

## Topical Survey Front/End Matter

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

*For panelists receiving digital incentive:*

This month, you will receive your \$10 incentive by email. Within two weeks of survey closing, you will receive an email containing a link to redeem your \$10 as a digital Mastercard or your choice of \$10 at 10 different stores.

*Topical 13:* < This month's survey will be about 20 minutes or less and will ask questions about your health, home, and work to help improve surveys that the Census Bureau conducts. >

*Topical 14:* <This month's survey will be about 20 minutes or less and is sponsored by the U.S. Census Bureau in coordination with 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.>

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.

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**Privacy**

The authority for the collection of this information for the Census Household Panel Topicals 13 and 14 (0607-1025) is provided under Title 13, Sections 141, 182, and 193.

*[The purpose of collecting information in Topical 13 (November) is to help improve U.S. Census Bureau survey methods.]*

*[For Topical 14 (December) we will collect data using Household Pulse Survey content.]*

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 [adm.pra@census.gov](mailto:adm.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 \*\*

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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

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[TOPICAL SURVEY QUESTIONNAIRES HERE]

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**Back End of Instrument**

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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)

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Q6 What is a good phone number to reach you?

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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)

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Q9 *For digital incentive respondents fill:* <This month we will deliver your \$10 incentive through email.>

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

Yes (1)

No (2)

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Q10 For digital incentive respondents fill: <This month we will deliver your \$10 incentive through email.>What is the best email address for us to reach you?

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Only ask this question if it's not a digital path respondent OR if there is no email provided:  
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)

Only ask this question if it's not a digital path respondent OR if there is no email provided:

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 13 Questionnaire**  
**Data Collection Quality Improvement Experiments**

What is your age?

- 18 to 49
- 50 or older

**Dependent Interviewing, Factual Questions, Fatigued Population**

**Group C-HI:** People who cannot be in experiment because they did not provide DI info at baseline.

Input data:

- SAMPLE= 23Q3 and 24Q1.
- INS2=Primary insurance type – prioritized after ADDP delivery. INS2 should be 1 thru 7 for each type of insurance applicable to the experiment.
- OTHINS: This will flag cases who only have “any other type” of insurance to assign them to the control group.
- **FlagNo\_Health:** Flag for those without info for DI from their baseline (insured but did not provide kind of ins or did not answer insured/not question) 1= info missing; 0= info available to fill

FlagNo\_Health =1, Skip to FLU1

**Group A-HI: DI**

Random 50% of people with DI data (FlagNo\_Health =0) – HI\_GRP=1 assigns to Group A; HI\_GRP=2 assigns to Group B (control). IF OTHINS=1 then HI\_GRP=2.

If had ins at baseline (INS2=1-7)

**DI\_A1.** In [Basemonth fill: October 2023/March2024], you reported having health insurance. Do you have health insurance now?

Yes

No—Skip to FLU1

If DI\_A1=Yes

**DI\_A2.** In [Basemonth fill: Oct 2023/March2024], you reported having:

INS\_FILL:

IF INS2=1: Insurance through a current or former employer or union (of yours or another family member)

IF INS2=2: Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability

IF INS2=3: Medicare, for people 65 and older, or people with certain disabilities

IF INS2=4: Insurance purchased directly from an insurance company (by you or another family member)

IF INS2=5: TRICARE or other military health care

IF INS2=6: VA (enrolled for VA health care)

IF INS2=7: Indian Health Service

Do you have this kind of health insurance now?

Yes – Skip to FLU1

No -- Skip to INSFU

**DI - If uninsured at baseline**

**DI\_A3.** In [Basemonth fill: Oct 2023/March2024], you reported having no health insurance. Are you without health insurance now?

Yes – Skip to FLU1

No – Skip to INSFU

**Group B-HI: Control**

remaining 50% of people with DI data (HI\_GRP=2 assigned in embedded data: combo of ½ DI sample with FlagNo\_Health =0 AND OTHINS=1)

**DI\_B1.** Do you currently have health insurance? Include health insurance through government programs like Medicare and Medicaid.

Yes

No – skip to FLU1



DI\_B1=Yes or DI\_A3=No or DI\_A2=No

**INSFU.** Which of the following types of health insurance do you have today?

(select all that apply – notice that the order may be different than ASEC)

Insurance through a current  
or former employer or union  
(of yours or another family  
member) (4)

Medicaid, Medical  
Assistance, or any kind of  
government-assistance plan  
for those with low incomes or  
a disability (10)

Medicare, for people 65 and  
older, or people with certain  
disabilities (9)

Insurance purchased directly  
from an insurance company  
(by you or another family  
member) (5)

TRICARE or other military  
health care (11)

VA (enrolled for VA health  
care) (12)

Indian Health Service (13)

Any other type of health  
insurance (14)

For those who select Other type of insurance

**INS\_OTHER** Please specify the other type of health insurance.

### **Don't Know Experiment**

#### **Vaccines:**

**ASK ALL:**

**FLU1.** During the past 12 months, have you had a flu vaccination?

1. Yes
2. No

**IF DK\_GP=1:**

**TETANUS1.** Have you received a tetanus shot in the past 10 years?

1. Yes
2. No

**IF DK\_GP=2:**

**TETANUS2.** Have you received a tetanus shot in the past 10 years?

1. Yes
2. No

Don't know

**IF (TETANUS1 SKIPPED AND DK\_GP=1) OR (TETANUS2=DK, SKIPPED AND DK\_GP=2):**

**TETANUS\_P.** A tetanus shot is often called a Td or Tdap booster. Doctors generally give this vaccine every 10 years as a booster shot.

Have you received a tetanus shot in the past 10 years?

1. Yes
2. No

Don't know

**IF DK\_GP=1:**

**PNE1.** Have you ever had a pneumonia shot?

1. Yes
2. No

**IF DK\_GP=2:**

**PNE2.** Have you ever had a pneumonia shot?

1. Yes
2. No

Don't know

**IF (IF PNE\_DK=SKIPPED AND DK\_GP=1) OR (PNE2 SKIPPED,DK AND DK\_GP=2):**

PNE\_P. A pneumonia shot is also known as a pneumococcal vaccine. There are two types of pneumonia shots: polysaccharide, also known as Pneumovax<sup>®</sup>, and conjugate, also known as Prevnar<sup>®</sup>.

Have you ever had a pneumonia shot?

1. Yes
2. No

Don't know

**IF AGES 50+ AND DK\_GP=1:**

**SHINGLES1.** Have you had a vaccine for shingles?

1. Yes
2. No

**If ages 50+ AND DK\_GP=2:**

**SHINGLES2.** Have you had a vaccine for shingles?

1. Yes
2. No

Don't know

**IF (SHINGLES1 =SKIPPED AND DK\_GP=1) OR (SHINGLES2=SKIPPED, DK AND DK\_GP=2):**

**SHINGLES\_P.** Shingles is an illness that results in a rash or blisters on the skin, and is usually painful.

There are two vaccines that have been used to prevent shingles. The first was Zostavax<sup>®</sup>, which was available from 2006 through 2020 and required one shot. The other is Shingrix<sup>®</sup>, which has been available since 2017 and requires two shots.

Have you had a vaccine for shingles?

1. Yes
2. No

Don't know

*Height and Weight*

**IF DK\_GP=1:**

**HEIGHT1.** What is your current height?

\_\_\_\_\_ Feet \_\_\_\_\_ inches

**IF DK\_GP=2:**

**HEIGHT2.** What is your current height?

\_\_\_\_\_ Feet \_\_\_\_\_ inches

Don't know

**If (HEIGHT1 SKIPPED AND DK\_GP=1) OR (HEIGHT2=DK, Skipped AND DK\_GP=2):**

**HEIGHT\_P.** This is a key question for this study. If possible, please provide your best estimate for this question.

What is your current height?

\_\_\_\_\_ Feet \_\_\_\_\_ inches

Don't know

**IF DK\_GP=1:**

**WEIGHT1.** What is your current weight?

\_\_\_\_\_ pounds

**ASK IF DK\_GP=2:**

**WEIGHT2.** What is your current weight?

\_\_\_\_\_ pounds

Don't know

**If (WEIGHT1 SKIPPED AND DK\_GP=1) OR (WEIGHT2=DK,Skipped AND DK\_GP=2):**

**WEIGHT\_P.** This is a key question for this study. If possible, please provide your best estimate for this question.

What is your current weight?

\_\_\_\_\_ pounds

Don't know

**ASK ALL:**

R5. Do you or someone in your household own your home, either with or without a mortgage?

1. Yes
2. No

**IF DK\_GP=1:**

**SQFT1.** What is the square footage of your home?

\_\_\_\_\_ square feet

**IF DK\_GP=2:**

**SQFT2.** What is the square footage of your home?

\_\_\_\_\_ square feet

Don't know

**IF (SQFT1 SKIPPED AND DK\_GP=1) OR (SQFT2 SKIPPED AND DK\_GP=2):**

**SQFT2\_P.** This is a key question. Please provide your best estimate of the square footage of your home.

1. Less than 600 square feet
2. 600 to 799 square feet
3. 800 to 999 square feet
4. 1,000 to 1,499 square feet
5. 1,500 to 1,999 square feet
6. 2,000 to 2,499 square feet
7. 2,500 to 2,999 square feet
8. 3,000 square feet or more

Don't know

**ASK ALL:**

**HEATHOME.** Do you have a way to heat your home when it's cold?

1. Yes
2. No

**IF HEATHOME=Yes and DK\_GP=1:**

**HEAT1.** What is the main type of heating equipment used to provide heat for your home?

1. Central furnace
2. Steam or hot water system with radiators or pipes
3. Central heat pump
4. Ductless heat pump, also known as a “mini-split”
5. Built-in electric units installed in walls, ceilings, baseboards, or floors
6. Built-in room heater burning gas or oil
7. Wood or pellet stove
8. Portable electric heaters
9. Fireplace
10. Something else

**IF HEATHOME=Yes and DK\_GP=2:**

**HEAT2.** What is the main type of heating equipment used to provide heat for your home?

1. Central furnace
2. Steam or hot water system with radiators or pipes
3. Central heat pump
4. Ductless heat pump, also known as a “mini-split”
5. Built-in electric units installed in walls, ceilings, baseboards, or floors
6. Built-in room heater burning gas or oil
7. Wood or pellet stove
8. Portable electric heaters
9. Fireplace
10. Something else

Don't know

**IF (HEAT1 SKIPPED AND DK\_GP=1) OR (HEAT2=SKIPPED, DK AND DK\_GP=2):**

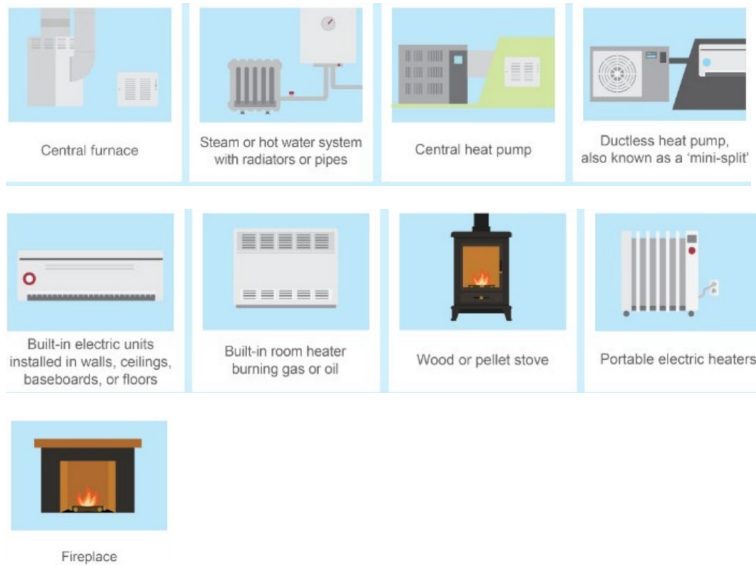
**HEAT\_P.** If you are unsure about what type of heating equipment is used to heat your home, please use the pictures below to assist you.

What is the main type of heating equipment used to provide heat for your home?

1. Central furnace
2. Steam or hot water system with radiators or pipes
3. Central heat pump
4. Ductless heat pump, also known as a “mini-split”
5. Built-in electric units installed in walls, ceilings, baseboards, or floors
6. Built-in room heater burning gas or oil
7. Wood or pellet stove

8. Portable electric heaters
9. Fireplace
10. Something else

[ ] Don't know



**IF DK\_GP=1:**

**INHAL1.** What portion of the light bulbs inside your home are incandescent or halogen bulbs?

1. All
2. Most
3. About half
4. Some
5. None

**IF DK\_GP=2:**

**INHAL2.** What portion of the light bulbs inside your home are incandescent or halogen bulbs?

1. All
2. Most
3. About half
4. Some

5. None

Don't know

**IF (INHAL1 SKIPPED AND DK\_GP=1) OR (INHAL2 SKIPPED, DK AND DK\_GP=2):**

**INHAL\_P.** If you are unsure about whether your home has incandescent or halogen bulbs, please use the picture below to assist you.



What portion of the light bulbs inside your home are incandescent or halogen bulbs?

1. All
2. Most
3. About half
4. Some
5. None

Don't know

**IF DK\_GP=1:**

**CFL1.** What portion of the light bulbs inside your home are CFL bulbs?

1. All
2. Most
3. About half
4. Some
5. None

**IF DK\_GP=2:**

**CFL2.** What portion of the light bulbs inside your home are CFL bulbs?

1. All
2. Most
3. About half



4. Some
5. None

Don't know

**IF (CLF1 SKIPPED AND DK\_GP=1) OR (CLF2 =SKIPPED, DK AND DK\_GP=2):**

**CFL\_P.** If you are unsure about whether your home has CFL bulbs, please use the picture below to assist you.



What portion of the light bulbs inside your home are CFL bulbs?

1. All
2. Most
3. About half
4. Some
5. None

Don't know

**IF DK\_GP=1:**

**LED1.** What portion of the light bulbs inside your home are LED bulbs?

1. All
2. Most
3. About half
4. Some
5. None

**IF DK\_GP=2:**

**LED2.** What portion of the light bulbs inside your home are LED bulbs?

1. All

2. Most
3. About half
4. Some
5. None

Don't know

**IF (LED1 SKIPPED AND DK\_GP=1) OR (LED2 SKIPPED, DK AND DK\_GP=2):**

**LED\_P.** If you are unsure about whether your home has LED bulbs, please use the picture below to assist you.



What portion of the light bulbs inside your home are **LED** bulbs?

1. All
2. Most
3. About half
4. Some
5. None

Don't know

#### Debriefing Questions:

We will be debriefing only on experiences of providing answers to weight, tetanus, and heat. At most respondents will receive 11 debriefing questions in this section (the longest path is if they skip the initial question for weight, tetanus and heating equipment but answer the probe follow-up question for each of these topics). Since item missingness is usually relatively low, most respondents will only receive 3 debriefing questions total (Set 1 asking their level of confidence in their answer).

There are four sets of debriefing questions – respondents will only fall into one of these four groups.

1. Debriefing set 1: Provided a valid answer to the initial question
2. Debriefing set 2: Skipped the initial question but provided valid answer on the probe

3. Debriefing set 3: Provided a DK on the initial question (Group 2 only), but provided valid answer on probe
4. Debriefing set 4: Did not provide a valid answer to the initial question nor the probe
5. Debriefing set 5: Selected DK to both the initial question and follow-up

***Tetanus Debriefing:***

***Set 1: Provided valid answer to the initial question.***

**IF DK\_GP=1,2 AND TETANUS1,2 ANSWERED WITH VALID VALUE:**

TETANUS\_D1. Previously you were asked the following question.

Have you received a tetanus shot in the past 10 years?

You selected “[FILL ANSWER]”. How confident are you about your answer?

1. Very confident
2. Somewhat confident
3. Not too confident
4. Not at all confident

***Set 2: These will be asked to those who received a probe following a skip and provided a valid answer to the probe***

**IF [DK\_GP=1,2 AND SKIPPED TETANUS1,2] AND PROVIDE A VALID ANSWER TO PROBE:**

TETANUS\_SK\_D1. Previously you were asked the following question, and you did not provide an answer.

Have you received a tetanus shot in the past 10 years?

Which of the following describe the reason or reasons you did not answer this question? *Select all that apply.*

1. Accidentally skipped without answering
2. Not sure whether I received a tetanus shot or not
3. Did not want to share this information
4. Did not think this was important information for the study
5. Something else: [write-in]

**IF [DK\_GP=1,2 SKIPPED TETANUS1,2] AND PROVIDE A VALID ANSWER TO PROBE:**

TETANUS\_SK\_D2. Next, you received some additional information to assist you in providing an answer to this question.

A tetanus shot is often called a Td or Tdap booster. Doctors generally give this vaccine every 10 years as a booster shot.

Have you received a tetanus shot in the past 10 years?

You then selected “[Yes/No]”. How confident are you about your answer?

1. Very confident
2. Somewhat confident
3. Not too confident
4. Not at all confident

**IF [DK\_GP=1,2 SKIPPED TETANUS1,2] AND PROVIDE A VALID ANSWER TO PROBE:**

**TETANUS\_SK\_D2a.** How helpful, if at all, was the additional information in assisting you to answer the question below?

A tetanus shot is often called a Td or Tdap booster. Doctors generally give this vaccine every 10 years as a booster shot.

Have you received a tetanus shot in the past 10 years?

1. Very helpful
2. Somewhat helpful
3. Not too helpful
4. Not at all helpful

**IF [DK\_GP=1,2 AND SKIPPED TETANUS1,2] AND PROVIDE A VALID ANSWER TO PROBE:**

**TETANUS\_SK\_D3.** Which of the following describe the reason or reasons you decided to provide an answer to the follow-up question below? *Select all that apply.*

A tetanus shot is often called a Td or Tdap booster. Doctors generally give this vaccine every 10 years as a booster shot.

Have you received a tetanus shot in the past 10 years?

1. It seemed like it was important information for the study
2. The additional information helped me determine my answer
3. I answered so that the survey would stop asking me this question
4. I accidentally skipped the first question but wanted to provide an answer
5. Something else: [write-in]

**Set 3: Responded DK to initial question, but provided valid answer on probe**

**IF DK\_GP=2 AND TETANUS2=DK AND VALID ANSWER ON PROBE:**

**TETANUS\_DK\_D1.** Previously you were asked the following question and selected “Don’t know”.

Have you received a tetanus shot in the past 10 years?

Next, you received some additional information to assist you in providing an answer.

A tetanus shot is often called a Td or Tdap booster. Doctors generally give this vaccine every 10 years as a booster shot.

Have you received a tetanus shot in the past 10 years?

You then selected “[FILL ANSWER]”. How confident are you about your answer?

1. Very confident
2. Somewhat confident
3. Not too confident
4. Not at all confident

**IF DK\_GP=2 AND TETANUS2=DK AND VALID ANSWER ON PROBE:**

**TETANUS\_DK\_D2.** Which of the following describe the reason or reasons you decided to provide an answer to the follow-up question below? *Select all that apply.*

A tetanus shot is often called a Td or Tdap booster. Doctors generally give this vaccine every 10 years as a booster shot.

Have you received a tetanus shot in the past 10 years?

1. It seemed like it was important information for the study
2. The additional information helped me determine my answer
3. I answered so that the survey would stop asking me this question
4. Something else: [write-in]

**Set 4: Did not provide a valid answer to the initial question or probe question**

**IF DK\_GP=1,2 AND SKIPPED TETANUS1,2 AND SKIPPED TETANUS\_P:**

**TETANUS\_SKA\_D1.** Previously you were asked the following question, and you did not provide an answer.

Have you received a tetanus shot in the past 10 years?

- Yes

- No

Which of the following describe the reason or reasons you did not answer this question? *Select all that apply.*

1. Accidentally skipped without answering
2. Not sure whether I received a tetanus shot or not
3. Did not want to share this information
4. Did not think this was important information for the study
5. Something else: [write-in]

**IF DK\_GP=1,2 AND SKIPPED TETANUS1,2 AND SKIPPED/DK TEATNUS\_P:  
TETANUS\_SKA\_D2.** Next, you received some additional information to assist you in providing an answer to this question.

A tetanus shot is often called a Td or Tdap booster. Doctors generally give this vaccine every 10 years as a booster shot.

Have you received a tetanus shot in the past 10 years?

[You did not answer this question/You selected “Don’t know”.] Which of the following describe the reason or reasons [you did not answer this question/ you selected this answer]? *Select all that apply.*

1. IF SKIPPED: Accidentally skipped without answering
2. Still was not sure whether I received a tetanus shot or not
3. Did not want to share this information
4. Did not think this was important information for the study
5. Something else: [write-in]

**Set 5: Selected “Don’t know” to both the initial and follow-up questions**

TDKA\_D1 Previously you were asked the following question and selected “Don’t know”.

Have you received a tetanus shot in the past 10 years?

Next, you received the following message and were asked to answer the question.  
A tetanus shot is often called a Td or Tdap booster. Doctors generally give this vaccine every 10 years as a booster shot.

Have you received a tetanus shot in the past 10 years?

You selected "Don't know". Which of the following describe the reason or reasons selected this answer? *Select all that apply.*

1. Not sure whether I received a tetanus shot or not
2. Did not want to share this information
3. Did not think this was important information for the study
4. Something else: [write-in]

***Weight Debriefing:***

***SET 1: Provided valid answer to the initial question.***

**IF DK\_GP=1,2 AND WEIGHT1,2 ANSWERED WITH VALID VALUE:**

**WEIGHT\_D1.** Previously you were asked the following question.

What is your current weight?

You entered [FILL ANSWER] pounds. How confident are you about your answer?

1. Very confident
2. Somewhat confident
3. Not too confident
4. Not at all confident

***SET 2: These will be asked to those who received a probe following a skip and provided a valid answer to the probe***

**IF [DK\_GP=1,2 AND SKIPPED WEIGHT1,2] AND PROVIDE A VALID ANSWER TO WEIGHT\_P:**

**WEIGHT\_SK\_D1.** Previously you were asked the following question, and you did not provide an answer.

What is your current weight?

Which of the following describe the reason or reasons you did not answer this question? *Select all that apply.*

1. Accidentally skipped without answering
2. Do not know my exact weight
3. Did not want to share this information
4. Did not think this was important information for the study

5. Something else: [write-in]

**IF [DK\_GP=1,2 AND SKIPPED WEIGHT1,2] AND PROVIDE A VALID ANSWER TO WEIGHT\_P: WEIGHT\_SK\_D2.** Next, you received the following message and were asked to answer the question.

This is a key question for this study. If possible, please provide your best estimate for this question.

What is your current weight?

You then entered {answer} pounds. How confident are you about your answer?

1. Very confident
2. Somewhat confident
3. Not too confident
4. Not at all confident

**IF [DK\_GP=1,2 AND SKIPPED WEIGHT1,2] AND PROVIDE A VALID ANSWER TO WEIGHT\_P: WEIGHT\_SK\_D3.** Which of the following describe the reason or reasons you decided to provide an answer to the follow-up question below? *Select all that apply.*

This is a key question for this study. If possible, please provide your best estimate for this question.

What is your current weight?

1. It seemed like it was important information for the study
2. I could provide an estimate of my weight
3. I answered so that the survey would stop asking me about my weight
4. I accidentally skipped the first question but wanted to provide an answer
5. Something else: [write-in]

**Set 3: Responded DK to initial question, but provided valid answer on probe**

**IF DK\_GP=2 AND WEIGHT2=DK AND VALID ANSWER TO WEIGHT\_P: WEIGHT\_DK\_D1.** Previously you were asked the following question and selected “Don’t know”.

What is your current weight?



Next, you received the following message and were asked to answer the question.

*This is a key question for this study. If possible, please provide your best estimate for this question.*

What is your current weight?

You then entered [FILL ANSWER] pounds. How confident are you about your answer?

1. Very confident
2. Somewhat confident
3. Not too confident
4. Not at all confident

**IF DK\_GP=2 AND WEIGHT2=DK AND VALID ANSWER TO WEIGHT\_P:  
WEIGHT\_DK\_D2.**

Which of the following describe the reason or reasons you decided to provide an answer to the follow-up question below? *Select all that apply.*

*This is a key question for this study. If possible, please provide your best estimate for this question.*

What is your current weight?

1. It seemed like it was important information for the study
2. I could provide an estimate of my weight
3. I answered so that the survey would stop asking me about my weight
4. Something else: [write-in]

**Set 4: Did not provide a valid answer to the initial question or probe question**

**IF DK\_GP=1,2 AND SKIPPED WEIGHT1,2 AND SKIPPED WEIGHT\_P:**

**WEIGHT\_SKA\_D1.** Previously you were asked the following question, and you did not provide an answer.

What is your current weight?

Which of the following describe the reason or reasons you did not answer this question? *Select all that apply.*

1. Accidentally skipped without answering

2. Do not know my exact weight
3. Did not want to share this information
4. Did not think this was important information for the study
5. Something else: [write-in]

**IF DK\_GP=1,2 AND SKIPPED WEIGHT1,2 AND SKIPPED/DK WEIGHT\_P:**

**WEIGHT\_SKA\_D2.** Next, you received the following message, and were asked to answer the question.

*This is a key question for this study. If possible, please provide your best estimate for this question.*

What is your current weight?

[You did not answer this question/You selected “Don’t know”.] Which of the following describe the reason or reasons [you did not answer this question/you selected this answer]? *Select all that apply.*

1. IF SKIPPED: Accidentally skipped without answering
2. Still did not have an estimate of my weight
3. Did not want to share this information
4. Did not think this was important information for the study
5. Something else: [write-in]

**Set 5: Selected “Don’t know” to both the initial and follow-up questions**

WDKA\_D1 Previously you were asked the following question and selected “Don’t know”.

What is your current weight?

Next, you received the following message and were asked to answer the question.

*This is a key question for this study. If possible, please provide your best estimate for this question.*

What is your current weight?

You selected “Don’t know”. Which of the following describe the reason or reasons selected this answer? *Select all that apply.*

1. Do not have an estimate of my weight
2. Did not want to share this information
3. Did not think this was important information for the study
4. Something else: [write-in]

**Heating Source Debriefing:**

**SET 1: Provided valid answer to the initial question.**

**IF DK\_GP=1,2 AND HEAT1,2 ANSWERED WITH VALID VALUE:**

HEAT\_D1. Previously you were asked the following question.

{Question text}

You selected [FILL ANSWER]. How confident are you about your answer?

1. Very confident
2. Somewhat confident
3. Not too confident
4. Not at all confident

**SET 2: These will be asked to those who received a probe following a skip and provided a valid answer to the probe**

**IF [DK\_GP=1,2 AND SKIPPED INITIAL HEAT1,2 QUESTION] AND PROVIDE A VALID ANSWER TO PROBE:**

HEAT\_SK\_D1. Previously you were asked the following question, and you did not provide an answer.

What is the main type of heating equipment used to provide heat for your home?

Which of the following describe the reason or reasons you did not answer this question? *Select all that apply.*

1. Accidentally skipped without answering
2. Not sure what type of heating my home has
3. Did not want to share this information
4. Did not think this was important information for the study
5. Something else: [write-in]

**IF [DK\_GP=1,2 AND SKIPPED INITIAL HEAT1,2 QUESTION] AND PROVIDE A VALID ANSWER TO PROBE:**

**HEAT\_SK\_D2.** Next, you received some images to assist you in providing an answer to this question.

If you are unsure about what type of heating equipment is used to heat your home, please use the pictures below to assist you. What is the main type of heating equipment used to provide heat for your home?

You then selected “[FILL ANSWER]”. How confident are you about your answer?

1. Very confident
2. Somewhat confident
3. Not too confident
4. Not at all confident

**IF [DK\_GP=1,2 AND SKIPPED INITIAL HEAT1,2 QUESTION] AND PROVIDE A VALID ANSWER TO PROBE:**

**HEAT\_SK\_D2a.** How helpful, if at all, were the images in assisting you to answer the question below?

If you are unsure about what type of heating equipment is used to heat your home, please use the pictures below to assist you. What is the main type of heating equipment used to provide heat for your home?

1. Very helpful
2. Somewhat helpful
3. Not too helpful
4. Not at all helpful

**IF DK\_GP=1,2 AND SKIPPED HEAT1,2 AND PROVIDE A VALID ANSWER to HEAT\_P:**

**HEAT\_SK\_D3.** Which of the following describe the reason or reasons you decided to provide an answer to the follow-up question with the images? *Select all that apply.*

If you are unsure about what type of heating equipment is used to heat your home, please use the pictures below to assist you. What is the main type of heating equipment used to provide heat for your home?

1. It seemed like it was important information for the study
2. The images helped me determine the information I was providing is correct

3. I answered so that the survey would stop asking me this question
4. I accidentally skipped the first question but wanted to provide an answer
5. Something else: [write-in]

**Set 3: Responded DK to initial question, but provided valid answer on probe**

**IF DK\_GP=2 AND HEAT2=DK AND VALID ANSWER ON PROBE:**

**HEAT\_DK\_D1.** Previously you were asked the following question and selected “Don’t know”.

What is the main type of heating equipment used to provide heat for your home?

Next, you received some images to assist you in providing an answer.

If you are unsure about what type of heating equipment is used to heat your home, please use the pictures below to assist you.

What is the main type of heating equipment used to provide heat for your home?

You then selected “[FILL ANSWER]”. How confident are you about your answer?

1. Very confident
2. Somewhat confident
3. Not too confident
4. Not at all confident

**IF DK\_GP=2 AND HEAT2=DK AND VALID ANSWER ON PROBE:**

**HEAT\_DK\_D2.** Which of the following describe the reason or reasons you decided to provide an answer to the follow-up question with images? *Select all that apply.*

If you are unsure about what type of heating equipment is used to heat your home, please use the pictures below to assist you.

What is the main type of heating equipment used to provide heat for your home?

1. It seemed like it was important information for the study
2. The images helped me determine the information I was providing is correct
3. I answered so that the survey would stop asking me this question
4. Something else: [write-in]

**Set 4: Did not provide a valid answer to the initial question or probe question**

**IF DK\_GP=1,2 AND HEAT1,2=SKIPPED AND HEAT\_P=SKIPPED:**

**HEAT\_SKA\_D1.** Previously you were asked the following question, and you did not provide an answer.

What is the main type of heating equipment used to provide heat for your home?

Which of the following describe the reason or reasons you did not answer this question? *Select all that apply.*

1. Accidentally skipped without answering
2. Not sure what type of heating my home has
3. Did not want to share this information
4. Did not think this was important information for the study
5. Something else: [write-in]

**IF DK\_GP=1,2 AND SKIPPED HEAT1,2 AND SKIPPED/DK HEAT\_P:**

**HEAT\_SKA\_D2.** Next, you received some images to assist you in providing an answer to this question.

If you are unsure about what type of heating equipment is used to heat your home, please use the pictures below to assist you.

What is the main type of heating equipment used to provide heat for your home?

[You did not answer this question/You selected "Don't know"]. Which of the following describe the reason or reasons [you did not answer this question/you selected this answer]? *Select all that apply.*

1. IF SKIPPED: Accidentally skipped without answering
2. Still not sure what type of heating my home has
3. Did not want to share this information
4. Did not think this was important information for the study
5. Something else: [write-in]

**Set 5: Selected "Don't know" to both the initial and follow-up questions**

**HDKA\_D1** Previously you were asked the following question and selected "Don't know".

What is the main type of heating equipment used to provide heat for your home?

Next, you received the following message and were asked to answer the question.

If you are unsure about what type of heating equipment is used to heat your home, please use the pictures below to assist you.

What is the main type of heating equipment used to provide heat for your home?

You selected "Don't know". Which of the following describe the reason or reasons selected this answer? *Select all that apply.*

1. Not sure what type of heating my home has
2. Did not want to share this information
3. Did not think this was important information for the study
4. Something else: [write-in]

### **Auxiliary Data Experiment**

AUX\_GRP=2 (Rest of random 50% of homeowners)

**HOM1** Do you, or any member of this household, have a mortgage on your home?

Yes

No → Reassign to AUX\_GRP=1

Missing → Reassign to AUX\_GRP=1

AUX\_GRP =1 (just get job question)

**UNEMP** Were you unemployed at any point in 2024?

Yes

No

AUX\_GRP =1 (just get job question)

**JBCHG** Did you leave a job in 2024, either voluntarily or involuntarily?

Yes

No

AUX\_GRP =1 (just get job question)

**Working** Are you currently working?

Yes

No -> ASSIGN to AUX\_GRP=2 and Go To HOM2

AUX\_GRP =1 and Working= Yes

**JOB** What is your job? If you have more than one job, choose your main job.

*Examples: fourth-grade teacher, entry-level plumber, web developer, etc.*

Job: [open ended text box]

Group A: Random 50% of Working= Yes {Note: JOBFIL\_GRP =1}

**JOB1\_FILTER** You can provide a LinkedIn account or résumé, or answer questions about your main job. Which of these would you like to do?

1. Provide a link to your LinkedIn account
2. Upload your résumé
3. Copy and paste information from your résumé
4. Answer questions

Group B: Remaining random 50% of Working= Yes {JOBFIL\_GRP=2}

**JOB2\_FILTER** You can provide a LinkedIn account or résumé instead of answering questions about your main job. Which of these would you like to do?

1. Provide a link to your LinkedIn account
2. Upload your résumé
3. Copy and paste information from your résumé
4. Answer questions

Universe= Everyone who got JOB (so the a/ b group is only for previous Filter questions)

If selected Upload resume, JOB1\_FILTER or JOB2\_FILTER=2.

**JOB\_CV** Use the link below to upload your current résumé.

{Add instructions as needed}

[upload button]



If selected copy/paste resume, JOB1\_FILTER or JOB2\_FILTER=3.

**JOB\_CPY** Copy and paste the information about your main job [if JOB is not empty: as a/an [Fill JOB], if JOB is empty: blank] from your current résumé. Make sure to include the dates of employment, job title, and duties.

[text box]

If selected LinkedIn, JOB1\_FILTER or JOB2\_FILTER=1.

**JOB\_LNK** Provide a link to your LinkedIn page. The url should look something like:  
linkedin.com/in/first-last-####/

[open ended text box]

If selected survey questions, JOB1\_FILTER or JOB2\_FILTER=4.

**JOBT\_SVYQ** What is your job title?

[open end text box]

If selected survey questions, JOB1\_FILTER or JOB2\_FILTER=4.

**JOBL\_SVYQ IF JOBT\_SVYQ is not empty:** When did you start working as a/an [Fill JOBT\_SVYQ] for your current employer? / **IF JOBT\_SVYQ is empty:** When did you start your current position?

[Data field: MO/YR]

If selected survey questions, JOB1\_FILTER or JOB2\_FILTER=4.

**JOB\_D\_SVYQ** Describe your typical activities or duties at this job.

*Examples: instruct and evaluate students and create lesson plans, assemble and install pipe section and review building plans for work details.*

[open end text box]

### **Debrief questions for job**

Working= Yes and JOB1\_FILTER or JOB2\_FILTER not missing

**JOB\_DBY** There were four ways that you could have provided information about your main job. Why did you choose to [Fill response: provide a link to your LinkedIn account, upload your résumé, copying information from your résumé, answer questions] over the other options? *Select all that apply.*

- Easiest
- Fastest
- Information less detailed
- Information more detailed
- Information less up-to-date
- Information more up-to-date
- Could control what information I provided
- Other option(s) were harder to do on this device
- Reduced number of questions I had to answer
- Don't have a LinkedIn account
- My LinkedIn account is private
- Don't have a résumé
- Résumé is not up-to-date

Working= Yes and JOB1\_FILTER or JOB2\_FILTER not missing

**JOB\_DBFA** Which is fastest for you to provide?

1. Providing your LinkedIn account
2. Uploading your résumé
3. Copying and pasting from your résumé
4. Answering basic questions (job title, start date, typical duties)

WORKING=YES AND JOB\_DBY<> Don't have linkedin OR [WORKING=Yes and (Job1FILTER=1 or JOB2\_FILTER=1)]

**JOB\_DBPR\_L** How concerned are you with your privacy when sharing your LinkedIn account with others?

1. Very concerned
2. Somewhat concerned
3. Not too concerned
4. Not at all concerned
5. I don't have a LinkedIn account (IF JOB1\_FILTER=2,3,4 OR JOB2\_FILTER=2,3,4)

WORKING=YES AND JOB\_DBY<> Don't have a resume OR [WORKING=YES and (JOB1\_FILTER=2,3 or JOB2\_FILTER=2,3)]

**JOB\_DBPR\_R** How concerned are you with your privacy when sharing your résumé with others?

1. Very concerned
2. Somewhat concerned
3. Not too concerned
4. Not at all concerned
5. I don't have a résumé (IF JOB1\_FILTER=1,4 OR JOB2\_FILTER=1,4)

If JOB1\_FILTER or JOB2\_FILTER=2.

**JOB\_DBUP** Did you have any computer problems when uploading your résumé?

Yes

No

If JOB1\_FILTER or JOB2\_FILTER=3.

**JOB\_DBCO1** Why did you choose to copy and paste your information rather than upload your résumé? *Select all that apply.*

- Easier
- Did not want to share other information on my résumé
- Faster
- Could control what information was provided
- Could edit/update information

If selected "Do not want to share" in JOB\_DBCO1

**JOB\_DBCO2** What information is available on your résumé?

- Name
- Address
- Email
- Phone number
- ORCID iD
- LinkedIn
- Social media accounts
- Personal website
- Social security number

- Work or residency visa
- Purpose statement / Objective
- Photo
- Salary
- Employer and job information
- Past jobs
- Education and training
- Awards
- Grants
- Publications
- Professional association memberships
- Professional service
- Hobbies / Other interests
- Volunteer work

If checked "Did not want to share" in JOB\_DBCO1

**JOB\_DBCO3** Which of these did you not want to share by uploading your résumé?

[ fill/show only what was selected in JOB\_DBCO2]

If skipped/ no data for JOB\_LNK or JOB\_CPY or JOB\_CV or JOB1\_FILTER or JOB2\_FILTER or (JOB\_T\_SVYQ and JOBL\_SVYQ and JOBD\_SVYQ) AND WORKING NE NO

**JOB\_DBSK** You did not provide information about your main job by [Fill = uploading your résumé, providing a link to your LinkedIn account, copying information from your résumé, or answering questions; (list all if skip Filter question, otherwise use relevant text: providing a link to your LinkedIn account, uploading your résumé, copying information from your résumé, or answering questions)]. Please tell us why. *Select all that apply.*

(randomize)

- Thought I did provide it
- Problems with technology
- Didn't understand the instructions
- Skipped the question by accident
- Didn't want to provide the information
- Took too much time

(AUX\_GRP =1 and Working= No and R5=1)

**HOM2** Do you, or any member of this household, have a mortgage on your home?

Yes -> ASSIGN TO AUX\_GRP=2 and CONTINUE TO HOM\_E

No -> SKIP Mortgage

### HOM1 OR HOM2=YES

**HOM\_E** Does your monthly mortgage payment include escrowed funds to cover expenses like insurance and taxes?

Yes

No

I don't know

If HOM\_E = I don't know or No

**HOM\_NEUP** Use the button below to upload a recent mortgage statement. These are usually mailed or emailed monthly.

{Add instructions as needed}

[upload option]

Group A: Random 50% of HOM\_E = Yes

**HOM1\_FILTER** You can provide your annual escrow statement or answer questions about your mortgage. Which of these would you like to do?

Upload escrow statement

Answer questions

Group B: Remaining random 50% of HOM\_E = Yes

**HOM2\_FILTER** You can provide your annual escrow statement instead of answering questions about your mortgage. Which of these would you like to do?

Upload escrow statement

Answer questions

If selected Upload, HOM1\_FILTER or HOM2\_FILTER=1.

**HOM\_EUP** You can use the link below to upload your most recent annual escrow statement. If the statement is on paper, you can upload a picture.

[upload button]

{Add instructions as needed}

If selected questions, i.e., HOM1\_FILTER or HOM2\_FILTER=2. Or HOM\_E=No or Don't know.

**HOM\_QINS** What is the annual payment for fire, hazard, and flood insurance on your residence?

\$ \_\_\_\_\_

If selected questions, HOM1\_FILTER or HOM2\_FILTER=2. Or HOM\_E=No or Don't know.

**HOM\_QTX1** What are the annual real estate taxes on your residence?

\$ \_\_\_\_\_

If selected questions, HOM1\_FILTER or HOM2\_FILTER=2.

**HOM\_QTX2** How much is the regular monthly mortgage payment on your residence?

\$ \_\_\_\_\_

Debrief questions for mortgage

Uploaded statement, HOM1\_FILTER or HOM2\_FILTER=1

**HOM\_DB1** Why did you choose to upload your annual escrow statement instead of answer questions?

(select all, randomize)

Faster

Easier

Reduced number of questions I had to answer

Did not think I could answer questions about the escrow

Answered questions, HOM1\_FILTER or HOM2\_FILTER=2

**HOM\_DB2** Why did you choose to answer questions instead of upload your annual escrow statement?

(select all, randomize)

- Faster
- Easier
- Did not know what an escrow statement was
- Information on statement is private
- Hard to upload statement on this device
- Could not find statement
- Did not want to look for statement

Ask if didn't upload monthly or annual statement, didn't select a way to provide info, didn't answer any survey questions

**HOM\_DBSK** You did not provide information about your mortgage. Please tell us why. *Select all that apply.*

(randomize)

- Thought I did provide it
- Problems with technology
- Didn't understand the instructions
- Skipped the question by accident
- Didn't want to provide the information
- Don't know about the mortgage
- Don't have access to the statement
- Couldn't find the statement
- Didn't try to find the statement

### **Dependent Interviewing for Subjective Questions**

RIP0824=1 if RIP is yes, 2 if RIP is No, Blank if Not answered.

SOC1\_first=1,2,3,4,5 if answered; blank if not answered

SOC2\_first=1,2,3,4,5 if answered; blank if not answered

Soc\_Flag=1 have all dependent data AND RIP=Yes; 0 if missing at least some dependent data, RIP=No, Missing;

Aug\_nocon=1 if SOC1\_first=1,2,3,4,5 OR SOC2\_first=1,2,3,4,5 AND RIP0824=2, Missing.

IF SOC\_FLAG=1 then draw random 40/60 split: SOC\_DI=1-10;

**Group A-EMO:** no DI; People without DI info or did not consent to DI (SOC\_FLAG=0) + random 40% of those with DI info for all questions (SOC\_FLAG=1 AND SOC\_DI=1-4) or

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

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

**LONE** How often do you feel lonely?

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

All skip to REQ1\_NDI

**Group B-EMO:** DI; remaining 60% of those with DI info to all questions (SOC\_FLAG=1 AND SOC\_DI=5-10)

Ask 50% of Group B-EMO; code as DINEW=1

**SOCSUP\_DINew** (in Pulse, SOC1\_first) In August, you reported how often you get the social and emotional support you need as shown below.



{Picture with highlighted answer}

- Always
- Usually
- Sometimes
- Rarely
- Never

Compared to August, do you get the social and emotional support you need more or less often now?

- A lot more often
- A little more often
- The same - skip to LONE\_DI
- A little less often
- A lot less often

Ask remaining 50% of Group B-EMO (DINEW=2)

**SOCSUP\_DI01d** (in Pulse, SOC1\_first) In August, you reported how often you get the social and emotional support you need as shown below.

{Picture with highlighted answer}

- Always
- Usually
- Sometimes
- Rarely
- Never

Do you get the social and emotional support you need this often now?

Yes - skip to LONE\_DI

No

Ask of those who answered No to SOCSUP\_DIOLD or anything other than The same to SOCSUP\_DINew

**SOCSUP\_DIFUs** How often do you get the social and emotional support you need now?

- Always
- Usually
- Sometimes
- Rarely
- Never

Ask if DINEW=2

**LONE\_DIOLD** (in Pulse, SOC2\_first) In August, you reported how often you feel lonely as shown below.

{Picture with highlighted answer}

- Always
- Usually
- Sometimes
- Rarely
- Never

Do you feel lonely this often now?

Yes - [skip to appropriate REQ1\\_DI](#)

No

Ask if DINEW=1

**LONE\_DINEW** (in Pulse, SOC2\_first) In August, you reported how often you feel lonely as shown below.

{Picture with highlighted answer}

- Always
- Usually
- Sometimes

Rarely

Never

Compared to August, do you feel lonely more or less often now?

- A lot more often
- A little more often
- The same -- [skip to ENJ](#)
- A little less often
- A lot less often

[Answered No to LONE\\_DIOLD of anything other than The same to LONE\\_DINEW](#)

**LONE\_DIFU2** How often do you feel lonely now?

Always (1)

Usually (2)

Sometimes (3)

Rarely (4)

Never (5)

**ENJ** How much did you enjoy completing these questions about social support and loneliness?

Very much

Somewhat

A little

Not at all

[If in Group B-EMO - DINEW=1,2 and SOC\\_FLAG=1 and SOC\\_DI>=5](#)

**REQ1\_DI** How did you feel when you saw your responses from August?

*Select all that apply.*

[\(Randomize\)](#)

Confused

Appreciative

Annoyed

Surprised

Concerned

[ ] No reaction

**REQ2\_DI** How much did showing your response from August help you answer the question about your social and emotional support now?

Helped a lot

Helped a little

Did not help at all

Was unhelpful

**REQ3\_DI** How much did showing your response from August help you answer the question about how often you feel lonely now?

Helped a lot

Helped a little

Did not help at all

Was unhelpful

If in Group A-EMO and FlagNo\_Emo =0 (Didn't get DI But had data from Aug) Aug\_nocon=1 or Had it but was in treatment Group A

**REQ1\_NDI** How much would showing your responses from August help you answer these questions about social and emotional support and loneliness?

Help a lot

Help a little

No help at all

Unhelpful

Everyone (both A and B Groups)

**MHLTH1** How would you rate your mental health these days?

- Excellent
- Very good
- Good
- Fair
- Poor

**MHLTH2** Compared to August 2024, how is your overall mental health these days?

- Much better
- A little better
- About the same
- A little worse
- Much worse

[randomize HLTH and HAP as to which one people get first]

**HLTH** Since August 2024, have you experienced any major life events that have affected your health (positively or negatively)?

Yes

No

**HAP** Since August 2024, have you experienced any major life events that have affected your happiness (positively or negatively)?

Yes

No

**Topical 14 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")

D11 How many people under 18 years-old **currently** live in your household? *Please enter a number.*

---

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 began in the **Summer / Fall of 2024**, how many children in this household are 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)

-----

*Display This Question:*

*If 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)
-



*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)

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 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)	0	0
Medicare, for people 65 and older, or people with certain disabilities (3)	0	0
Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability (4)	0	0
TRICARE or other military health care (5)	0	0
VA (including those who have ever used or enrolled for VA health care) (6)	0	0
Indian Health Service (7)	0	0
Other (8)	0	0

---

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)
- 

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)

---

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

---

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)

---

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