Non-substantive Change Request OMB Control Number 0607-1029 High Frequency Surveys Program Household Trends and Outlook Pulse Survey Date Submitted: February 14, 2025

Summary of request: The U.S. Census Bureau is requesting a change request to revise questions to align with E.O. 14168 *Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government.*

Description of Changes Requested: This request updates sex questions used in the Household Trends and Outlook Pulse Survey January, February, and Replenishment Questionnaires to be in accordance with EO 14168. Please check the boxes below if your request includes:

- ✓ Revision of an existing question(s)
- ✓ Deletion of an existing question(s)

Description of Changes to Burden (if applicable): N/A

| Form | Approved Burden | Requested Burden |
|--------|------------------------------------|---------------------------------|
| Form 1 | TOTAL TIME | TOTAL TIME |
| | TIME per response # respondents | TIME per response # respondents |
| Form 2 | TOTAL TIME | TOTAL TIME |
| | TIME per response # respondents | TIME per response # respondents |
| Total | TOTAL TIME | TOTAL TIME |

Other Considerations (optional): *E.g., timing sensitivities, implementation requirements.*

| Table A: | Type of Change | Question/Item | Requested |
|-----------------------|----------------|---------------|-----------|
| Description of | | | |

| Changes (optional, helpful if multiple changes to multiple forms): Form | Deleted gender identity questions and replaced sex at birth with sex. | Multiple (see below) | Change SEX Is NAME/ARE YOU male or female? oMale (1) oFemale (2) |
|---|---|-------------------------|---|
| HTOPS January Q | uestionnaire | See below | |
| HTOPS February | Questionnaire | See below | |
| HTOPS Replenish Questionnaire | ment | See below | |

Revised question:

| | _ | _ | _ | |
|----------------------|------------------|------|--------------------------|------|
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| | | | | |

O Male (1)

O Female (2)

Deleted questions:

SEX What sex was NAME/were YOU assigned at birth, on their original birth certificate?

O Male (1)

O Female (2)

GENID How does NAME/do YOU currently describe themselves/yourself? Select all that apply.

O Male (1)

O Female (2)

O Transgender (3)

O Nonbinary (4)

| O They use a different term (5) |
|---|
| GENCHK Just to confirm, NAME was/YOU were assigned SEX AT BIRTH at birth and now NAME/YOU describes themselves/yourself as GENDER. Is that correct? |
| O Yes (1) |
| O No (2) |
| |
| SEX_CORRECTION Please confirm or correct your answer to the following question: What sex was NAME/were YOU assigned at birth, on their/your original birth certificate? |
| O Male (1) |
| O Female (2) |
| |
| GENID_CORRECTION Please confirm or correct your answer to the following question: Does NAME/Do YOU currently describe themselves/yourself as male, female, transgender, or nonbinary? |
| Select all that apply. |
| ☐ Male (1) |
| ☐ Female (2) |
| ☐ Transgender (3) |
| □ Nonbinary (4) |
| ☐ They use a different term (5) |