

Topical Survey Front/End Matter

Language Welcome! Thank you for participating in this survey as a member of the **Household Trends and Outlooks Pulse Survey**. You will receive \$10 (January)/\$5 (February) for completing this survey.

January 2025 Topical: <This month's will be about 20 minutes and will include a household roster update and a section of assistance program income questions that will be used to test several possible changes being made in preparation for the transition to a multimode version of the Survey of Income and Program Participation (SIPP) the SIPP redesign effort on a larger representative respondent sample.>

February 2025 Topical: <This month's survey includes content from the Household Pulse Survey. It will be about 20 minutes and 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)

PRA

The authority for the collection of this information for the Household Trends and Outlook Pulse Survey (0607-1029) is provided under Title 13, Sections 141, 182, and 193.

[The information collected in January will include a household roster update and a section of assistance program income questions that will be used to test several possible changes being made in preparation for the transition to a multimode version of the Survey of Income and Program Participation (SIPP) the SIPP redesign effort on a larger representative respondent sample.]

[The February topical survey will include content from the Household Pulse Survey.]

Disclosure of the information provided to us with 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 that are special sworn status and sponsors of reimbursable surveys.

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

We estimate that completing the voluntary monthly surveys 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 (Title 5, U.S. Code, Section 552a) and keeps your answers confidential (Title 13, United States Code, Section 9 a). This collection has been approved by the Office of Management and Budget (OMB). This eight-digit OMB approval number, 0607-1029, confirms this approval and expires on 7/31/2027. 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/htops.html>

**** U.S. Census Bureau Notice and Consent Warning ****

You are accessing a United States Government computer network. Use of this system indicates your consent to collection, monitoring, recording, and use of the information that you provide for any lawful government purpose. So that our website remains safe and available for its intended use, network traffic is monitored to identify unauthorized attempts to access, upload, change information, or otherwise cause damage to the web service. Use of the government computer network for unauthorized purposes is a violation of Federal law and can be punished with fines or imprisonment (PUBLIC LAW 99-474). If you want to know more about the use of this system, and how your privacy is protected, visit our online privacy webpage at <http://www.census.gov/about/policies/privacy/privacy-policy.html>.

Q1 Our records have your name as . Is this correct?

- Yes (1)
- Yes, but name has legally changed or is misspelled (2)
- No (3)

NAME_CORR What is your name?

First Name (1) _____

Last Name (2) _____

GET_NAME Our records have [\\${e://Field/FirstNameFill}](#) [\\${e://Field/LastNameFill}](#) as the primary respondent for your household. Please either ask [\\${e://Field/FirstNameFill}](#) [\\${e://Field/LastNameFill}](#) to complete the survey now, or share the link you used to access the survey with them.

Continue survey now (1)

End survey (2)

END Please close your browser window now. The survey can be continued at a later time using the same link.

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

ROST_ORIG This is the list of the people who you previously recorded as living or staying with you:

[\\${e://Field/FNAME_2}](#) [\\${e://Field/LNAME_2}](#) (Sex: [\\${e://Field/SEX_2}](#); Year of Birth: [\\${e://Field/DOB_YR_2}](#)) (1)

[\\${e://Field/FNAME_3}](#) [\\${e://Field/LNAME_3}](#) (Sex: [\\${e://Field/SEX_3}](#); Year of Birth: [\\${e://Field/DOB_YR_3}](#)) (2)

[\\${e://Field/FNAME_4}](#) [\\${e://Field/LNAME_4}](#) (Sex: [\\${e://Field/SEX_4}](#); Year of Birth: [\\${e://Field/DOB_YR_4}](#)) (3)

[\\${e://Field/FNAME_5}](#) [\\${e://Field/LNAME_5}](#) (Sex: [\\${e://Field/SEX_5}](#); Year of Birth: [\\${e://Field/DOB_YR_5}](#)) (4)

[\\${e://Field/FNAME_6}](#) [\\${e://Field/LNAME_6}](#) (Sex: [\\${e://Field/SEX_6}](#); Year of Birth: [\\${e://Field/DOB_YR_6}](#)) (5)

[\\${e://Field/FNAME_7}](#) [\\${e://Field/LNAME_7}](#) (Sex: [\\${e://Field/SEX_7}](#); Year of Birth: [\\${e://Field/DOB_YR_7}](#)) (6)

[\\${e://Field/FNAME_8}](#) [\\${e://Field/LNAME_8}](#) (Sex: [\\${e://Field/SEX_8}](#); Year of Birth: [\\${e://Field/DOB_YR_8}](#)) (7)

\${e://Field/FNAME_9} \${e://Field/LNAME_9} (Sex: \${e://Field/SEX_9}; Year of Birth: \${e://Field/DOB_YR_9}) (8)

\${e://Field/FNAME_10} \${e://Field/LNAME_10} (Sex: \${e://Field/SEX_10}; Year of Birth: \${e://Field/DOB_YR_10}) (9)

\${e://Field/FNAME_11} \${e://Field/LNAME_11} (Sex: \${e://Field/SEX_11}; Year of Birth: \${e://Field/DOB_YR_11}) (10)

\${e://Field/FNAME_12} \${e://Field/LNAME_12} (Sex: \${e://Field/SEX_12}; Year of Birth: \${e://Field/DOB_YR_12}) (11)

\${e://Field/FNAME_13} \${e://Field/LNAME_13} (Sex: \${e://Field/SEX_13}; Year of Birth: \${e://Field/DOB_YR_13}) (12)

\${e://Field/FNAME_14} \${e://Field/LNAME_14} (Sex: \${e://Field/SEX_14}; Year of Birth: \${e://Field/DOB_YR_14}) (13)

\${e://Field/FNAME_15} \${e://Field/LNAME_15} (Sex: \${e://Field/SEX_15}; Year of Birth: \${e://Field/DOB_YR_15}) (14)

ROST_RNAME Is there anyone on this list who no longer lives or stays with you?

Only include people who live and stay with you most of the time. Do not include family members who live on-campus at college or boarding schools, or are living in military barracks.

Yes, I need to remove one or more people (1)

No, all of these people still live or stay with me (2)

ROST_REMOVE Who no longer lives or stays here? *Select all that apply.*

\${e://Field/FNAME_2} \${e://Field/LNAME_2} (1)

\${e://Field/FNAME_3} \${e://Field/LNAME_3} (2)

\${e://Field/FNAME_4} \${e://Field/LNAME_4} (3)

\${e://Field/FNAME_5} \${e://Field/LNAME_5} (4)

\${e://Field/FNAME_6} \${e://Field/LNAME_6} (5)

\${e://Field/FNAME_7} \${e://Field/LNAME_7} (6)

\${e://Field/FNAME_8} \${e://Field/LNAME_8} (7)

\${e://Field/FNAME_9} \${e://Field/LNAME_9} (8)

\${e://Field/FNAME_10} \${e://Field/LNAME_10} (9)

\${e://Field/FNAME_11} \${e://Field/LNAME_11} (10)

\${e://Field/FNAME_12} \${e://Field/LNAME_12} (11)

\${e://Field/FNAME_13} \${e://Field/LNAME_13} (12)

\${e://Field/FNAME_14} \${e://Field/LNAME_14} (13)

\${e://Field/FNAME_15} \${e://Field/LNAME_15} (14)

REASON_LEFT What is the main reason \${Im://Field/1} no longer lives with you?

Deceased (1)

Moved to a separate address in the U.S. (2)

Moved from here due to evacuation or emergency displacement. (3)

On active duty in the Armed Forces (4)

Moved outside of the U.S. (5)

Moved to a nursing home, hospital, or group living facility (6)

Institutionalized (for example, jail or a correctional facility) (7)

Any other reason, Specify: (8)

MONTH_LEFT When did \${Im://Field/1} leave or pass away?

Month (1) _____

Year (2) _____

MONTH_LEFT_BOX

They never lived at this address (1)

HHSTAT2_REL When you lived together, how was [\\${m://Field/1}](#) related to you?

Spouse (1)

Unmarried partner (2)

Child (3)

Sibling (4)

Parent (5)

Grandchild (6)

Parent-in-law (7)

Son-in-law or Daughter-in-law (8)

Other relative (9)

Roommate or Housemate (10)

Foster child (11)

Other nonrelative (12)

NEWROSTER_hidden Need to put custom CSS in look and feel to hide this item from respondent view. The item ID is : QID427

[\\${e://Field/FNAME_2}](#) [\\${e://Field/LNAME_2}](#) (1)

[\\${e://Field/FNAME_3}](#) [\\${e://Field/LNAME_3}](#) (2)

[\\${e://Field/FNAME_4}](#) [\\${e://Field/LNAME_4}](#) (3)

\${e://Field/FNAME_5} \${e://Field/LNAME_5} (4)

\${e://Field/FNAME_6} \${e://Field/LNAME_6} (5)

\${e://Field/FNAME_7} \${e://Field/LNAME_7} (6)

\${e://Field/FNAME_8} \${e://Field/LNAME_8} (7)

\${e://Field/FNAME_9} \${e://Field/LNAME_9} (8)

\${e://Field/FNAME_10} \${e://Field/LNAME_10} (9)

\${e://Field/FNAME_11} \${e://Field/LNAME_11} (10)

\${e://Field/FNAME_12} \${e://Field/LNAME_12} (11)

\${e://Field/FNAME_13} \${e://Field/LNAME_13} (12)

\${e://Field/FNAME_14} \${e://Field/LNAME_14} (13)

\${e://Field/FNAME_15} \${e://Field/LNAME_15} (14)

ROST_FNAME_S Is there anyone living or staying with you?

Include babies, small children, non-relatives, or anyone else who recently started living or staying with you. Only include people who live and stay with you most of the time. Do not include family members who live on-campus at college or boarding schools, or are living in military barracks.

Yes (1)

No (2)

ROST_ORIG Is there anyone else living or staying with you now that is not on this list? .Skin #QID355 label.SingleAnswer > span::before {display:none}

\${e://Field/FNAME_2} \${e://Field/LNAME_2} (1)

\${e://Field/FNAME_3} \${e://Field/LNAME_3} (2)

\${e://Field/FNAME_4} \${e://Field/LNAME_4} (3)

- \${e://Field/FNAME_5} \${e://Field/LNAME_5} (4)
- \${e://Field/FNAME_6} \${e://Field/LNAME_6} (5)
- \${e://Field/FNAME_7} \${e://Field/LNAME_7} (6)
- \${e://Field/FNAME_8} \${e://Field/LNAME_8} (7)
- \${e://Field/FNAME_9} \${e://Field/LNAME_9} (8)
- \${e://Field/FNAME_10} \${e://Field/LNAME_10} (9)
- \${e://Field/FNAME_11} \${e://Field/LNAME_11} (10)
- \${e://Field/FNAME_12} \${e://Field/LNAME_12} (11)
- \${e://Field/FNAME_13} \${e://Field/LNAME_13} (12)
- \${e://Field/FNAME_14} \${e://Field/LNAME_14} (13)
- \${e://Field/FNAME_15} \${e://Field/LNAME_15} (14)

ROST_UPDATED Is there anyone else living or staying with you now that is not on this list? .Skin #QID353 label.SingleAnswer > span::before {display:none}

- \${e://Field/FNAME_2} \${e://Field/LNAME_2} (1)
- \${e://Field/FNAME_3} \${e://Field/LNAME_3} (2)
- \${e://Field/FNAME_4} \${e://Field/LNAME_4} (3)
- \${e://Field/FNAME_5} \${e://Field/LNAME_5} (4)
- \${e://Field/FNAME_6} \${e://Field/LNAME_6} (5)
- \${e://Field/FNAME_7} \${e://Field/LNAME_7} (6)
- \${e://Field/FNAME_8} \${e://Field/LNAME_8} (7)
- \${e://Field/FNAME_9} \${e://Field/LNAME_9} (8)
- \${e://Field/FNAME_10} \${e://Field/LNAME_10} (9)

- \${e://Field/FNAME_11} \${e://Field/LNAME_11} (10)
- \${e://Field/FNAME_12} \${e://Field/LNAME_12} (11)
- \${e://Field/FNAME_13} \${e://Field/LNAME_13} (12)
- \${e://Field/FNAME_14} \${e://Field/LNAME_14} (13)
- \${e://Field/FNAME_15} \${e://Field/LNAME_15} (14)

ROST_FNAME *Include babies, small children, non-relatives, or anyone else who recently started living or staying with you. Only include people who live and stay with you most of the time. Do not include family members who live on-campus at college or boarding schools, or are living in Military Barracks.*

- Yes, I need to add one or more people (1)
- No, the list is correct (2)

NEW_NUM How many additional people are living or staying with you now?

WARNING Note: You reported more people living or staying with you than we collect information for. Please record information for the first 10 individuals below.

ROST_ADD List the names of each additional person who is now living or staying with you:

	First Name (1)	Last Name (2)
Person 1 (1)		
Person 2 (2)		
Person 3 (3)		
Person 4 (4)		
Person 5 (5)		
Person 6 (6)		
Person 7 (7)		
Person 8 (8)		
Person 9 (9)		
Person 10 (10)		

REASON_ADDED What is the main reason \${Im://Field/2} \${Im://Field/3} started living with you?

- Birth (1)
 - Moved here after living inside of the U.S. (2)
 - Moved here due to evacuation or emergency displacement. (3)
 - Returned from active duty in the Armed Forces (4)
 - Moved here after living outside of the U.S. (5)
 - Moved here after living in a nursing home, hospital, or group living facility (6)
 - Moved here after being institutionalized (for example, jail or a correctional facility) (7)
 - Any other reason, Specify: (8)
-

MONTH_ENTERED When did \${Im://Field/2} \${Im://Field/3} move in?

- Month (1) _____
- Year (2) _____

DOB What is \${Im://Field/2} \${Im://Field/3}'s month and year of birth?

- Month (1) _____
- Year (2) _____

AGE What is \${Im://Field/2} \${Im://Field/3}'s age in years?

THE SECTION BELOW LOOPS FOR ALL THE PEOPLE IN THE HOUSEHOLD TO UPDATE DEMOGRAPHICS WHEN NECESSARY. ALL PEOPLE ADDED IN THE ABOVE 'ADD LOOP' ARE INCLUDED IN THE LOOPING BELOW AND PEOPLE REMOVED ABOVE IN THE REMOVE SECTION ARE EXCLUDED.

HOUSEHOLDS WITH A LAST UPDATED VALUE OF **JAN2025** OR LATER ARE EXCLUDED.

SEX What sex was [\\${Im://Field/2}](#) [\\${Im://Field/3}](#) assigned at birth, on their original birth certificate?

- Male (1)
- Female (2)

GENID How does [\\${Im://Field/2}](#) [\\${Im://Field/3}](#) currently describe themselves? *Select all that apply.*

- Male (1)
 - Female (2)
 - Transgender (3)
 - Nonbinary (4)
 - They use a different term (5)
-

GENCHK Just to confirm, [\\${Im://Field/2}](#) [\\${Im://Field/3}](#) was assigned "[\\${SEX/ChoiceGroup/SelectedChoices}](#)" at birth and now [\\${Im://Field/2}](#) [\\${Im://Field/3}](#) describes themselves as "[\\${GENID/ChoiceGroup/SelectedChoicesTextEntry}](#)". Is that correct?

- Yes (1)
- No (2)

SEX_GENID_CORR_TIME Timing

SEX_CORRECTION Please confirm or correct your answer to the following question: What sex was $\{Im://Field/2\}$ $\{Im://Field/3\}$ assigned at birth, on their original birth certificate?

- Male (1)
- Female (2)

GENID_CORRECTION Please confirm or correct your answer to the following question: Does $\{Im://Field/2\}$ $\{Im://Field/3\}$ currently describe themselves as male, female, transgender, or nonbinary?

Select all that apply.

- Male (1)
- Female (2)
- Transgender (3)
- Nonbinary (4)
- They use a different term (5) _____

DEM2 Which of the following best represents how $\{Im://Field/2\}$ $\{Im://Field/3\}$ thinks of themselves?

- Gay or lesbian (1)
 - Straight, that is not gay or lesbian (2)
 - Bisexual (3)
 - They use a different term (4)
-

RELPRPEXP_add What is $\{Im://Field/2\}$ $\{Im://Field/3\}$'s relationship to you?

- Spouse (1)
- Unmarried partner (2)
- Child (3)
- Sibling (4)
- Parent (5)
- Grandchild (6)
- Parent-in-law (7)

- Son-in-law or Daughter-in-law (8)
- Other relative (9)
- Roommate or Housemate (10)
- Foster child (11)
- Other nonrelative (12)

Race_sp **What is <your/NAME's> race and/or ethnicity?**

Select all that apply.

- WHITE** For example, English, German, Irish, Italian, Polish, Scottish, etc. (1)
- HISPANIC OR LATINO** For example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc. (2)
- BLACK OR AFRICAN AMERICAN** For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc. (3)
- ASIAN** For example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc. (4)
- AMERICAN INDIAN OR ALASKA NATIVE** For example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc. (5)
- MIDDLE EASTERN OR NORTH AFRICAN** For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc. (6)
- NATIVE HAWAIIAN OR PACIFIC ISLANDER** For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc. (8)

Q52

Next, we will collect detailed information for each race and/or ethnicity selected.

white_detailsp **You said that <you are/NAME is> WHITE. Provide details below.**

Select all that apply and enter additional details in the space below.

- English
- German
- Irish
- Italian

Polish

Scottish

Enter, for example, French, Swedish, Norwegian, etc.

Hispanic_detailsp **You said that <you are/NAME is> HISPANIC OR LATINO. Provide details below.**

Select all that apply and enter additional details in the space below.

Mexican

Puerto Rican

Salvadoran

Cuban

Dominican

Guatemalan

Enter, for example, Colombian, Honduran, Spaniard, etc.

Black or AA_detailsp **You said that <you are/NAME is> BLACK OR AFRICAN AMERICAN. Provide details below.**

Select all that apply and enter additional details in the space below.

African American

Jamaican

Haitian

Nigerian

Ethiopian

Somali

Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.

Asian_detailsp **You said that <you are/NAME is> ASIAN. Provide details below.**
Select all that apply and enter additional details in the space below.

Chinese

Asian Indian

Filipino

Vietnamese

Korean

Japanese

Enter, for example, Pakistani, Hmong, Afghan, etc.

AIAN_detailsp **You said that <you are/NAME is> AMERICAN INDIAN OR ALASKA NATIVE. Please enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Aztec, Maya, etc.**

MENA_detailsp **You said that <you are/NAME is> MIDDLE EASTERN OR NORTH AFRICAN. Provide details below.**
Select all that apply and enter additional details in the space below.

Lebanese

Iranian

Egyptian

Syrian

Iraqi

Israeli

Enter, for example, Moroccan, Yemeni, Kurdish, etc.

NHPI_detailsp **You said that <you are/NAME is> NATIVE HAWAIIAN OR PACIFIC ISLANDER. Provide details below.**

Select all that apply and enter additional details in the space below.

Native Hawaiian

Samoan

Chamorro

Tongan

Fijian

Marshallese

Enter, for example, Chuukese, Palauan, Tahitian, etc.

DEM13 What is $\{\text{Im://Field/2}\}$ $\{\text{Im://Field/3}\}$'s marital status? *Select only one answer.*

Married (1)

Widowed (2)

Divorced (3)

Separated (4)

Never married (5)

DEM5 What is the highest degree or level of school $\{\text{Im://Field/2}\}$ $\{\text{Im://Field/3}\}$ has completed?

Select only one answer. If currently enrolled, select the previous grade or highest degree received.

No schooling completed (1)

Nursery school (2)

Kindergarten (3)

Grade 1 through 11 – Specify (4)

12th grade – **NO DIPLOMA** (5)

Regular high school diploma (6)

GED or alternative credential (7)

Some college credit, but less than 1 year of college credit (8)

1 or more years of college credit, no degree (9)

Associate's degree (*for example: AA, AS*) (10)

Bachelor's degree (*for example: BA, BS*) (11)

Master's degree (*for example: MA, MS, MEng, MEd, MSW, MBA*) (12)

Professional degree beyond a bachelor's degree (*for example: MD, DDS, DVM, LLB, JD*) (13)

Doctorate degree (*for example: PhD, EdD*) (14)

SEX_S What sex were you assigned at birth, on your original birth certificate?

Male (1)

Female (2)

GENID_S How do you currently describe? *Select all that apply.*

Male (1)

Female (2)

Transgender (3)

Nonbinary (4)

I use a different term (5) _____

CENCHK_S Just to confirm, you were assigned "\${SEX_S/ChoiceGroup/SelectedChoices}" at birth and now you describes yourself as "\${GENID_S/ChoiceGroup/SelectedChoicesTextEntry}". Is that correct?

Yes (1)

No (2)

SEX_CONFIRMATION_S Please confirm or correct your answer to the following question: What sex were you assigned at birth, on your original birth certificate?

- Male (1)
- Female (2)

GENID_CONFIRMATION_S Please confirm or correct your answer to the following question: How do you currently describe yourself? *Select all that apply.*

- Male (1)
- Female (2)
- Transgender (3)
- Nonbinary (4)
- I use a different term (5) _____

DEM2_S Which of the following best represents how you think of yourself?

- Gay or lesbian (1)
- Straight, that is not gay or lesbian (2)
- Bisexual (3)
- I use a different term (4) _____

RELRPEXP_add What is \${Im://Field/2} \${Im://Field/3}'s relationship to you?

- Spouse (1)
- Unmarried partner (2)
- Child (3)
- Sibling (4)

- Parent (5)
- Grandchild (6)
- Parent-in-law (7)
- Son-in-law or Daughter-in-law (8)
- Other relative (9)
- Roommate or Housemate (10)
- Foster child (11)
- Other nonrelative (12)

Race_sp **What is <your/NAME's> race and/or ethnicity?**

Select all that apply.

- WHITE** For example, English, German, Irish, Italian, Polish, Scottish, etc. (1)
- HISPANIC OR LATINO** For example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc. (2)
- BLACK OR AFRICAN AMERICAN** For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc. (3)
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- MIDDLE EASTERN OR NORTH AFRICAN** For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc. (6)
- NATIVE HAWAIIAN OR PACIFIC ISLANDER** For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc. (8)

Q52

Next, we will collect detailed information for each race and/or ethnicity selected.

English

German

Irish

Italian

Polish

Scottish

Enter, for example, French, Swedish, Norwegian, etc.

Hispanic_detailsp **You said that <you are/NAME is> HISPANIC OR LATINO. Provide details below.**

Select all that apply and enter additional details in the space below.

Mexican

Puerto Rican

Salvadoran

Cuban

Dominican

Guatemalan

Enter, for example, Colombian, Honduran, Spaniard, etc.

Black or AA_detailsp **You said that <you are/NAME is> BLACK OR AFRICAN AMERICAN. Provide details below.**

Select all that apply and enter additional details in the space below.

African American

Jamaican

Haitian

Nigerian

Ethiopian

Somali

Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.

Asian_detailsp **You said that <you are/NAME is> ASIAN. Provide details below.**

Select all that apply and enter additional details in the space below.

Chinese

Asian Indian

Filipino

Vietnamese

Korean

Japanese

Enter, for example, Pakistani, Hmong, Afghan, etc.

AIAN_detailsp **You said that <you are/NAME is> AMERICAN INDIAN OR ALASKA NATIVE. Please enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian**

Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Aztec, Maya, etc.

MENA_detailsp **You said that <you are/NAME is> MIDDLE EASTERN OR NORTH AFRICAN. Provide details below.**

Select all that apply and enter additional details in the space below.

Lebanese

Iranian

Egyptian

Syrian

Iraqi

Israeli

Enter, for example, Moroccan, Yemeni, Kurdish, etc.

NHPI_detailsp **You said that <you are/NAME is> NATIVE HAWAIIAN OR PACIFIC ISLANDER. Provide details below.**

Select all that apply and enter additional details in the space below.

Native Hawaiian

Samoan

Chamorro

Tongan

Fijian

Marshallese

Enter, for example, Chuukese, Palauan, Tahitian, etc.

DEM13_S What is your marital status? *Select only one answer.*

- Married (1)
- Widowed (2)
- Divorced (3)
- Separated (4)
- Never married (5)

DEM5_S What is the highest degree or level of school you have completed?
Select only one answer. If currently enrolled, select the previous grade or highest degree received.

- No schooling completed (1)
 - Nursery school (2)
 - Kindergarten (3)
 - Grade 1 through 11 – Specify (4)
-
- 12th grade – **NO DIPLOMA** (5)
 - Regular high school diploma (6)
 - GED or alternative credential (7)
 - Some college credit, but less than 1 year of college credit (8)
 - 1 or more years of college credit, no degree (9)
 - Associate's degree (*for example: AA, AS*) (10)
 - Bachelor's degree (*for example: BA, BS*) (11)
 - Master's degree (*for example: MA, MS, MEng, MEd, MSW, MBA*) (12)

Professional degree beyond a bachelor's degree (*for example: MD, DDS, DVM, LLB, JD*) (13)

Doctorate degree (*for example: PhD, EdD*) (14)

INTRO_MultiHH Now we'd like to ask and update some information about you and the people who have been staying or living with you.

INTRO_SingleHH Now we'd like to ask and update some information about you.

LANG Including you and the adults regularly living with you, does anyone primarily speak a language other than $\{e://Field/Lang_fill\}$ at home?

Yes (1)

No (2)

LANG2 What language is regularly spoken at home?

If more than one, select the language spoken most often.

Spanish or Spanish Creole (1)

English (2)

Chinese (3)

French (including Patois, Cajun) (4)

French Creole (5)

Tagalog or Filipino (6)

Vietnamese (7)

German (8)

Korean (9)

- Russian (10)
 - Italian (11)
 - Hindi or Urdu (12)
 - Arabic (13)
 - Portuguese or Portuguese Creole (14)
 - Polish (15)
 - Persian (16)
 - Gujarati (17)
 - Other, please specify: (18)
-

LANG3 How well do you speak English?

- Very well (1)
- Well (2)
- Not well (3)
- Not at all (4)

AF_HHLD Did you or anyone in your household ever serve on active duty in the U.S. Armed Forces?

- Yes (1)
- No (2)

AF_WHO Which household members have served on active duty in the U.S. Armed Forces?

Select all that apply.

- \${e://Field/FirstNameFill} \${e://Field/LastNameFill} (1)

- \${e://Field/FNAME_2} \${e://Field/LNAME_2} (2)
- \${e://Field/FNAME_3} \${e://Field/LNAME_3} (3)
- \${e://Field/FNAME_4} \${e://Field/LNAME_4} (4)
- \${e://Field/FNAME_5} \${e://Field/LNAME_5} (5)
- \${e://Field/FNAME_6} \${e://Field/LNAME_6} (6)
- \${e://Field/FNAME_7} \${e://Field/LNAME_7} (7)
- \${e://Field/FNAME_8} \${e://Field/LNAME_8} (8)
- \${e://Field/FNAME_9} \${e://Field/LNAME_9} (9)
- \${e://Field/FNAME_10} \${e://Field/LNAME_10} (10)
- \${e://Field/FNAME_11} \${e://Field/LNAME_11} (11)
- \${e://Field/FNAME_12} \${e://Field/LNAME_12} (12)
- \${e://Field/FNAME_13} \${e://Field/LNAME_13} (13)
- \${e://Field/FNAME_14} \${e://Field/LNAME_14} (14)
- \${e://Field/FNAME_15} \${e://Field/LNAME_15} (15)
- \${ROST_ADD/ChoiceTextEntryValue/1/1}
 \${ROST_ADD/ChoiceTextEntryValue/1/2} (16)
- \${ROST_ADD/ChoiceTextEntryValue/2/1}
 \${ROST_ADD/ChoiceTextEntryValue/2/2} (17)
- \${ROST_ADD/ChoiceTextEntryValue/3/1}
 \${ROST_ADD/ChoiceTextEntryValue/3/2} (18)
- \${ROST_ADD/ChoiceTextEntryValue/4/1}
 \${ROST_ADD/ChoiceTextEntryValue/4/2} (19)

- $\{\text{ROST_ADD/ChoiceTextEntryValue/5/1}\}$
 $\{\text{ROST_ADD/ChoiceTextEntryValue/5/2}\}$ (20)
- $\{\text{ROST_ADD/ChoiceTextEntryValue/6/1}\}$
 $\{\text{ROST_ADD/ChoiceTextEntryValue/6/2}\}$ (21)
- $\{\text{ROST_ADD/ChoiceTextEntryValue/7/1}\}$
 $\{\text{ROST_ADD/ChoiceTextEntryValue/7/2}\}$ (22)
- $\{\text{ROST_ADD/ChoiceTextEntryValue/8/1}\}$
 $\{\text{ROST_ADD/ChoiceTextEntryValue/8/2}\}$ (23)
- $\{\text{ROST_ADD/ChoiceTextEntryValue/9/1}\}$
 $\{\text{ROST_ADD/ChoiceTextEntryValue/9/2}\}$ (24)
- $\{\text{ROST_ADD/ChoiceTextEntryValue/10/1}\}$
 $\{\text{ROST_ADD/ChoiceTextEntryValue/10/2}\}$ (25)

AFWHEN During which time period(s) did $\{\text{Im://Field/1}\}$ serve on active duty?

Select all that apply.

- September 2001 to present (1)
- August 1990 to August 2001 (including Persian Gulf War) (2)
- May 1975 to July 1990 (3)
- Vietnam Era (August 1964 to April 1975) (4)
- February 1955 to July 1964 (5)
- Korean War (July 1950 to January 1955) (6)
- January 1947 to June 1950 (7)
- World War II or earlier (December 1946 or earlier) (8)

AFNOW Is $\{\text{Im://Field/1}\}$ now on active duty?

- Yes (1)

No (2)

[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)

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 This month we will deliver your \$10 (January)/\$5 (February) incentive through email. Our records have your email address as \${m://Email1}. Is this correct?

Yes (1)

No (2)

Q10 This month we will deliver your \$10 incentive through email. What is the best email address for us to reach you?

Only ask this question if there is no email provided:

Q11_a Our records have the following address as your home address where we will mail the incentive for this survey. 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 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) _____

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)

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.

January 2025 Topical Questionnaire
Survey of Income and Program Participation (SIPP) Redesign Experiments

Section 1: Income and Program Screeners

Screen 1

“A” Treatment:

IS_1A

In 2024, was your household's annual income below [\\$fill]?

Universe: All

- 1) Yes
 - 2) No
-

IS_2A

From July 2024 through December 2024, was your household's monthly income ever below [\\$fill]?

Universe: IS_1A = 2

- 1) Yes
 - 2) No
-

IS_3A

At any time from July 2024 through December 2024, did anyone in your household receive assistance such as Supplemental Nutrition Assistance (SNAP) or Food Stamps or [state fill], Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Medicaid or the Children's Health Insurance Plan (CHIP), Temporary Assistance for Needy Families (TANF) or [state fill], or General Assistance or General Relief (GA/GR) or [state fill] from a federal, state, or local agency?

Universe: IS_2A = 2

- 1) Yes
 - 2) No
-

IS_4A

From July 2024 through December 2024, which of the following did you or your household members use to meet your needs? *Select all that apply.*

Universe: All

Check all that apply:

- Employment income
- Retirement income such as social security, pension, or 401K
- Credit cards or loans
- Money from savings
- Money from selling assets or possessions,

- Money borrowed or gifted from friends or family
 - Supplemental Nutrition Assistance Program (SNAP) or Food Stamps or [state fill]
 - Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Temporary Assistance for Needy Families (TANF) or [state fill]
 - General Assistance or General Relief (GA/GR) or [state fill]
 - Supplemental Social Security (SSI or SSDI)
 - School meal debit/EBT cards
 - Government rental assistance
 - Energy assistance
 - Other
-

“B” Treatment:

IS_1B

From July 2024 through December 2024, was your household's monthly income ever below [state fill]?

Universe: All

- 1) Yes
 - 2) No
-

IS_2B

At any time from July 2024 through December 2024, did anyone in your household receive Supplemental Nutrition Assistance (SNAP) or Food Stamps or [state fill], Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Medicaid or the Children's Health Insurance Plan (CHIP), Temporary Assistance for Needy Families (TANF) or [state fill], or General Assistance or General Relief (GA/GR) or [state fill] any other assistance from a federal, state, or local agency?

Universe: IS_1B = 2

- 1) Yes
 - 2) No
-

IS_3B

From July 2024 through December 2024, which of the following did you or your household members use to meet your needs? *Select all that apply.*

Universe: All

Check all that apply:

- Employment income
- Retirement income such as social security, pension, or 401K
- Credit cards or loans
- Money from savings
- Money from selling assets or possessions,
- Money borrowed or gifted from friends or family
- Supplemental Nutrition Assistance Program (SNAP) or Food Stamps or [state fill]

- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Temporary Assistance for Needy Families (TANF) or [state fill]
- General Assistance or General Relief (GA/GR) or [state fill]
- Supplemental Social Security (SSI or SSDI)
- School meal debit/EBT cards
- Government rental assistance
- Energy assistance
- Other

Screen 2**“A” Treatment:****RE_1A**

How easy or difficult was it for you to report whether your monthly income ever fell below \$[fill]?

Universe: All

- 1) Very easy
- 2) Somewhat easy
- 3) Somewhat difficult
- 4) Very difficult

RE_2A

When reporting whether your monthly income fell below \$[fill] did you think about your income before deductions or after deductions?

Universe: IS_1A = 2

- 1) Before deductions
- 2) After deductions
- 3) Not Sure

“B” Treatment:**RE_1B**

How easy or difficult was it for you to report whether your monthly income ever fell below \$[fill]?

Universe: All

- 1) Very easy
- 2) Somewhat easy
- 3) Somewhat difficult
- 4) Very difficult

RE_2B

When reporting whether your monthly income fell below \$[fill] did you think about your income before or after deductions?

Universe: All

- 1) Before deductions
- 2) After deductions

3) Not Sure

Section 2: Social Security

Screen 1

“A” Treatment:

SS1_1A

Do you CURRENTLY receive any Social Security payments for yourself?

INCLUDE payments received due to:

- Retirement
- Disability (including Social Security Disability Insurance - SSDI)
- Widowhood

Do not include Supplemental Security Income (SSI) payments.

Universe: All

1) Yes

2) No

SS1_2A

From July 2024 through December 2024, did you receive any Social Security payments for yourself?

INCLUDE payments received due to:

- Retirement
- Disability (including Social Security Disability Insurance)
- Widowhood

Do NOT include Supplemental Security Income (SSI) payments.

Universe: All

1) Yes

2) No

“B” Treatment:

SS1_1B

From July 2024 through December 2024, did you receive any Social Security payments for yourself?

INCLUDE payments received due to:

- Retirement
- Disability (including Social Security Disability Insurance – SSDI)
- Widowhood

Do not include Supplemental Security Income (SSI) payments.

Universe: All

1) Yes

2) No

Screen 2

“A” Treatment:

SS2_1A

Did you receive Social Security payments every month from July 2024 through December 2024?

Universe: SS1_2A = 1 or SS1_1B = 1

- 1) Yes
 - 2) No
-

SS2_2A

During which months did you receive Social Security payments? Select all that apply.

Universe: SS2_1A = 2

- 1) July 2024
 - 2) August 2024
 - 3) September 2024
 - 4) October 2024
 - 5) November 2024
 - 6) December 2024
-

SS2_3A

What was your Social Security payment each month?

Provide the amount that you received each month BEFORE any deductions.

Universe: At least one month checked in SS2_2A

- \$ _____
- \$ _____
- \$ _____
- \$ _____
- \$ _____
- \$ _____

Include a check box for "I don't know my Social Security payment before deductions".

SS2_4A

What was your Social Security payment each month?

Provide the amount that you received each month AFTER any deductions.

Universe: Selected DK check box in SS2_3A

- \$ _____
 - \$ _____
 - \$ _____
 - \$ _____
 - \$ _____
 - \$ _____
-

"B" Treatment:

SS2_1B

Did you receive Social Security payments every month from July 2024 through December 2024?

Universe: SS1_1B = 1

- 1) Yes

2) No

SS2_2B

During which months did you receive Social Security payments? Select all that apply.

Universe: SS2_1B = 2

- 1) July 2024
 - 2) August 2024
 - 3) September 2024
 - 4) October 2024
 - 5) November 2024
 - 6) December 2024
-

SS2_3B

What was your Social Security payment in [first month of receipt]?

Provide the amount that you received each month BEFORE any deductions.

Universe: List first month from SS2_2B that was checked.

\$ _____

Include a check box for "I don't know my Social Security payment before deductions"

SS2_4B

What was your Social Security payment in [first month of receipt]

Provide the amount that you received each month AFTER any deductions.

Universe: Those who selected "Don't Know" checkbox in SS2_3B. List first month from SS2_2B that was checked.

\$ _____

SS2_5B

Did you receive \$[amount] in Social Security benefits every month from [first month of receipt] through [last month of receipt]?

- 1) Yes
- 2) No

SS2_1B = 1 or multiple months were selected in SS2_2B. Fill question text with amount reported in SS2_3B. If SS2_1B = 1 fill question text with "July 2024 through December 2024." If SS2_1B = 2, fill question text with first and last months selected in SS2_2B.

SS2_6B

How much did you receive in Social Security benefits each month?

Provide the amount that you received each month BEFORE any deductions.

Universe SS2_3B > 0. List all months selected in SS2_2B except the first month selected.

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

SS2_7B

How much did you receive in Social Security benefits each month?

Provide the amount that you received each month AFTER any deductions.

Universe: Those who selected "Don't Know" checkbox in SS2_3B. List all months selected in SS2_2B except the first month selected.

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Screen 3

"A" Treatment:

RE_3A

How easy or difficult was it to answer whether you received Social Security benefits at any time from July 2024 through December 2024?

Universe: All

- 1) Very easy
 - 2) Somewhat easy
 - 3) Somewhat difficult
 - 4) Very difficult
-

RE_4A

How easy or difficult was it to answer questions about which months you received Social Security benefits?

Universe: SS1_2A = 1

- 1) Very easy
 - 2) Somewhat easy
 - 3) Somewhat difficult
 - 4) Very difficult
-

RE_5A

How easy or difficult was it to answer questions about how much you received in Social Security benefits?

Universe: SS1_2A = 1

- 1) Very easy
 - 2) Somewhat easy
 - 3) Somewhat difficult
 - 4) Very difficult
-

"B" Treatment:

RE_3B

How easy or difficult was it to answer whether you received Social Security benefits at any time from July 2024 through December 2024?

Universe: All

- 1) Very easy
 - 2) Somewhat easy
 - 3) Somewhat difficult
 - 4) Very difficult
-

RE_4B

How easy or difficult was it to answer questions about which months you received Social Security benefits?

Universe: S1_1B = 1

- 1) Very easy
 - 2) Somewhat easy
 - 3) Somewhat difficult
 - 4) Very difficult
-

RE_5B

How easy or difficult was it to answer questions about how much you received in Social Security benefits?

Universe: SS1_1B = 1

- 1) Very easy
 - 2) Somewhat easy
 - 3) Somewhat difficult
 - 4) Very difficult
-

Section 3: Other Types of Cash Income

Screen 1

“A” Treatment:

TYP_1A

From July 2024 through December 2024, did you receive any pension payments?

INCLUDE income from:

- A pension from a company or union, including income from a profit-sharing plan
- A Federal Civil Service or other Federal Civilian employee pension
- A State government pension
- A Local government pension
- Military retirement pay
- U.S. Government Railroad Retirement
- National Guard or Reserve Forces retirement

DO NOT INCLUDE Social Security, IRA, or 401(k) payments in this section.

Universe: All

- 1) Yes
 - 2) No
-

TYP_2A

From July 2024 through December 2024, did you receive any disability income?

INCLUDE disability income from:

- A sickness, accident, or disability insurance policy
- Employer disability payments
- A pension from a company or union, including income from a profit-sharing plan
- A Federal Civil Service or other Federal civilian employee pension
- A State government pension
- A Local government pension
- U.S. Military retirement pay
- U.S. Government Railroad Retirement
- Black Lung benefits

DO NOT INCLUDE Supplemental Security Income in this question.

DO NOT INCLUDE income reported previously in this section.

Universe: All

1) Yes

2) No

TYP_3A

From July 2024 through December 2024, did you receive any unemployment compensation?

INCLUDE:

- Regular, government-provided unemployment compensation
- Supplemental, employer-provided unemployment compensation
- Other unemployment compensation, including union benefits

Universe: All

1) Yes

2) No

“B” Treatment:

TYP_1B

From July 2024 through December 2024, did you receive any pension payments?

DO NOT INCLUDE Social Security, IRA, or 401(k) payments.

Universe: All

1) Yes

2) No

TYP_2B

From July 2024 through December 2024, did you receive any disability income payments?

DO NOT INCLUDE Supplemental Security Income in this question.

DO NOT INCLUDE income reported previously in this section.

Universe: All

1) Yes

2) No

TYP_3B

From July 2024 through December 2024, did you receive any unemployment compensation?

Universe: All

- 1) Yes
- 2) No

Screen 2

“A” Treatment:

RE_6A

How easy or difficult was it to answer questions about pension payments?

Universe: All

- 1) Very easy
 - 2) Somewhat easy
 - 3) Somewhat difficult
 - 4) Very difficult
-

RE_7A

How easy or difficult was it to answer questions about disability income?

Universe: All

- 1) Very easy
 - 2) Somewhat easy
 - 3) Somewhat difficult
 - 4) Very difficult
-

RE_8A

How easy or difficult was it to answer questions about unemployment compensation?

Universe: All

- 1) Very easy
 - 2) Somewhat easy
 - 3) Somewhat difficult
 - 4) Very difficult
-

“B” Treatment:

RE_6B

How easy or difficult was it to answer questions about pension payments?

Universe: All

- 1) Very easy
 - 2) Somewhat easy
 - 3) Somewhat difficult
 - 4) Very difficult
-

RE_7B

How easy or difficult was it to answer questions about disability income?

Universe: All

- 1) Very easy
- 2) Somewhat easy
- 3) Somewhat difficult

4) Very difficult

RE_8B

How easy or difficult was it to answer questions about unemployment compensation?

Universe: All

- 1) Very easy
 - 2) Somewhat easy
 - 3) Somewhat difficult
 - 4) Very difficult
-

Section 4: Supplemental Nutrition Assistance Program (SNAP)

Screen 1

“A” Treatment:

FS1_1A

Do you currently receive benefits from [state program name] or the Supplemental Nutrition Assistance Program (SNAP, sometimes called Food Stamps)?

Universe: All. Fill question text with state-specific program name if applicable.

- 1) Yes
 - 2) No
-

FS1_2A

From July 2024 through December 2024, did you receive benefits from [state program name] or the Supplemental Nutrition Assistance Program (SNAP, sometimes called Food Stamps)?

Universe: All. Fill question text with state-specific program name if applicable.

- 1) Yes
 - 2) No
-

“B” Treatment:

FS1_1B

From July 2024 through December 2024, did you receive benefits from [state program name] or the Supplemental Nutrition Assistance Program (SNAP, sometimes called Food Stamps)?

Universe: All. Fill question text with state-specific program name if applicable.

- 1) Yes
 - 2) No
-

Screen 2

“A” Treatment:

FS2_1A

Did you receive benefits from [state program name], SNAP, or Food Stamps every month from July 2024 through December 2024?

Universe: FS1_2A = 1. Fill question text with state-specific program name if applicable.

- 1) Yes
 - 2) No
-

FS2_2A

During which months did you receive benefits from [state program name], SNAP, or Food Stamps? Select all that apply.

Universe: FS2_1A = 2. Fill question text with state-specific program name if applicable.

- 1) July 2024
- 2) August 2024
- 3) September 2024
- 4) October 2024
- 5) November 2024
- 6) December 2024

FS2_3A

How much did you receive in benefits from [state program name], SNAP, or Food Stamps each month?

Universe: FS2_1A = 1 or at least one month selected in FS2_2A. Fill question text with state-specific program name if applicable. If FS2_1A = 1, list all months from July 2024 through December 2024. If FS2_1A = 2, list all months selected in FS2_2A.

- \$ _____
- \$ _____
- \$ _____
- \$ _____
- \$ _____
- \$ _____

“B” Treatment:

FS2_1B

Did you receive benefits from [state program name], SNAP, or Food Stamps every month from July 2024 through December 2024?

Universe: FS1_1B = 1. Fill question text with state-specific program name if applicable.

- 1) Yes
- 2) No

FS2_2B

During which months did you receive benefits from [state program name], SNAP, or Food Stamps? Select all that apply.

Universe: FS2_1B = 2. Fill question text with state-specific program name if applicable.

- 1) July 2024
- 2) August 2024
- 3) September 2024
- 4) October 2024
- 5) November 2024
- 6) December 2024

FS2_3B

How much did you receive in benefits from [state program name], SNAP, or Food Stamps in [first month of receipt]?

Universe: FS2_1B = 1 or at least one month selected in FS2_2B. Fill question text with state-specific program name if applicable. If FS2_1B = 1, fill question text with "July 2024." If FS2_1B = 2, fill question text with first month selected in FS2_2B.

\$ _____

FS2_4B

Did you receive \$[amount] in benefits from [state program name], SNAP, or Food Stamps every month from [first month of receipt] through [last month of receipt]?

Universe: FS2_1B = 1 or multiple months were selected in FS2_2B. Fill question text with state-specific program name if applicable. Fill question text with amount reported in FS2_3B. If FS2_1B = 1 fill question text with "July 2024 through December 2024." If FS2_1B = 2, fill question text with first and last months selected in FS2_2B.

- 1) Yes
 - 2) No
-

FS2_5B

How much did you receive in benefits from [state program name], SNAP, or Food Stamps each month?

Universe: FS2_4B = 2. Fill question text with state-specific program name if applicable. List all months selected in FS2_2B except the first month selected.

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

Screen 3

"A" Treatment:

RE_9A

How easy or difficult was it to answer whether you received benefits from [state program name], SNAP, or Food Stamps at any time from July 2024 through December 2024?

Universe: All

- 1) Very easy
 - 2) Somewhat easy
 - 3) Somewhat difficult
 - 4) Very difficult
-

RE_10A

How easy or difficult was it to answer questions about which months you received benefits from [state program name], SNAP, or Food Stamps?

Universe: FS1_2A = 1

- 1) Very easy
- 2) Somewhat easy

- 3) Somewhat difficult
- 4) Very difficult

RE_11A

How easy or difficult was it to answer questions about how much you received in benefits from [state program name], SNAP, or Food Stamps each month?

Universe: FS1_2A = 1

- 1) Very easy
- 2) Somewhat easy
- 3) Somewhat difficult
- 4) Very difficult

“B” Treatment:**RE_9B**

How easy or difficult was it to answer whether you received benefits from [state program name], SNAP, or Food Stamps at any time from July 2024 through December 2024?

Universe: All

- 1) Very easy
- 2) Somewhat easy
- 3) Somewhat difficult
- 4) Very difficult

RE_10B

How easy or difficult was it to answer questions about which months you received benefits from [state program name], SNAP, or Food Stamps?

Universe: FS1_1B = 1

- 1) Very easy
- 2) Somewhat easy
- 3) Somewhat difficult
- 4) Very difficult

RE_11B

How easy or difficult was it to answer questions about how much you received in benefits from [state program name], SNAP, or Food Stamps each month?

Universe: FS1_1B = 1

- 1) Very easy
- 2) Somewhat easy
- 3) Somewhat difficult
- 4) Very difficult

February 2025 Topical 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)

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)

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)

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)
-

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)

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)

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)

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)

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_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)

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)

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)

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)

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"/>

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)

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)

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)

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)

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)

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)
-

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)

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

- Yes (1)
- No (2)

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

- Yes (1)
- No (2)

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

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)

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

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
-

NDX1 The next set of questions asks about natural disasters, such as hurricanes, floods and fires.

Since January 2024 (last year), were you or was anyone currently living or staying with you affected by a natural disaster?

- Yes (1)
- No (2)

NDX2 What type of natural disaster? *Select all that apply.*

- Hurricane (1)
- Flood (2)
- Fire (3)
- Tornado (4)

Volcanic activity (5)_

Earthquake (6)

Landslide/mudslide/rockfall (7)

Other, specify (8) _____

NDX3 Since January 2024 (last year), were you or was anyone currently living or staying with you displaced from their home because of a natural disaster?

Yes (1)

No (2)

NDX4 How many people currently living in your home were displaced because of a natural disaster?

___ adults

___ children

NDX5 How many times have you (or they) been displaced in 2024 due to a natural disaster?

1 time

2 times

3 times

4 or more times

NDX6 How long were you (or they) displaced from the home?

Less than a week (1)

More than a week but less than a month (2)

One to two months (3)

- More than two months (4)
- Have not yet returned to home (or don't plan to) (5)

NDX7 (If NDX3 = 1)

Would you say that you are still in transition or are you now permanently settled in a home?

- In transition
- In permanent home

NDX8 (If NDX3 = 1)

Did you or your family share living quarters with relatives or friends, people you did not know, or did you not share living quarters with others? Select all that apply.

- Relatives or friends
- People you did not know
- Did not share living quarters with others

NDX10 Altogether, how much damage to property or possessions did you (or they) experience as a result of natural disasters since January 2024 (last year)?

- Property has no damage (1)
- Property has some damage (2)
- Property is uninhabitable (3)
- Property is completely destroyed (4)

ND5 For how long after the event did you (or they) experience any of the following:

ND5A A shortage of food?

- Not affected (0)
- 1-3 days (1)
- 4-6 days (2)
- 1-3 weeks (3)
- a month or more (4) -> ND5AA Are you/they still experiencing a shortage of food?
Yes/No

ND5B A shortage of drinkable water?

- Not affected (0)
- 1-3 days (1)
- 4-6 days (2)
- 1-3 weeks (3)
- a month or more (4) -> ND5BA Are you/they still experiencing a shortage of water?
Yes/No

ND5C Loss of electricity?

- Not affected (0)
- 1-3 days (1)
- 4-6 days (2)
- 1-3 weeks (3)
- a month or more (4) -> A ND5CA re you/they still experiencing a loss of electricity?
Yes/No

ND5D Unsanitary conditions, such as inadequate toilets?

- Not affected (0)
- 1-3 days (1)
- 4-6 days (2)
- 1-3 weeks (3)
- a month or more (4) -> ND5DA Are you/they still experiencing unsanitary conditions?
Yes/No

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

- Not affected (0)
- 1-3 days (1)
- 4-6 days (2)
- 1-3 weeks (3)
- a month or more (4) -> ND5EA Are you/they still experiencing feeling isolated, down, depressed, anxious nervous or on edge? Yes/No

ND5F Fear of crime?

- Not affected (0)
- 1-3 days (1)
- 4-6 days (2)
- 1-3 weeks (3)
- a month or more (4) -> ND5FA Are you/they still experiencing fear of crime? Yes/No

ND5G Offers that seemed like a scam?

- Not affected (0)
- 1-3 days (1)
- 4-6 days (2)
- 1-3 weeks (3)
- a month or more (4) -> ND5GA Are you/they still experiencing offers that seem like a scam? Yes/No

ND5H Disruption to internet?

- Not affected (0)
- 1-3 days (1)

- 4-6 days (2)
- 1-3 weeks (3)
- a month or more (4) -> ND5HA Are you/they still experiencing disruption to internet?
Yes/No

NDX11 For how long after the event did you (or they) experience disruption to any of the following:

NDX11A Work?

- Not affected (0)
- 1-3 days (1)
- 4-6 days (2)
- 1-3 weeks (3)
- a month or more (4) -> NDX11A Are you/they still experiencing disruption to work?
Yes/No

NDX11B School/childcare?

- Not affected (0)
- 1-3 days (1)
- 4-6 days (2)
- 1-3 weeks (3)
- a month or more (4) -> NDX11B Are you/they still experiencing disruption to school/childcare? Yes/No

NDX11C Medical services?

- Not affected (0)

- 1-3 days (1)
- 4-6 days (2)
- 1-3 weeks (3)
- a month or more (4) -> NDX11C Are you/they still experiencing disruption to medical services? Yes/No

NDX13 Have you received any form of temporary housing assistance since the natural disaster?

- Yes
- No

NDX14 What is your most immediate need right now? Select all that apply.

- Food
- Shelter
- Medical assistance
- Emotional support
- Electricity
- Access to Fresh Water
- No immediate assistance needed (Exclusive response)

NDX16 Did you (or they) have household insurance at the time of the disaster that covered the damage/loss related to the disaster?

- Yes
- No

HTOPS Baseline Survey 2025

Household Trends and Outlooks Pulse Survey Enrollment

Q1 You have been invited to join the **Household Trends and Outlooks Pulse Survey**, a large, national survey panel that will collect information on topics such as food and nutrition, transportation, employment, and education. You should have received a letter explaining the study.

This 24-minute survey will determine if you or someone in your household is eligible for the Household Trends and Outlooks Pulse Survey.

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.

PRA

The authority for the collection of this information for the Household Trends and Outlook Pulse Survey (0607-1029) is provided under Title 13, Sections 141, 182, and 193.

The purpose of the sample replenishment baseline instrument is to recruit a nationally representative survey panel and also collect data on a variety of topics of interest. Disclosure of the information provided to us with 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 that are special sworn status and sponsors of reimbursable surveys. Furnishing this information is voluntary. Failure to do so will result in no consequences to you. We estimate that completing the baseline survey will take no more than 24 minutes. 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, 0607-1029, confirms this approval and expires on 7/31/2027. 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/htops.html>.

**** U.S. Census Bureau Notice and Consent Warning ****

Alternative:

You are accessing a United States Government computer network. Use of this system indicates your consent to collection, monitoring, recording, and use of the information that you provide for any lawful government purpose. So that our website remains safe and available for its intended use, network traffic is monitored to identify unauthorized attempts to access, upload, change information, or otherwise cause damage to the web service. Use of the government computer network for unauthorized purposes is a violation of Federal law and can be punished with fines or imprisonment (PUBLIC LAW 99-474). If you want to know more about the use of this system, and how your privacy is protected, visit our online privacy webpage at <http://www.census.gov/about/policies/privacy/privacy-policy.htm>.

R1 What year were you born? *Please enter a number.*

R3 The address we have on file appears below. Is this the address where you currently live?

`{e://Field/ADDRESS1}` `{e://Field/ADDRESS2}`
`{e://Field/CITY}`, `{e://Field/STATE}` `{e://Field/ZIP}`

Yes (1)

No (2)

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

R2_new What is your full name?

First (1) _____

Last (2) _____

R4 How many total people – adults and children – currently live in your household, including yourself? Please **don't** count anyone who lives most of their time somewhere else, even if they are currently staying here. *Please enter a number.*

R4a How many people under 18 years-old currently live in your household? Please **don't** count anyone who lives most of their time somewhere else, even if they are currently staying here. *Please enter a number.*

R_introA Next are a few questions about you.

R_introB Next are a few questions about the people who live in your household.

HHRoster Please tell us the names of the people currently living in your household, including yourself. **Please list yourself first.**

	First Name (1)	Last Name (2)
Person 1 (HHRoster_1)		
Person 2 (HHRoster_2)		
Person 3 (HHRoster_11)		
Person 4 (HHRoster_12)		
Person 5 (HHRoster_13)		
Person 6 (HHRoster_14)		
Person 7 (HHRoster_15)		
Person 8 (HHRoster_16)		
Person 9 (HHRoster_17)		
Person 10 (HHRoster_18)		
Person 11 (HHRoster_19)		
Person 12 (HHRoster_20)		
Person 13 (HHRoster_21)		
Person 14 (HHRoster_22)		
Person 15 (HHRoster_23)		
Person 16 (HHRoster_24)		



DOB What is $\{Im://Field/2\}$ $\{Im://Field/3\}$'s date of birth?

Month (1) _____

Year (2) _____

CALCAGE That would make $\{Im://Field/2\}$ $\{Im://Field/3\}$ FILLAGE (years or months) old. Is that correct?

AGE What is $\{\text{Im://Field/2}\}$ $\{\text{Im://Field/3}\}$'s age in (years or in years or months)?

___ Years

___ Months

SEX What sex was $\{\text{Im://Field/2}\}$ $\{\text{Im://Field/3}\}$ assigned at birth, on their original birth certificate?

Male (1)

Female (2)

GENID How does $\{\text{Im://Field/2}\}$ $\{\text{Im://Field/3}\}$ currently describe themselves?? *Select all that apply.*

Male (1)

Female (2)

Transgender (3)

Nonbinary (4)

They use a different term (5)

GENCHK Just to confirm, $\{\text{Im://Field/2}\}$ $\{\text{Im://Field/3}\}$ was assigned " $\{\text{SEX/ChoiceGroup/SelectedChoices}\}$ " at birth and now $\{\text{Im://Field/2}\}$ $\{\text{Im://Field/3}\}$ describes themselves as " $\{\text{GENID/ChoiceGroup/SelectedChoicesTextEntry}\}$ ". Is that correct?

Yes (1)

No (2)

SEX_CORRECTION Please confirm or correct your answer to the following question: What sex was $\{Im://Field/2\}$ $\{Im://Field/3\}$ assigned at birth, on their original birth certificate?

Male (1)

Female (2)

GENID_CORRECTION Please confirm or correct your answer to the following question: Does $\{Im://Field/2\}$ $\{Im://Field/3\}$ currently describe themselves as male, female, transgender, or nonbinary?

Select all that apply.

Male (1)

Female (2)

Transgender (3)

Nonbinary (4)

They use a different term (5) _____

DEM2 Which of the following best represents how $\{Im://Field/2\}$ $\{Im://Field/3\}$ thinks of themselves?

Gay or lesbian (1)

Straight, that is not gay or lesbian (2)

Bisexual (3)

They use a different term (4)

RELPEXP_add What is $\{Im://Field/2\}$ $\{Im://Field/3\}$'s relationship to you?

Spouse (1)

Unmarried partner (2)

- Child (3)
- Sibling (4)
- Parent (5)
- Grandchild (6)
- Parent-in-law (7)
- Son-in-law or Daughter-in-law (8)
- Other relative (9)
- Roommate or Housemate (10)
- Foster child (11)
- Other nonrelative (12)

Race_sp **What is <your/NAME's> race and/or ethnicity?**

Select all that apply.

- WHITE** For example, English, German, Irish, Italian, Polish, Scottish, etc. (1)
- HISPANIC OR LATINO** For example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc. (2)
- BLACK OR AFRICAN AMERICAN** For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc. (3)
- ASIAN** For example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc. (4)
- AMERICAN INDIAN OR ALASKA NATIVE** For example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc. (5)

MIDDLE EASTERN OR NORTH AFRICAN *For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.* (6)

NATIVE HAWAIIAN OR PACIFIC ISLANDER *For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.* (8)

Q52

Next, we will collect detailed information for each race and/or ethnicity selected.

white_detailsp **You said that <you are/NAME is> WHITE. Provide details below.**

Select all that apply and enter additional details in the space below.

English

German

Irish

Italian

Polish

Scottish

Enter, for example, French, Swedish, Norwegian, etc.

Hispanic_detailsp **You said that <you are/NAME is> HISPANIC OR LATINO. Provide details below.**

Select all that apply and enter additional details in the space below.

Mexican

Puerto Rican

Salvadoran

Cuban

Dominican

Guatemalan

Enter, for example, Colombian, Honduran, Spaniard, , etc.

Black or AA_detailsp **You said that <you are/NAME is> BLACK OR AFRICAN AMERICAN. Provide details below.**

Select all that apply and enter additional details in the space below.

African American

Jamaican

Haitian

Nigerian

Ethiopian

Somali

Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.

Asian_detailsp **You said that <you are/NAME is> ASIAN. Provide details below.**

Select all that apply and enter additional details in the space below.

Chinese

Asian Indian

Filipino

Vietnamese

Korean

Japanese

Enter, for example, Pakistani, Hmong, Afghan, etc.

AIAN_detailsp You said that <you are/NAME is> **AMERICAN INDIAN OR ALASKA NATIVE. Please enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Aztec, Maya, etc.**

MENA_detailsp You said that <you are/NAME is> **MIDDLE EASTERN OR NORTH AFRICAN. Provide details below.**

Select all that apply and enter additional details in the space below.

Lebanese

Iranian

Egyptian

Syrian

Iraqi

Israeli

Enter, for example, Moroccan, Yemeni, Kurdish, etc.

NHPI_detailsp **You said that <you are/NAME is> NATIVE HAWAIIAN OR PACIFIC ISLANDER. Provide details below.**

Select all that apply and enter additional details in the space below.

Native Hawaiian

Samoan

Chamorro

Tongan

Fijian

Marshallese

Enter, for example, Chuukese, Palauan, Tahitian, etc.

DEM13 What is 's marital status? Select only one answer.

Married (1)

Widowed (2)

Divorced (3)

Separated (4)

Never married (5)

DEM5 What is the highest degree or level of school $\{Im://Field/2\}$ $\{Im://Field/3\}$ has completed?

Select only one answer. If currently enrolled, select the previous grade or highest degree received.

- No schooling completed (1)
- Nursery school (2)
- Kindergarten (3)
- Grade 1 through 11 – Specify (4) _____
- 12th grade – **NO DIPLOMA** (5)
- Regular high school diploma (6)
- GED or alternative credential (7)
- Some college credit, but less than 1 year of college credit (8)
- 1 or more years of college credit, no degree (9)
- Associate's degree (for example: AA, AS) (10)
- Bachelor's degree (for example: BA, BS) (11)
- Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) (12)
- Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) (13)
- Doctorate degree (for example: PhD, EdD) (14)

DOB_S What is your date of birth?

Month (1) _____

Year (2) _____

CALCAGE That would make you FILLAGE (years or months) old. Is that correct?

AGE_S What is your age in years?

SEX_S What sex were you assigned at birth, on your original birth certificate?

Male (1)

Female (2)

GENID_S How do you currently describe? *Select all that apply.*

Male (1)

Female (2)

Transgender (3)

Nonbinary (4)

I use a different term (5) _____

CENCHK_S Just to confirm, you were assigned "\${SEX_S/ChoiceGroup/SelectedChoices}" at birth and now you describes yourself as "\${GENID_S/ChoiceGroup/SelectedChoicesTextEntry}". Is that correct?

Yes (1)

No (2)

SEX_CONFIRMATION_S Please confirm or correct your answer to the following question: What sex were you assigned at birth, on your original birth certificate?

Male (1)

Female (2)

GENID_CONFIRMATION_S Please confirm or correct your answer to the following question: How do you currently describe yourself? *Select all that apply.*

Male (1)

Female (2)

Transgender (3)

Nonbinary (4)

I use a different term (5) _____

DEM2_S Which of the following best represents how you think of yourself?

Gay or lesbian (1)

Straight, that is not gay or lesbian (2)

Bisexual (3)

I use a different term (4) _____

RELPEXP_add What is \${Im://Field/2} \${Im://Field/3}'s relationship to you?

Spouse (1)

Unmarried partner (2)

- Child (3)
- Sibling (4)
- Parent (5)
- Grandchild (6)
- Parent-in-law (7)
- Son-in-law or Daughter-in-law (8)
- Other relative (9)
- Roommate or Housemate (10)
- Foster child (11)
- Other nonrelative (12)

Race_sp **What is <your/NAME's> race and/or ethnicity?**

Select all that apply.

- WHITE** For example, English, German, Irish, Italian, Polish, Scottish, etc. (1)
- HISPANIC OR LATINO** For example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc. (2)
- BLACK OR AFRICAN AMERICAN** For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc. (3)
- ASIAN** For example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc. (4)
- AMERICAN INDIAN OR ALASKA NATIVE** For example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of

Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc. (5)

MIDDLE EASTERN OR NORTH AFRICAN *For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc. (6)*

NATIVE HAWAIIAN OR PACIFIC ISLANDER *For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc. (8)*

Q52

Next, we will collect detailed information for each race and/or ethnicity selected.

white_detailsp **You said that <you are/NAME is> WHITE. Provide details below.**

Select all that apply and enter additional details in the space below.

English

German

Irish

Italian

Polish

Scottish

Enter, for example, French, Swedish, Norwegian, etc.

Hispanic_detailsp **You said that <you are/NAME is> HISPANIC OR LATINO. Provide details below.**

Select all that apply and enter additional details in the space below.

Mexican

Puerto Rican

Salvadoran

Cuban

Dominican

Guatemalan

Enter, for example, Colombian, Honduran, Spaniard, , etc.

Black or AA_detailsp **You said that <you are/NAME is> BLACK OR AFRICAN AMERICAN. Provide details below.**

Select all that apply and enter additional details in the space below.

African American

Jamaican

Haitian

Nigerian

Ethiopian

Somali

Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.

Asian_detailsp **You said that <you are/NAME is> ASIAN. Provide details below.**

Select all that apply and enter additional details in the space below.

Chinese

Asian Indian

Filipino

Vietnamese

Korean

Japanese

Enter, for example, Pakistani, Hmong, Afghan, etc.

AIAN_detailsp **You said that <you are/NAME is> AMERICAN INDIAN OR ALASKA NATIVE. Please enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Aztec, Maya, etc.**

MENA_detailsp **You said that <you are/NAME is> MIDDLE EASTERN OR NORTH AFRICAN. Provide details below.**

Select all that apply and enter additional details in the space below.

Lebanese

Iranian

Egyptian

Syrian

Iraqi

Israeli

Enter, for example, Moroccan, Yemeni, Kurdish, etc.

NHPI_detailsp **You said that <you are/NAME is> NATIVE HAWAIIAN OR PACIFIC ISLANDER. Provide details below.**

Select all that apply and enter additional details in the space below.

Native Hawaiian

Samoan

Chamorro

Tongan

Fijian

Marshallese

Enter, for example, Chuukese, Palauan, Tahitian, etc.

DEM13_S What is your marital status? *Select only one answer.*

Married (1)

Widowed (2)

Divorced (3)

Separated (4)

Never married (5)

DEM5_S What is the highest degree or level of school you have completed?

Select only one answer. If currently enrolled, select the previous grade or highest degree received.

No schooling completed (1)

Nursery school (2)

Kindergarten (3)

Grade 1 through 11 – Specify (4) _____

12th grade – **NO DIPLOMA** (5)

Regular high school diploma (6)

GED or alternative credential (7)

Some college credit, but less than 1 year of college credit (8)

1 or more years of college credit, no degree (9)

Associate's degree (for example: AA, AS) (10)

Bachelor's degree (for example: BA, BS) (11)

Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) (12)

Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) (13)

Doctorate degree (for example: PhD, EdD) (14)

DEM14 Are you or your spouse currently serving in the U.S. Armed Forces (Active Duty, Reserve, or National Guard)? Reserve and Guard members or spouses who are full-time active duty (AGR/FTS/AR) or currently “activated” should select the “Reserve or National Guard” response(s).

Select all that apply.

- No (1)
- Yes, I'm serving on active duty (2)
- Yes, I'm serving in the Reserve or National Guard (3)
- Yes, my spouse is serving on active duty (4)
- Yes, my spouse is serving in the Reserve or National Guard (5)

DEM8 LAST WEEK, did you do ANY work for pay?

- Yes (1)
- No (2)

DEM9 What was your main reason for not working LAST WEEK?

- Retired (1)
- On layoff from a job (2)
- Student (3)
- Chronic illness or permanent disability (4)
- Did not need or want to work (5)

Other (6)

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)

R12 IN THE PAST 12 MONTHS, did you (anyone in your household) receive assistance from programs such as Food Stamps or Supplemental Nutrition Assistance Program (SNAP), Women Infants and Children (WIC), Medicaid, Temporary Assistance for Needy Families (TANF), or General Assistance from a federal, state, or local agency?

Yes (1)

No (2)

LANG Including you and the adults regularly living with you, does anyone primarily speak a language other than $\{e://Field/Lang_fill\}$ at home?

Yes (1)

No (2)

LANG2 What language is regularly spoken at home?

If more than one, select the language spoken most often.

- Spanish or Spanish Creole (1)
- English (2)
- Chinese (3)
- French (including Patois, Cajun) (4)
- French Creole (5)
- Tagalog or Filipino (6)
- Vietnamese (7)
- German (8)
- Korean (9)
- Russian (10)
- Italian (11)
- Hindi or Urdu (12)
- Arabic (13)
- Portuguese or Portuguese Creole (14)
- Polish (15)
- Persian (16)
- Gujarati (17)

Other, please specify: (18) _____

LANG3 How well do you speak English?

Very well (1)

Well (2)

Not well (3)

Not at all (4)

R5 Is this house, apartment, or mobile home...?

Select only one answer.

Owned by you or someone in this household with a mortgage or loan (Include home equity loans) (1)

Owned by you or someone in this household free and clear (2)

Rented (3)

Occupied without payment of rent (4)

TRAN1 In the **last 2 years**, how many times have you moved, either temporarily or permanently?

If you moved seasonally, e.g. into a college dorm each fall, count each move separately.

TRAN2 How long have you lived at your current address?

Years (1) _____

Months (2) _____

TRAN_Error Either Years or Months must be greater than 0, they cannot both be 0.

INT_instruction Now, we have some questions about your access to and use of the internet.

INT1 Do you use the Internet at home?

This includes accessing the Internet with a cell phone, computer, tablet, or other device.

Yes (1)

No (2)

INT2 What are the reasons why you do not use the Internet at home?

Select all that apply.

Don't need it or not interested (1)

Can't afford it (2)

Not worth the cost (3)

Can use it elsewhere (4)

Not available in area (5)

No computing device, or device inadequate or broken (6)

Online privacy or cybersecurity concerns (7)

Personal safety concerns (8)

Household moved or is in the process of moving (9)

Other: (10) _____

INT3 How frequently do you use the Internet in your home?

