because of foreclosure? *Select only one answer.*

- Very likely (1)
- Somewhat likely (2)

Not very likely (3)

Not likely at all (4)

HSE10_rev In the **last 2 months**, Did your household reduce or forego expenses for basic household necessities, such as medicine or food, in order to pay an energy bill?

Yes

No

HSE11_rev In the **last 2 months**, did your household keep your home at a temperature that you felt was unsafe or unhealthy?

Yes

No

HSE12_rev In the **last 2 months**, was your household unable to pay an energy bill or unable to pay the full bill amount?

Yes

No

TRANS1 Currently, which of the following transportation options do you have access to: (Check all that apply)

Walk (1)

Bike or e-scooter (2)

Motorcycle or moped (3)

- Your own personal vehicle (e.g., car, truck, SUV) (4)
- A personal vehicle borrowed from a friend, family member, neighbor, coworker, or acquaintance (including carpooling) (5)
- Rental car or carsharing service (e.g., Zipcar)(6)
- Taxi service or rideshare (e.g., Uber, Lyft) (7)
- Bus (8)
- Rail transit (subway, light rail, streetcar, commuter rail) (9)
- Ferryboat (10)
- Paratransit (that is, specialized, door-to-door transport service for people with disabilities) (11)
- Other methods, please specify _____ (12)

TRANS2 Which one of the following statements best describes your access to transportation in the **last 4 weeks**:

- Enough transportation to meet your needs;
- Enough transportation, but not always the kinds you want to use;
- Sometimes not enough transportation to meet your needs;
- Often not enough transportation to meet your needs, or
- Always not enough transportation to meet your needs

If TRANS2=3, 4, or 5:

TRANS3 If you do not have enough transportation to meet your needs, which of the following reasons explain why (select all that apply):

- My transportation options are not available when I need them
 - My transportation options require more travel time than I have available
 - My transportation options are unpredictable (travel time, availability)
 - My transportation options cost more than I can afford
 - My transportation options feel unsafe
 - I have a disability that limits my travel options or makes travel challenging
 - None of the above
-

Start of Block: Arts and Entertainment

Arts Intro Next, we have a few questions about participation with the arts and entertainment.

ART1 During the **last 4 weeks**, did you attend any live music, dance, or theater performances in person?

- Yes (1)
 - No (2)
-

ART2 During the **last 4 weeks**, did you go in person to an art exhibit, such as paintings, sculpture, textiles, graphic design, or photography?

- Yes (1)
- No (2)

ART3 During the **last 4 weeks**, did you go to the movies?

Yes (1)

No (2)

ART4 During the **last 4 weeks**, did you create, practice, or perform art of your own?
This may have included music, dance, or theater; creative writing; crafts or visual arts; digital art; or film or photography done for artistic purposes.

Yes (1)

No (2)

ART5 Please indicate whether you strongly agree, agree, disagree, or strongly disagree with the next statement.

“There are plenty of opportunities for me to take part in arts and cultural activities in my neighborhood or community.”

Strongly agree (1)

Agree (2)

Disagree (3)

Strongly Disagree (4)

End of Block: Arts and Entertainment

Trust1 The population count, the crime rate, and the unemployment rate are examples of statistics produced by the federal government. Personally, how much trust do you have in federal statistics in the United States? Would you say that you tend to trust federal statistics or you tend not to trust them?

- Tend to trust federal statistics
- Tend not to trust federal statistics

Trust2 Below is a list of institutions in American society. Please indicate how much confidence you, yourself, have in each one.

Scale: a great deal, quite a lot, some or very little

The military (1)
The police (2)
The U.S. Supreme Court (3)
The presidency (4)
Public schools (5)
The criminal justice system (6)
Congress (7)
U.S. Census Bureau (8)
U.S. statistical agencies (9)

Trust3 To what extent do you agree or disagree with the following statement?

Policy makers need federal statistics to make good decisions about things like federal funding.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree