

Topical Survey Front/Roster Update/End Instrument Content

Language Welcome! Thank you for participating in this survey as a member of the **Household Trends and Outlooks Pulse Survey**. You will receive \$5 by email for completing this survey. Within two weeks of survey closing, you will receive an email containing a link to redeem your \$5 at a variety of stores.

March 2025 Topical: <This month's will be about 20 minutes and will include labor force focused content to test a series of questions that are being designed for production use in the Survey of Income and Program Participation (SIPP) labor force module.>

April 2025 Topical: <This month's survey will be about 20 minutes and will include 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.>

May 2025 Topical: <This month's survey will be about 20 minutes and will provide important data to compare the HTOPS responses against a national benchmark and similar survey design, pulling questions from Pew's National Public Opinion Reference 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)

PRA

The authority for the collection of this information for the Household Trends and Outlook Pulse Survey (0607-1029) is provided under US Code 13-8b, 182, 193 // US Code 141.

The information collected in March will include labor force focused content to test a series of questions that are being designed for production use in the Survey of Income and Program Participation (SIPP) labor force module. The April topical survey will include content from the Household Pulse Survey. The purpose of the May survey is to provide important methodological data to compare the HTOPS responses against a national benchmark and similar survey design, pulling questions from Pew's National Public Opinion Reference Survey. These will be used for methodological assessment of the current panel members representativeness compared to this national benchmark and other similar data collection strategies and will be

used to inform directions for future recruitment and replenishment. 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, and the baseline will take 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 (Title 5, U.S. Code, Section 552a) and keeps your answers confidential (Title 13, United States Code, Section 9). Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. 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/census-household-panel.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.html>.

Q1 Our records have your name as {fill NAME}. 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 {fill NAME} as the primary respondent for your household. Please either ask {fill NAME} 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.

THE SECTION BELOW UPDATES THE HOUSEHOLD ROSTER TO ADD OR DELETED MEMBERS, AS NEEDED.

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

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

- ☐ {fill NAME_2} (Sex: {fill SEX_2}; Year of Birth: {fill DOB_YR_2}) (1)
- ☐ {fill NAME_3} (Sex: {fill SEX_3}; Year of Birth: {fill DOB_YR_3}) (2)
- ☐ {fill NAME_4} (Sex: {fill SEX_4}; Year of Birth: {fill DOB_YR_4}) (3)
- ☐ {fill NAME_5} (Sex: {fill SEX_5}; Year of Birth: {fill DOB_YR_5}) (4)
- ☐ {fill NAME_6} (Sex: {fill SEX_6}; Year of Birth: {fill DOB_YR_6}) (5)
- ☐ {fill NAME_7} (Sex: {fill SEX_7}; Year of Birth: {fill DOB_YR_7}) (6)
- ☐ {fill NAME_8} (Sex: {fill SEX_8}; Year of Birth: {fill DOB_YR_8}) (7)
- ☐ {fill NAME_9} (Sex: {fill SEX_9}; Year of Birth: {fill DOB_YR_9}) (8)
- ☐ {fill NAME_10} (Sex: {fill SEX_10}; Year of Birth: {fill DOB_YR_10}) (9)
- ☐ {fill NAME_11} (Sex: {fill SEX_11}; Year of Birth: {fill DOB_YR_11}) (10)
- ☐ {fill NAME_12} (Sex: {fill SEX_12}; Year of Birth: {fill DOB_YR_12}) (11)
- ☐ {fill NAME_13} (Sex: {fill SEX_13}; Year of Birth: {fill DOB_YR_13}) (12)
- ☐ {fill NAME_14} (Sex: {fill SEX_14}; Year of Birth: {fill DOB_YR_14}) (13)
- ☐ {fill NAME_15} (Sex: {fill SEX_15}; Year of Birth: {fill 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.*

- ☐ {fill NAME_2} (1)
- ☐ {fill NAME_3} (2)
- ☐ {fill NAME_4} (3)
- ☐ {fill NAME_5} { (4)
- ☐ {fill NAME_6} (5)
- ☐ {fill NAME_7} (6)
- ☐ {fill NAME_8} (7)
- ☐ {fill NAME_9} (8)
- ☐ {fill NAME_10} (9)
- ☐ {fill NAME_11} (10)
- ☐ {fill NAME_12} (11)
- ☐ {fill NAME_13} (12)
- ☐ {fill NAME_14} (13)
- ☐ {fill NAME_15} (14)

REASON_LEFT What is the main reason {fill 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 {fill 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 {fill Im://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)

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? .

- ☐ {fill NAME_2} (1)
- ☐ {fill NAME_3} (2)
- ☐ {fill NAME_4} (3)
- ☐ {fill NAME_5} (4)
- ☐ {fill NAME_6} (5)
- ☐ {fill NAME_7} (6)
- ☐ {fill NAME_8} (7)
- ☐ {fill NAME_9} (8)
- ☐ {fill NAME_10} (9)

- ☐ {fill NAME_11} (10)
- ☐ {fill NAME_12} (11)
- ☐ {fill NAME_13} (12)
- ☐ {fill NAME_14} (13)
- ☐ {fill NAME_15} (14)

ROST_UPDATED Is there anyone else living or staying with you now that is not on this list?

- ☐ {fill NAME_2} (1)
- ☐ {fill NAME_3} (2)
- ☐ {fill NAME_4} (3)
- ☐ {fill NAME_5} (4)
- ☐ {fill NAME_6} (5)
- ☐ {fill NAME_7} (6)
- ☐ {fill NAME_8} (7)
- ☐ {fill NAME_9} (8)
- ☐ {fill NAME_10} (9)
- ☐ {fill NAME_11} (10)
- ☐ {fill NAME_12} (11)
- ☐ {fill NAME_13} (12)
- ☐ {fill NAME_14} (13)
- ☐ {fill NAME_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 {fill NAME} 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 {fill NAME} move in?

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

DOB What is {fill NAME}'s month and year of birth?

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

AGE What is {fill NAME}'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 Is {fill NAME} male or female?

- ☐ Male (1)
- ☐ Female (2)

DEM2 Which of the following best represents how {fill NAME} thinks of themselves?

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

RELRPEXP_add What is {fill NAME}'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 (1)
- ☐ German (2)
- ☐ Irish (3)
- ☐ Italian (4)

☐ Polish (5)

☐ Scottish (6)

☐ Enter, for example, French, Swedish, Norwegian, etc. (7)

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 (1)

☐ Puerto Rican (2)

☐ Salvadoran (3)

☐ Cuban (4)

☐ Dominican (5)

☐ Guatemalan (6)

☐ Enter, for example, Colombian, Honduran, Spaniard, etc. (7)

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 (1)

☐ Jamaican (2)

☐ Haitian (3)

☐ Nigerian (4)

☐ Ethiopian (5)

☐ Somali (6)

☐ Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc. (7)

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 (1)

☐ Asian Indian (2)

☐ Filipino (3)

☐ Vietnamese (4)

☐ Korean (5)

☐ Japanese (6)

☐ Enter, for example, Pakistani, Hmong, Afghan, etc. (7)

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. (1)**

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 (1)

☐ Iranian (2)

☐ Egyptian (3)

☐ Syrian (4)

☐ Iraqi (5)

☐ Israeli (6)

☐ *Enter, for example, Moroccan, Yemeni, Kurdish, etc. (7)*

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 (1)

☐ Samoan (2)

☐ Chamorro (3)

☐ Tongan (4)

☐ Fijian (5)

☐ Marshallese (6)

☐ *Enter, for example, Chuukese, Palauan, Tahitian, etc. (7)*

DEM13 What is {fill NAME}'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 {fill NAME} 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 Are you male or female?

☐ Male (1)

☐ Female (2)

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 {fill NAME}'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)*
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Q52

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

- ☐ English (1)
- ☐ German (2)
- ☐ Irish (3)
- ☐ Italian (4)
- ☐ Polish (5)
- ☐ Scottish (6)
- ☐ *Enter, for example, French, Swedish, Norwegian, etc. (7)*
-

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 (1)

☐ Puerto Rican (2)

☐ Salvadoran (3)

☐ Cuban (4)

☐ Dominican (5)

☐ Guatemalan (6)

☐ *Enter, for example, Colombian, Honduran, Spaniard, etc. (7)*

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

☐ African American (1)

☐ Jamaican (2)

☐ Haitian (3)

☐ Nigerian (4)

☐ Ethiopian (5)

☐ Somali (6)

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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 (1)

☐ Asian Indian (2)

☐ Filipino (3)

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☐ Korean (5)

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

☐ Lebanese (1)

☐ Iranian (2)

☐ Egyptian (3)

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☐ Iraqi (5)

☐ Israeli (6)

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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 (1)

☐ Samoan (2)

☐ Chamorro (3)

☐ Tongan (4)

☐ Fijian (5)

☐ Marshallese (6)

☐ *Enter, for example, Chuukese, Palauan, Tahitian, etc.* (7)

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)
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- ☐ 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 {fill LANGUAGE} 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.

☐ {fill NAME_1} (1)

☐ {fill NAME_2} (2)

☐ {fill NAME_3} (3)

☐ {fill NAME_4} (4)

☐ {fill NAME_5} (5)

☐ {fill NAME_6} (6)

☐ {fill NAME_7} (7)

☐ {fill NAME_8} (8)

☐ {fill NAME_9} (9)

☐ {fill NAME_10} (10)

☐ {fill NAME_11} (11)

☐ {fill NAME_12} (12)

☐ {fill NAME_13} (13)

☐ {fill NAME_14} (14)

- ☐ {fill NAME_15} (15)
- ☐ {fill NAME_16} (16)
- ☐ {fill NAME_17} (17)
- ☐ {fill NAME_18} (18)
- ☐ {fill NAME_19} (19)
- ☐ {fill NAME_20} (20)
- ☐ {fill NAME_21} (21)
- ☐ {fill NAME_22} (22)
- ☐ {fill NAME_23} (23)
- ☐ {fill NAME_24} (24)
- ☐ {fill NAME_25} (25)

AFWHEN During which time period(s) did {fill NAME} 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 {fill NAME} 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 {fill PHONE}. 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 \$5 incentive through email. Our records have your email address as {fill EMAIL}. Is this correct?

☐ Yes (1)

☐ No (2)

Q10 This month we will deliver your \$5 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?

{fill ADDRESS}

☐ 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?

{fill ADDRESS}

☐ 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 Household Trends and Outlook Pulse Survey.

March 2025 Topical Questionnaire
Labor Force and Assets

[randomly assign workFirstRand = {fill 0,1}]

[DISPLAY labor force content before assets content if workFirstRand = 1]

Start of Block: ANYWORK

ANYWORK1 At any point since October 01, 2024, have you had a job or owned a business?

☐ Yes (1)

☐ No (2)

Display This Question:

If ANYWORK1 <> Yes

ANYWORK2 At any point since October 01, 2024, have you done any kind of work for pay, even for as little as one hour?

☐ Yes (1)

☐ No (2)

End of Block: ANYWORK

[randomly assign introRand = {fill 0,1}]

[randomly assign rostRand = {fill 0,1}]

Start of Block: INTRO_V1 [path if introRand = 0]

INTRO_A In this section, we will ask you about any paid work you did as an employee, a self-employed worker, an independent contractor, or a gig and platform worker.

EMP_YN_A At any point since October 01, 2024, have you had a job where you were an **EMPLOYEE** of a company, organization, or individual?

☐ Yes (6)

☐ No (7)

Skip To: SELF_YN_A If EMP_YN_A <> Yes

Display This Question:

If EMP_YN_A = Yes

EMP_ROSTER_A Please list the name of each company, organization, or individual you worked for as an EMPLOYEE at any point since October 01, 2024.

- ☐ (1) _____
- ☐ (2) _____
- ☐ (3) _____
- ☐ (4) _____

Display This Text:

If EMP_ROSTER_A Is Not Empty

And If

EMP_YN_A = Yes

And If

rostRand = 1

RUN_ROST_A1 You've told us about the following job(s):

{fill EMP_ROSTER_A/ChoiceTextEntryValue/1}

{fill EMP_ROSTER_A/ChoiceTextEntryValue/2}

{fill EMP_ROSTER_A/ChoiceTextEntryValue/3}

{fill EMP_ROSTER_A/ChoiceTextEntryValue/4}

Display This Question:

If EMP_ROSTER_A Is Not Empty

And If

EMP_YN_A = Yes

MOREWRK1 At any point since October 01, 2024, have you done any other work for pay, even for as little as one hour?

☐ Yes (1)

☐ No (2)

Skip To: End of Block If MOREWRK1 = No

SELF_YN_A At any point since October 01, 2024, have you been SELF-EMPLOYED or worked as an INDEPENDENT CONTRACTOR or FREELANCER?

☐ Yes (1)

☐ No (2)

Skip To: RUN_ROST_A2 If SELF_YN_A <> Yes

Display This Question:

If SELF_YN_A = Yes

SELF_ROSTER_A Please list the business name(s) or the type(s) of work associated with any SELF-EMPLOYMENT, INDEPENDENT CONTRACTOR, or FREELANCER work you did between October 01, 2024 and now.

Do not count work for different clients or customers as different jobs. For example, if you worked as a painter and painted two homes, count "house painting" as one job.

☐ (1) _____

☐ (2) _____

☐ (3) _____

☐ (4) _____

Display This Text:

If EMP_ROSTER_A Is Not Empty

Or SELF_ROSTER_A Is Not Empty

And If

EMP_YN_A = Yes

Or SELF_YN_A = Yes

And If

rostRand = 1

RUN_ROST_A2 You've told us about the following job(s):

{fill EMP_ROSTER_A/ChoiceTextEntryValue/1}

{fill EMP_ROSTER_A/ChoiceTextEntryValue/2}

{fill EMP_ROSTER_A/ChoiceTextEntryValue/3}

{fill EMP_ROSTER_A/ChoiceTextEntryValue/4}

{fill SELF_ROSTER_A/ChoiceTextEntryValue/1}

{fill SELF_ROSTER_A/ChoiceTextEntryValue/2}

{fill SELF_ROSTER_A/ChoiceTextEntryValue/3}

{fill SELF_ROSTER_A/ChoiceTextEntryValue/4}

Display This Question:

If EMP_YN_A = Yes

Or SELF_YN_A = Yes

MOREWRK2 At any point since October 01, 2024, have you done any other work for pay, even for as little as one hour?

☐ Yes (1)

☐ No (2)

Skip To: End of Block If MOREWRK2 = No

GIGWRK_YN_A At any point between October 1, 2024 and today, did you do any GIG or PLATFORM WORK?

POP UP HELP TEXT: Gig or platform work involves paid short projects or tasks, often found through apps or websites such as Uber, DoorDash, TaskRabbit, or Fiverr. Examples include handyman work, freelancing, driving, or deliveries.

☐ Yes (1)

☐ No (2)

Skip To: MOREWRK3 If GIGWRK_YN_A <> Yes

Display This Question:

If GIGWRK_YN_A = Yes

GIG_PLTFRM_ROST_A1 **Which type(s) of gig or platform work have you done since October 01, 2024?**

Select all that apply.

- ☐ Rideshare driving (such as Uber, Lyft) (1)
- ☐ Delivery (such as UberEats, Instacart, Amazon Flex) (2)
- ☐ Handyman, maintenance, or lawn work (3)
- ☐ Creative or professional services (such as Fiverr) (5)
- ☐ Housekeeping or cleaning (6)
- ☐ Child or adult care (such as babysitting) (7)
- ☐ One-off tasks or odd jobs (such as TaskRabbit) (8)
- ☐ Other paid gig work or side jobs (specify) (11) _____

MOREWRK3 **At any point between October 1, 2024 and today, did you do any work for pay that we haven't already asked about, even for little as one hour?**

- ☐ Yes (1)
- ☐ No (2)

Display This Question (SAME PAGE):

If MOREWRK3 = Yes

OTHER_JOBS_TXT **Briefly describe this other work.**

End of Block: INTRO_V1

Start of Block: INTRO_V3 [path if introRand = 1]

INTRO_B *In this section, we will ask you about any paid work you did as an employee, a self-employed worker, an independent contractor, or a gig and platform worker.*

WATYPE_ALL **What kind(s) of work for pay have you done since October 01, 2024, even for as little as one hour?**

Select all that apply.

POP UP HELP TEXT: Gig or platform work involves paid short projects or tasks, often found through apps or websites such as Uber, DoorDash, TaskRabbit, or Fiverr. Examples include handyman work, freelancing, driving, or deliveries.

- ☐ Work as an employee of a company, organization, or individual (1)
- ☐ Self-employed, independent contractor, or freelance work (2)
- ☐ Gig or platform work (3)
- ☐ Other (briefly describe) (4) _____

Display This Question:

If WATYPE_ALL = Work as an employee of a company, organization, or individual

EMP_ROSTER_B **Please list the name of each company, organization, or individual you worked for as an EMPLOYEE at any point since October 01, 2024.**

- ☐ (1) _____
- ☐ (2) _____
- ☐ (3) _____
- ☐ (4) _____

Display This Text:

If EMP_ROSTER_B Is Not Empty

And If

WATYPE_ALL = Work as an employee of a company, organization, or individual

And If

WATYPE_ALL = Self-employed, independent contractor, or freelance work

And If

rostRand = 1

RUN_ROST_B1 You've told us about the following job(s):

{fill EMP_ROSTER_B/ChoiceTextEntryValue/1}

{fill EMP_ROSTER_B/ChoiceTextEntryValue/2}

{fill EMP_ROSTER_B/ChoiceTextEntryValue/3}

{fill EMP_ROSTER_B/ChoiceTextEntryValue/4}

Display This Question:

If WATYPE_ALL = Self-employed, independent contractor, or freelance work

SELF_ROSTER_B Please list the business name(s) or the type(s) of work associated with any SELF-EMPLOYMENT, INDEPENDENT CONTRACTOR, or FREELANCER work you did between October 1, 2024 and today.

Do not count work for different clients or customers as different jobs. For example, if you work as a painter and painted two homes, count "house painting" as one job.

☐ (1) _____

☐ (2) _____

☐ (3) _____

☐ (4) _____

Display This Question:

If EMP_ROSTER_B Is Not Empty

Or SELF_ROSTER_B Is Not Empty

And If

WATYPE_ALL = Work as an employee of a company, organization, or individual

Or WATYPE_ALL = Self-employed, independent contractor, or freelance work

And If

WATYPE_ALL = Gig or platform work

And If

rostRand = 1

RUN_ROST_B2 You've told us about the following job(s):

{fill EMP_ROSTER_B/ChoiceTextEntryValue/1}
{fill EMP_ROSTER_B/ChoiceTextEntryValue/2}
{fill EMP_ROSTER_B/ChoiceTextEntryValue/3}
{fill EMP_ROSTER_B/ChoiceTextEntryValue/4}
{fill SELF_ROSTER_B/ChoiceTextEntryValue/1}
{fill SELF_ROSTER_B/ChoiceTextEntryValue/2}
{fill SELF_ROSTER_B/ChoiceTextEntryValue/3}
{fill SELF_ROSTER_B/ChoiceTextEntryValue/4}

Display This Question:

If WATYPE_ALL = Gig or platform work

GIG_PLTFRM_ROST_B Which type(s) of GIG or PLATFORM WORK did you do between October 1, 2024 and today?

Select all that apply.

- ☐ Rideshare driving (such as Uber, Lyft) (1)
 - ☐ Delivery (such as UberEats, Instacart, Amazon Flex) (2)
 - ☐ Handyman, maintenance, or lawn work (3)
 - ☐ Creative or professional services (such as Fiverr) (5)
 - ☐ Housekeeping or cleaning (6)
 - ☐ Child or adult care (such as babysitting) (7)
 - ☐ One-off tasks or odd jobs (such as TaskRabbit) (8)
 - ☐ Other paid gig work or side jobs (specify) (11)
-

End of Block: INTRO_V3

[randomly assign commFirstRand = {fill 0,1}]

Start of Block: JOB_LOOP [loop over each {fill JOB NAME} from intro]

BTIMING **Around when did you first start working at {fill JOB NAME}?**

- ☐ On or before December 31, 2023 (1)
- ☐ Between January 1, 2024 and September 30, 2024 (3)
- ☐ On or after October 1, 2024 (2)

Display This Question:

If BTIMING <> On or before December 31, 2023

BDATE **On which date did you start working at {fill JOB NAME}?** Give your best estimate of your start date.

[CALENDAR DATE]

Display This Question:

If job type = EMPLOYEE

Or job type = SELF-EMPLOYED

ONGOING **As of today, are you still working at {fill JOB NAME}?**

- ☐ Yes (1)
- ☐ No (2)

Display This Question:

If ONGOING <> Yes

EDATE **What was the most recent day that you worked at {fill JOB NAME}?** Give your best estimate of the date.

[CALENDAR DATE]

Display This Question:

If job type = SELF-EMPLOYED

OWNBUS_YN Was {fill JOB NAME} a formal or informal business that you owned?

☐ Yes (1)

☐ No (2)

[randomly assign profitRand = {fill 0,1} if OWNBUS_YN = Yes]

Display This Question:

If job type <> EMPLOYEE

APPWRK_YN Did you find work for {fill JOB NAME} using an app or website?

☐ Yes (1)

☐ No (2)

[randomly assign appCheckRand = {fill 0,1} if APPWRK_YN = Yes]

Display This Question (SAME PAGE):

If APPWRK_YN = Yes

APP_NAME Please list the names of any apps or websites you used to find work for {fill JOB NAME}.

TYPPAY **Between {fill BDATE_OR_OCT_1} and {fill EDATE_OR_NOW}, how were you paid for your work at {fill JOB NAME}?**

If none of these apply, select "none of the above". We will ask about other types of pay on the next screen.

- ☐ Annual salary (1)
- ☐ Paid by the hour (2)
- ☐ Paid by the day (5)
- ☐ Paid per job completed (3) [display choice if job type = SELF-EMPLOYED or GIG]
- ☐ None of the above (4)

[randomly assign hourRand = {fill 0,1} if TYPPAY = Paid by the hour]

XTRAPAY **Since {fill BDATE_OR_OCT_1}, have you received any of the following types of pay or proceeds from {fill JOB NAME}?**

Select all that apply.

- ☐ Overtime pay (3)
- ☐ Commission (4)
- ☐ Tips (5)
- ☐ Bonus (6)
- ☐ Profits (7) [display if OWNBUS_YN = Yes]
- ☐ Other (specify) (8) _____
- ☐ None of the above (12)



Display This Question:

If TYPAY = Annual salary

Or TYPAY = Paid by the hour

And If

days between BDATE and EDATE >= 28

AWOP Between {fill BDATE_OR_OCT_1} and {fill EDATE_OR_NOW}, did you take any weeks away from working at {fill JOB NAME} for which you didn't get paid?

Do NOT count periods away from work less than one week long.

A week in which you worked even just one hour at {fill JOB NAME} should count as a week you spent working.

☐ Yes (1)

☐ No (2)

Display This Question:

If AWOP = Yes

AWOP_MTH How many full weeks did you spend not working at, AND not receiving pay from, {fill JOB NAME} during each month listed below?

	Weeks spent away without pay
October 2024 (1) [display if worked >= 1 week]	▼ 0 (1 ... Entire month (6)
November 2024 (2) [display if worked >= 1 week]	▼ 0 (1 ... Entire month (6)
December 2024 (3) [display if worked >= 1 week]	▼ 0 (1 ... Entire month (6)
January 2025 (4) [display if worked >= 1 week]	▼ 0 (1 ... Entire month (6)
February 2025 (5) [display if worked >= 1 week]	▼ 0 (1 ... Entire month (6)
March 2025 (6) [display if worked >= 1 week]	▼ 0 (1 ... Entire month (6)

WSJOB Which of the following best describes your work schedule at {fill JOB NAME}?

- ☐ Regular (established routine with a set schedule) (1)
- ☐ Rotating shift (changes periodically from days to evenings or nights, for example) (2)
- ☐ Seasonal (occurs on a temporary basis during predictable, specific times of year) (3)
- ☐ Irregular/as-needed (changes with demand or other factors, such as on-call or day-labor work) (4)
- ☐ Other (specify) (5) _____

Display This Question:

If TYPPAY <> Paid by the day

And days between BDATE and EDATE >= 28

HRREG During the weeks you worked at {fill JOB NAME} since {fill BDATE_OR_OCT_1}, how stable was the number of hours you worked?

Count any overtime, paid vacation, or paid sick days as work time.

- ☐ Number of hours was the same each week. (1)
- ☐ Number of hours was the same each month. (4) [display choice if EDATE – BDATE >= 56]
- ☐ Number of hours was different from week to week. (10) [display if EDATE – BDATE < 56]
- ☐ Number of hours was different from month to month. (5) [display choice if EDATE – BDATE >= 56]
- ☐ I worked at {fill JOB NAME} for just a few days, or for just one day, since {fill BDATE_OR_OCT_1}. (9)
- ☐ Other (specify) (7) _____

Skip To: CHECK_APP_INS If HRREG = I worked at {fill JOB NAME} for just a few days, or for just one day, since {fill BDATE_OR_OCT_1}.

Display This Question:

If TYPPAY = Paid by the hour

And hourRand <> 1

And days between BDATE and EDATE >= 28

Or If

TYPPAY = Paid per job completed

And days between BDATE and EDATE >= 28

Or If

TYPPAY <> Annual salary & TYPPAY <> Paid by the hour & TYPPAY <> Paid per job completed
&TYPPAY <> Paid by the day

And XTRAPAY SelectedChoicesCount Is Equal to 0

And days between BDATE and EDATE >= 28

Or If

TYPPAY <> Annual salary & TYPPAY <> Paid by the hour & TYPPAY <> Paid per job completed
&TYPPAY <> Paid by the day

And XTRAPAY = None of the above

And days between BDATE and EDATE >= 28

Or If

XTRAPAY = Other (specify)

And XTRAPAY SelectedChoicesCount Is Equal to 1

TYPPAY <> Annual salary & TYPPAY <> Paid by the hour & TYPPAY <> Paid per job completed
&TYPPAY <> Paid by the day

And days between BDATE and EDATE >= 28

EARNREG Thinking about the period since {fill BDATE_OR_OCT_1}, how predictable was your base pay from working at {fill JOB NAME}?

Do NOT count tips, commissions, overtime, or bonus pay. We will ask about those separately, if applicable.

Think about your pay BEFORE taxes or other deductions.

- ☐ Pay each week was about the same. (1)
- ☐ Pay every two weeks was about the same. (3)
- ☐ Pay each month was about the same. (4) [display choice if EDATE – BDATE >= 56]
- ☐ Pay was different each week. (10) [display choice if EDATE – BDATE < 56]
- ☐ Pay was different each month. (6) [display choice if EDATE – BDATE >= 56]

Display This Text:

If appCheckRand = 1

And If

APPWRK_YN = Yes

CHECK_APP_INS Checking your pay history on any apps or sites you used to find work for {fill JOB NAME} may help you answer the next few questions. DON'T count fees paid directly to the app or website as part of your pay.

Display This Question:

If EARNREG = Pay was different each month.

Or EARNREG = Pay was different each week.

Or If

HRREG = I worked at {fill JOB NAME} for just a few days, or for just one day, since {fill BDATE_OR_OCT_1}.

And TYPPAY <> Annual salary

And TYPPAY <> Paid by the hour

And TYPPAY <> Paid by the day

Or If

days between BDATE and EDATE < 28

And TYPPAY <> Annual salary

And TYPPAY <> Paid by the hour

And TYPPAY <> Paid by the day

Or If

EARNREG <> Pay received each week was about the same.

And EARNREG <> Pay received every two weeks was about the same.

And EARNREG <> Pay received each month was about the same.

And TYPPAY <> Annual salary

And TYPPAY <> Paid by the hour

And TYPPAY <> Paid by the day

EARN_IRREG About how much did you earn working at {fill JOB NAME} in each of the weeks listed below?

Report your pay BEFORE taxes or other deductions.

Do NOT include any tips, commissions, overtime, or bonus pay. We will ask about those separately, if applicable.

[WEEK 1] _____

[WEEK 2] _____

[WEEK 3] _____

[WEEK 4] _____

Display This Question:

If EARNREG = Pay received each week was about the same.
Or EARNREG = Pay received every two weeks was about the same.
Or EARNREG = Pay received each month was about the same.
Or TYPPAY = Paid by the day

PYRAT1 Between {fill BDATE_OR_OCT_1} and {fill EDATE_OR_NOW}, how much did you typically get paid every {fill EARNREG_OR_DAY} from {fill JOB NAME}?

If your pay rate changed between {fill BDATE_OR_OCT_1} and {fill EDATE_OR_NOW}, think about the most recent {fill EARNREG_OR_DAY} you worked at {fill JOB NAME}.

Report your pay BEFORE taxes or other deductions.

Do NOT include any tips, commissions, overtime, or bonus pay. We will ask about those separately, if applicable.

\$ (4) _____

Display This Question:

If hourRand = 1
And TYPPAY = Paid by the hour

PYRAT1_HR What was your most recent hourly pay rate at {fill JOB NAME}?

Report your hourly rate BEFORE taxes or other deductions.

Do NOT include any tips, commissions, overtime, or bonus pay in your hourly rate. We will ask about those separately, if applicable.

\$ (1) _____

Display This Question:

If TYPPAY = Annual salary

PYRAT1_SAL What was your most recent annual salary at {fill JOB NAME}?

Report your total annual salary BEFORE taxes or other deductions.

Do NOT include any tips, commissions, overtime, or bonus pay in your salary. We will ask about those separately, if applicable.

\$ (1) _____

Display This Question:

If XTRAPAY = Overtime pay
And TYPPAY = Paid by the hour

OTRATE_HR **What was your OVERTIME hourly pay rate at {fill JOB NAME}?**
Report your overtime hourly rate BEFORE taxes or other deductions.

☐ \$ (1) _____

Display This Question:

If PYRAT1 Is Not Empty

CHEARN1 **Did you have the same typical pay ({fill PYRAT1/ChoiceTextEntryValue} every {fill EARNREG_OR_DAY}) at {fill JOB NAME} during the entire period of {fill BDATE_OR_OCT_1} to {fill EDATE_OR_NOW}?**

Again, think about your pay BEFORE taxes or other deductions.

Do NOT count any changes in tips, commissions, overtime, or bonus pay, if applicable.

☐ Yes (1)

☐ No (2)

Display This Question (SAME PAGE):

If CHEARN1 = No

CHERDAT1 **On which date did your pay rate change?** *Give your best estimate of the date of this change.*

[CALENDAR DATE]

Display This Question:

If hourRand = 1

And TYPAY = Paid by the hour

And PYRAT1_HR Is Not Empty

CHEARN1_HR Did you have the same regular hourly pay rate ({fill PYRAT1_HR/ChoiceTextEntryValue} an hour) at {fill JOB NAME} during the entire period of {fill BDATE_OR_OCT_1} to {fill EDATE_OR_NOW}?

Again, think about your hourly rate BEFORE taxes or other deductions.

Do NOT count any changes in tips, commissions, overtime, or bonus pay, if applicable.

☐ Yes (1)

☐ No (2)

Display This Question:

If CHEARN1_HR = No

CHCOUNT_HR Between {fill BDATE_OR_OCT_1} and {fill EDATE_OR_NOW}, how many times did your hourly pay rate at {fill JOB NAME} change?

- Just once
- More than once

Display This Text:

If CHCOUNT_HR = More than once

INS_2CH_HR Consider the most recent change to your hourly pay rate.

Display This Question:

If CHEARN1_HR = No

CHERDAT1_HR On which date did your regular hourly wage change? Give your best estimate of the date of this change.

[CALENDAR DATE]

Display This Question:

If TYPPAY = Annual salary

And If

If PYRAT1_SAL Is Not Empty

CHEARN1_SAL Did you have the same annual salary ({fill PYRAT1_SAL/ChoiceTextEntryValue}) at {fill JOB NAME} during the entire period of {fill BDATE_OR_OCT_1} to {fill EDATE_OR_NOW}?

Again, think about your total annual salary BEFORE taxes or other deductions.

Do NOT count any changes in tips, commissions, overtime, or bonus pay.

☐ Yes (1)

☐ No (2)

Display This Question:

If CHEARN1_SAL = No

CHCOUNT_SAL Between {fill BDATE_OR_OCT_1} and {fill EDATE_OR_NOW}, how many times did your salary at {fill JOB NAME} change?

- Just once
- More than once

Display This Text:

If CHCOUNT_SAL = More than once

INS_2CH_SAL Consider the most recent change to your annual salary.

Display This Question (SAME PAGE):

If CHEARN1_SAL = No

CHERDAT1_SAL On which date did your salary change? Give your best estimate of the date of this change.

Display This Question:

If CHEARN1 = No

PYRAT2 What was your typical total pay every {fill EARNREG_OR_DAY} before it changed to {fill PYRAT1/ChoiceTextEntryValue}?

Report your pay BEFORE taxes or other deductions.

Do NOT include any tips, commissions, overtime, or bonus pay.

\$ (1) _____

Display This Question:

If CHEARN1_HR = No

PYRAT2_HR What was your regular hourly pay rate before it changed to {fill PYRAT1_HR/ChoiceTextEntryValue/1} per hour?

Report your hourly rate BEFORE taxes or other deductions.

Do NOT include any tips, commissions, overtime, or bonus pay in this rate.

\$ (1) _____

Display This Question:

If CHEARN1_SAL = No

PYRAT2_SAL What was your annual salary before it changed to {fill PYRAT1_SAL/ChoiceTextEntryValue}? Report your total annual salary BEFORE taxes or other deductions. Do NOT include any tips, commissions, overtime, or bonus pay in your salary.

\$ (1) _____

Display This Question:

If HRREG <> Number of hours was the same each week.

And HRREG <> Number of hours was the same each month.

And TYPPAY <> Paid by the day

[an invisible timer tracks time spent on this question]

HR_MTH How many total hours did you work at {fill JOB NAME} during each of the months listed below? Count any paid vacation or paid sick days as work time.

	TOTAL hours (1)	Display This Column if XTRAPAY = Overtime pay PAID OVERTIME hours (2)
October 2024 (1) [display if worked >=1 week]		
November 2024 (2) [display if worked >=1 week]		
December 2024 (3) [display if worked >=1 week]		
January 2025 (4) [display if worked >=1 week]		
February 2025 (5) [display if worked >=1 week]		
March 2025 (6) [display if worked >=1 week]		

Display This Question:

If TYPPAY = Paid by the day

DAY_MTH How many total days did you work at {fill JOB NAME} during each of the months listed below?

	Days worked (1)
October 2024 (1) [display if worked >=1 week]	
November 2024 (2) [display if worked >=1 week]	
December 2024 (3) [display if worked >=1 week]	
January 2025 (4) [display if worked >=1 week]	
February 2025 (5) [display if worked >=1 week]	
March 2025 (6) [display if worked >=1 week]	

Display This Question:

If HRREG = Number of hours was the same each week.

Or If

HRREG = Number of hours was the same each month.

Or If

TYPAY = Paid by the day

JOBHRS1 How many total hours did you work at {fill JOB NAME} in a typical {fill HRREG_OR_DAY}?

If your typical hours changed between {fill BDATE_OR_OCT_1} and {fill EDATE_OR_NOW}, think about the last {fill HRREG_OR_DAY} you worked.

Count any overtime hours, paid vacation, or paid sick days as work time.

Display This Question (SAME PAGE):

If XTRAPAY = Overtime pay

And If

HRREG = Number of hours was the same each week.

Or HRREG = Number of hours was the same each month.

OTHR1 For how many of those total hours were you typically paid your overtime rate?

Display This Question:

If HRREG = Number of hours was the same each week.

Or HRREG = Number of hours was the same each month.

And If

If JOBHRS1 Is Not Empty

CHHOUR1 Did you have the same typical total hours worked ({fill JOBHRS1/ChoiceTextEntryValue} every {fill HRREG_OR_DAY}) at {fill JOB NAME} during the entire period of {fill BDATE_OR_OCT_1} to {fill EDATE_OR_NOW}?

Count any overtime hours, paid vacation, or paid sick days as work time.

☐ Yes (1)

☐ No (2)

Display This Question:

If CHHOUR1 = No

CHHRDAT On which date did your typical hours change?

Enter your best estimate of the date of this change.

[CALENDAR DATE]

Display This Question:

If CHHOUR1 = No

JOBHRS2 BEFORE this change, how many total hours did you typically work at {fill JOB NAME} every {fill HRREG_OR_DAY}? Count any overtime hours, paid vacation, or paid sick days as work time.

Display This Question (SAME PAGE):

If XTRAPAY = Overtime pay

And CHHOUR1 = No

OTHR2 For how many of those hours were you paid your overtime rate?

Display This Question:

If XTRAPAY = Tips

And If

EARNREG <> Pay received each week was about the same.

And EARNREG <> Pay received every two weeks was about the same.

And EARNREG <> Pay received each month was about the same.

And EARNREG <> Pay was different each month.

And EARNREG <> Pay was different each week.

And HRREG <> I worked at {fill JOB NAME} for just a few days, or for just one day, since {fill BDATE_OR_OCT_1}.

And If

days between BDATE and EDATE >= 28

TIPSREG Which of the following best describes the regularity of the TIPS you received working at {fill JOB NAME} between {fill BDATE_OR_OCT_1} and {fill EDATE_OR_NOW}?

Think about your tips BEFORE taxes or other deductions. PROGRAMMER NOTE: There is an embedded data field (__js_payFill) set using this question's JavaScript. This field is used as text fill in later questions as the reference interval for the respondent's tips earnings. I attempted my own Spanish translation but it requires review. **TRANSLATION SHOULD MATCH WHATEVER IS CHOSEN FOR JS BACKEND OF EARNREG QUESTION ABOVE**

- ☐ Total tips received each week were about the same. (1)
- ☐ Total tips received every two weeks were about the same. (2)
- ☐ Total tips received each month were about the same. (3) [display choice if EDATE – BDATE >= 56]
- ☐ Total tips received were different each week. (4) [display choice if EDATE – BDATE < 56]
- ☐ Total tips received were different each month. (5) [display choice if EDATE – BDATE >= 56]

Display This Question:

If EARNREG <> Pay received each week was about the same.

And EARNREG <> Pay received every two weeks was about the same.

And EARNREG <> Pay received each month was about the same.

And TIPSREG <> Total tips received each week were about the same.

And TIPSREG <> Total tips received every two weeks were about the same.

And TIPSREG <> Total tips received each month were about the same.

And XTRAPAY = Tips

Or If

XTRAPAY = Tips

And days between BDATE and EDATE < 28

Or If

XTRAPAY = Tips

And HRREG = I worked at {fill JOB NAME} for just a few days, or for just one day, since {fill BDATE_OR_OCT_1}.

TIPS_IRREG About how much did you earn in TIPS alone from {fill JOB NAME} in each of the weeks listed below? Report your total weekly tips BEFORE taxes or other deductions.

[WEEK 1] _____

[WEEK 2] _____

[WEEK 3] _____

[WEEK 4] _____

Display This Question:

If XTRAPAY = Tips

And If

EARNREG = Pay received each week was about the same.

Or EARNREG = Pay received every two weeks was about the same.

Or EARNREG = Pay received each month was about the same.

Or TIPSREG = Total tips received each week were about the same.

Or TIPSREG = Total tips received every two weeks were about the same.

Or TIPSREG = Total tips received each month were about the same.

TIPRATE Between {fill BDATE_OR_OCT_1} and {fill EDATE_OR_NOW}, about how much did you typically earn in TIPS alone every {fill EARNREG_OR_TIPSREG_OR_DAY} from {fill JOB NAME}?

Report your tips BEFORE taxes or other deductions.

\$ (1) _____

Display This Question:

If XTRAPAY = Commission

[an invisible timer tracks time spent on this question]

COMM_TOTAL What is the total amount you received in commissions from {fill JOB NAME} for work done between {fill BDATE_OR_OCT_1} and {fill EDATE_OR_NOW}?

☐ \$ (1) _____

Display This Question:

If XTRAPAY = Commission

COMM_REG How regularly do you receive commission payments from {fill JOB NAME}?

☐ Annually (1)

☐ Quarterly (2)

☐ Monthly (3)

☐ Weekly (4)

☐ Not regularly (5)

Display This Question:

If XTRAPAY = Bonus

[an invisible timer tracks time spent on this question]

BONUS_TOTAL What is the total amount you received in bonuses from {fill JOB NAME} for work done between {fill BDATE_OR_OCT_1} and {fill EDATE_OR_NOW}?

☐ \$ (1) _____

Display This Question:

If XTRAPAY = Bonus

BONUS_REG How regularly do you receive bonus payments from {fill JOB NAME}?

- ☐ Annually (1)
- ☐ Quarterly (2)
- ☐ Monthly (3)
- ☐ Weekly (4)
- ☐ Not regularly (5)

Display This Question:

If XTRAPAY "Other" Text Response Is Not Empty

And XTRAPAY = Other

And If

If XTRAPAY SelectedChoicesCount Is Greater Than 1

Or TYPPAY = Annual salary

Or TYPPAY = Paid by the hour

Or TYPPAY = Paid per job completed

OTHER_SPEC_TOTAL What is the total amount you received in {fill XTRAPAY/ChoiceTextEntryValue/8} from {fill JOB NAME} for work done between {fill BDATE_OR_OCT_1} and {fill EDATE_OR_NOW}?

☐ \$ (1) _____

Display This Question:

If XTRAPAY "Other" Text Response Is Empty

And XTRAPAY = Other

And If

If XTRAPAY SelectedChoicesCount Is Greater Than 1

Or TYPPAY = Annual salary

Or TYPPAY = Paid by the hour

Or TYPPAY = Paid per job completed

OTHER_UNSPEC_TOTAL **What is the total amount of any other earnings you haven't yet reported from {fill JOB NAME}, which you received or expect to receive, for work done between {fill BDATE_OR_OCT_1} and {fill EDATE_OR_NOW}?**

\$ (1) _____

Display This Question:

If XTRAPAY = None of the above or XTRAPAY SelectedChoicesCount = 0

And If

ONGOING = Yes

And If days between BDATE and EDATE >= 28

And if BDATE before February 1

And If HRREG = Hours are the same each week

And If TYPAY = Paid by the hour

EARN_CHECK ...Based on your previous responses, we estimate that you earned about {fill PAY_EST_FILL} from your work at {fill JOB NAME} in February 2025, before taxes or other deductions. How close would you say your actual pay is to this estimate?

1. My actual pay was much greater than {fill PAY_EST_FILL}
2. My actual pay was somewhat greater than {fill PAY_EST_FILL}
3. My actual pay was pretty close to {fill PAY_EST_FILL}
4. My actual pay was somewhat less than {fill PAY_EST_FILL}
5. My actual pay was much less than {fill PAY_EST_FILL}

Display This Text:

If profitRand = 1

And OWNBUS_YN = Yes

And XTRAPAY = Profits

PROFIT_CHECK_INS Next we are going to ask you some questions about your profits or losses from {fill JOB NAME} over the last 6 months. It may help you to refer to any records you might have when answering the next few questions.

Display This Question:

If OWNBUS_YN = Yes

And XTRAPAY = Profits

PROFIT_REP_TYPE **What would be the easiest way for you to report your profits or losses from {fill JOB NAME} between October 2024 and March 2025?**

Please give your best estimate for this month (March 2025).