This includes accessing the Internet through a cell phone, computer, or tablet.

Daily (1)

At least once a week (2)

At least once a month (3)

Less than once a month (4)

Never (5)

INT4 Which of the following devices do you usually use to access the internet?

Select all that apply.

A laptop or desktop computer (1)

A tablet (2)

Smartphone or cell phone (3)

Other device: (4) _____

INT5 Do you have access to the Internet using a...?

Select all that apply.

Cellular data plan for a smartphone or other mobile device (1)

Broadband (high speed) Internet service such as cable, fiber optic, fixed wireless (not satellite), or DSL service installed in this household (2)

Satellite Internet service installed in this household (3)

Dial-up Internet service installed in this household (4)

Some other service, Specify: (5)

INT6 Overall, would you say you can access the internet whenever you need to?

Yes (1)

No (2)

DIG1 Do you regularly access the internet outside of your home?

Yes (1)

No (2)

DIG2a For which of the following communication purposes have you used the internet in the **past 6 months**?

Select all that apply.

E-mail (1)

Texting or instant messaging (2)

Social media (e.g., Facebook, X (formerly Twitter), Instagram, LinkedIn) (3)

Video or voice calls or conferencing (4)

None of the above (5)

DIG2b For which of the following entertainment purposes have you used the internet in the **past 6 months**?

Select all that apply.

- Streaming or watching videos (1)
- Streaming or downloading music, radio programs, or podcasts (2)
- Posting or uploading blog posts, videos, or other content you created (3)
- None of the above (4)

DIG2c For which of the following work purposes have you used the internet in the **past 6 months**?

Select all that apply.

- Telecommute or working from home (1)
- Search or apply for a job (2)
- Online classes or job training (3)
- Providing services to other people (e.g., Uber, Lfyt, Doordash, Grubhub, Airbnb, Angie's List) (4)
- None of the above (5)

DIG2d For which of the following retail or service purposes have you used the internet in the **past 6 months**?

Select all that apply.

- Request services provided by other people (e.g., Uber, Doordash, Airbnb, Angie's List) (1)
- Advertise products or services (2)
- Online shopping, travel reservation, or other consumer services (3)

- Sell goods (e.g., Etsy or eBay) (4)
- Banking, investing, or paying bills online (5)
- None of the above (6)

DIG2e For which of the following other purposes have you used the internet in the **past 6 months**?

Select all that apply.

- Interact with appliances connected to the Internet, such as a thermostat, light bulb, or security system (1)
 - Communicate with a doctor or other health professional (2)
 - Accessing health records or health insurance records online (3)
 - Accessing news or information (4)
 - None of the above (5)
-

HEALTH_INTRO Next, we have some questions about your health.

HEALTH1 In general, would you say your health is...?

- Excellent (1)
- Very good (2)
- Good (3)
- Fair (4)

Poor (5)

INS1 The next questions are about health insurance.

Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills. Are you CURRENTLY covered by any kind of health insurance or some other kind of health care plan?

Yes (1)

No (2)

INS2 Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans?

Select "Yes" or "No" for EACH type of coverage.

	Yes (1)	No (2)
Insurance through a current or former employer or union (of yours or another family member) (4)	<input type="radio"/>	<input type="radio"/>
Insurance purchased directly from an insurance company (by you or another family member) (5)	<input type="radio"/>	<input type="radio"/>
Medicare, for people 65 and older, or people with certain disabilities (9)	<input type="radio"/>	<input type="radio"/>
Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability (10)	<input type="radio"/>	<input type="radio"/>
TRICARE or other military health care (11)	<input type="radio"/>	<input type="radio"/>
VA (enrolled for VA health care) (12)	<input type="radio"/>	<input type="radio"/>
Indian Health Service (13)	<input type="radio"/>	<input type="radio"/>

Any other type of health insurance or health coverage (14)

INS2_OTHER Please specify the other type of health insurance or health coverage.

FOOD1 Are you the person who does most of the **shopping for food** in your household?
If shopping for food is split evenly between you and other household members, select "Yes."

Yes (1)

No (2)

FOOD2 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?

Enough of the kinds of food $\{e://Field/Num_fill\}$ wanted to eat (1)

Enough, but not always the kinds of food $\{e://Field/Num_fill\}$ wanted to eat (2)

Sometimes not enough to eat (3)

Often not enough to eat (4)

FOOD3 Do you or anyone in your household receive benefits from the Supplemental Nutrition Assistance Program (SNAP) or the Food Stamp Program?

Yes (1)

No (2)

FOOD4 The WIC program - the Women, Infants, and Children program - provides healthy foods and other services to low-income pregnant and breastfeeding women, infants, and children up to age 5. Is anyone in your household now receiving benefits from WIC?

Yes (1)

No (2)

NEWS_INTRO The next several questions will ask about your use of various media outlets, your participation in your community, and your opinion of government institutions.

NEWS1 How often do you get your news from the following sources?

	Never (1)	Rarely (2)	Sometimes (3)	Often (4)
Television (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radio (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Print publications (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A smartphone, computer, or tablet (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

VOL_INTRO The next questions will ask about volunteer activities you have participated in during the past year. For these questions, please include any volunteering you have done for an organization as well as any informal donations of time to help with an event or project.

VOL1 In the **last 12 months**, have you done any volunteer activities through or for an organization?

Yes (1)

No (2)

VOL2 Sometimes people don't think of activities they do infrequently or activities they do for children's schools or youth organizations as volunteer activities. In the **last 12 months**, have you done any of these types of volunteer activities?

Yes (1)

No (2)

PRIV1 In general, how concerned would you say you are about your personal privacy?

Extremely concerned (1)

Very concerned (2)

Somewhat concerned (3)

A little concerned (4)

Not at all concerned (5)

PRIV2 What about while using the internet? How concerned are you about your privacy while you are using the internet?

Extremely concerned (1)

Very concerned (2)

Somewhat concerned (3)

A little concerned (4)

Not at all concerned (5)

PRIV4 Do you think federal government agencies share a single central database of the name, address, and date of birth of U.S. residents?

Yes (1)

No (2)

Trust1a_check Below is a list of institutions in American society. Please indicate how much confidence you, yourself, have in each one.

	A great deal (1)	Quite a lot (2)	Some (3)	Very little (4)
The military (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The police (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The U.S. Supreme Court (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The presidency (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public schools (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For data quality purposes, please select "Some" (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The criminal justice system (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Congress (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U.S. Census Bureau (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U.S. statistical agencies (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TRUST1b Below is a list of institutions in American society. Please indicate how much confidence you, yourself, have in each one.

	A great deal (1)	Quite a lot (2)	Some (3)	Very little (4)
Small business (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The church or organized religion (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The medical system (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Banks (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Newspapers (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organized labor (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Big business (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
News on the internet (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
News on social media (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Television news (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TRUST2 The census, the number of deaths in the U.S. by different diseases, the crime rate, and unemployment rate are examples of federal statistics produced by federal statistical agencies (like the Census Bureau and the Bureau of Labor Statistics) that are part of the federal government. Have you ever used federal statistics for study or work?

Yes (1)

No (2)

TRUST3 Personally, how much trust do you have in the federal statistics in the United States? Would you say that you tend to trust federal statistics or tend not to trust them?

Tend to trust (1)

Tend not to trust (2)

INCOME Which category represents the total combined income of all members of your FAMILY during the past 12 months? Include as family any related individuals who currently live in the same household as you.

This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments and any other money income received by members of your FAMILY who are 15 years of age or older.

- Less than \$5,000 (1)
- \$5,000 to \$7,499 (2)
- \$7,500 to \$9,999 (3)
- \$10,000 to \$12,499 (4)
- \$12,500 to \$14,999 (5)
- \$15,000 to \$19,999 (6)
- \$20,000 to \$24,999 (7)
- \$25,000 to \$29,999 (8)
- \$30,000 to \$34,999 (9)
- \$35,000 to \$39,999 (10)
- \$40,000 to \$49,999 (11)
- \$50,000 to \$59,999 (12)
- \$60,000 to \$74,999 (13)
- \$75,000 to \$99,999 (14)

\$100,000 to \$149,999 (15)

\$150,000 and over (16)

CON1b We usually send incentives, updates, notifications, and survey links via email. Do you have an email address you can use for this purpose?

Yes (1)

No (2)

CON2 What is the best email address for us to reach you?

CON3b

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)

CON4 What is the best cell phone number for us to reach you?

Mobile (1) _____

CON5 How would you prefer we contact you?

Select all that apply.

Email (1)

Text message (2)

CON6 We need to be able to contact you for future surveys. Please provide a cell phone number, email address, or landline phone number where we can reach you:

Cell phone Number (1) _____

Email Address (2) _____

Landline Phone Number (3) _____

INCENT_INTRO Thank you for answering our questions and welcome to the Census Household Panel. You will receive \$10 for completing this initial survey and may be eligible for \$5 for each additional survey you complete. We anticipate sending panel members one survey every month for up to three years.

Incent1 The email address you provided appears below. Is this the email to which we should send your payment?

<DISPLAY EMAIL>

Yes (1)

No (2)

INCENEMAIL What is the email address where we should send your incentive?

If INCENEMAIL is empty:

INCENT2 The address we have on file appears below. Is this the address to which we should mail your payment? Note that mailing incentives can take up to 6 weeks after the data collection ends.

`#{e://Field/ADDRESS1} #{e://Field/ADDRESS2}`
`#{e://Field/CITY}, #{e://Field/STATE} #{e://Field/ZIP}`

Yes (1)

No (2)

INCENT3

If you do not have an email address, please provide the mailing address to which we should send your payment. Note that mailing incentives can take up to 6 weeks after the data collection ends.

Address 1 (2) _____

Address 2 (3) _____

City (4) _____

State (5) _____

ZIP Code (6) _____

OUTRO Those are all the questions we have for you today. Thank you for joining the Household Trends and Outlooks Pulse Survey. You can find more information about the panel at this website: <https://www.census.gov/programs-surveys/htops.html>. Please look for an email or text message for your next survey invitation.