- ☐ Monthly profits for October 2024 through March 2025 (1)
- ☐ Quarterly profits, i.e. October to December 2024 and January to March 2025 (2)

Display This Question:

If XTRAPAY = Profits

And PROFIT_REP_TYPE = Quarterly profits, i.e. October to December 2024 and January to March 2025

PROFIT_QUART What were your profits or losses in each of the quarters below?

Report actual profits or losses received. Do NOT report profits estimated for tax purposes based on previous years.

If you had a net loss, report a negative number.

- ☐ October through December 2024 \$ (1) _____
- ☐ January through March 2025 (best estimate) \$ (2) _____

Display This Question:

If XTRAPAY = Profits

And PROFIT_REP_TYPE = Monthly profits for October 2024 through March 2025

PROFIT_MTH What were your profits or losses in each of the months below?

Report actual profits or losses received. Do NOT report profits estimated for tax purposes based on previous years.

If you had a net loss, report a negative number.

- ☐ October 2024 \$ (1) _____
- ☐ November 2024 \$ (2) _____
- ☐ December 2024 \$ (3) _____
- ☐ January 2025 \$ (4) _____
- ☐ February 2025 \$ (5) _____
- ☐ March 2025 (best estimate) \$ (6) _____

CHK_FUP **Did you consult any records in order to answer questions about your pay and proceeds from {fill JOB NAME}?**

☐ Yes (1)

☐ No (2)

Display This Question:

If TYPPAY = Paid by the hour

And XTRAPAY = Tips

TIPMINWAGE **Did your regular hourly pay from {fill JOB NAME} change based on how much you received in tips?** *This may be true if you receive a "tipped minimum wage" that's lower than the standard minimum wage in your area.*

☐ Yes (1)

☐ No (2)

Display This Question:

If XTRAPAY = Tips

And If

TYPPAY = Annual salary

Or TYPPAY = Paid by the hour

Or TYPPAY = Paid per job completed

Or XTRAPAY SelectedChoicesCount Is Greater Than 1

SEP_TIPS **How easy or difficult was it for you to report how much you earned at {fill JOB NAME} JUST from tips, separately from any other pay or proceeds?**

☐ Very difficult (1)

☐ Somewhat difficult (2)

☐ Not particularly difficult or easy (3)

☐ Somewhat easy (4)

☐ Very easy (5)

Display This Question:

If commFirstRand = 1

And job type <> GIG

COMM_SCRN_B In the last week you worked at {fill JOB NAME}, did you pay for gasoline and other fuels, parking, tolls, public transportation fares, or anything else to commute to and from work?

- ☐ Yes (1)
- ☐ No (2)
- ☐ I did not have a commute (3)

Display This Question:

Only for first GIG job reported

And commFirstRand = 1

COMM_GIGMRK_B In the last week you worked ANY gig job, for which job(s), if any, did you pay for gasoline and other fuels, parking, tolls, public transportation fares, or anything else to commute to and from work? Select all that apply.

Display Only Selected Choices from GIG roster A or B

- ☐ Rideshare driving (1)
- ☐ Delivery (2)
- ☐ Handyman, maintenance, or lawn work (3)
- ☐ Creative or professional services (5)
- ☐ Housekeeping or cleaning (6)
- ☐ Child or adult care (such as babysitting) (7)
- ☐ One-off tasks or odd jobs (8)
- ☐ {fill GIG_PLTFRM_ROST_A1/ChoiceTextEntryValue/Other} (11)

☐ {fill GIG_PLTFRM_ROST_B/ChoiceTextEntryValue/Other} (13)

☐ None of the above (12)

Display This Question:

If COMM_SCRN_B = Yes

COMM_AMT_B In the last week you worked at {fill JOB NAME}, how much did you pay out-of-pocket to commute to and from {fill JOB NAME}?

Display This Question:

If COMM_GIGMRK_B <> None of the above

And COMM_GIGMRK_B SelectedChoicesCount Is Greater Than or Equal to 1

COMM_GIGAMT_B In the last week you worked ANY gig job, how much did you pay out-of-pocket to commute to and from gig work?

Display This Question:

If job type = EMPLOYEE

Or If

job type = SELF-EMPLOYED

And OWNBUS_YN <> Yes

PVOEXPNS Between October 1, 2024 and today, not counting expenses your employer paid, did you have any work-related expenses such as licenses, permits, union dues, special tools, or uniforms for your work at {fill JOB NAME}?

☐ Yes (1)

☐ No (2)

Display This Question:

Only for first GIG job reported

GIG_MRKEXP Job-related expenses are the regular costs you have because of your work. These include items such as gasoline and other fuels (such as for rideshare or delivery) or equipment (such as tools for handywork or leashes for pet sitting).

In the last week you worked ANY gig job, for which job(s), if any, did you have expenses for such items?

Select all that apply.

Do NOT count one-time expenses like buying or fixing a vehicle.

Display only selected choices from GIG roster A or B

☐ Rideshare driving (1)

☐ Delivery (2)

☐ Handyman, maintenance, or lawn work (3)

☐ Creative or professional services (5)

☐ Housekeeping or cleaning (6)

☐ Child or adult care (such as babysitting) (7)

☐ One-off tasks or odd jobs (8)

☐ {fill GIG_PLTFRM_ROST_A1/ChoiceTextEntryValue/Other} (11)

☐ {fill GIG_PLTFRM_ROST_B/ChoiceTextEntryValue/Other} (13)

☐ None of the above (12)

Display This Question:

If GIG_MRKEXP <> None of the above

And GIG_MRKEXP SelectedChoicesCount Is Greater Than or Equal to 1

And gigExpRand = 0

GIG_EXPAMT1 Over the last week you did ANY gig work ,about how much did you pay in job-related expenses, ?

☐ Gasoline and other fuels (\$ spent last week worked) (1)

☐ Tools and supplies (\$ spent last week worked) (2)

☐ Food and beverage (excluding your meals) (\$ spent last week worked) (3)

☐ Advertisement (\$ spent last week worked) (4)

☐ Other (\$ spent last week worked) (6)

Display This Question:

If GIG_MRKEXP <> None of the above

And GIG_MRKEXP SelectedChoicesCount Is Greater Than or Equal to 1

And gigExpRand = 1

GIG_EXPAMT2 Over the last week you did ANY gig work, about how much did you pay in job-related expenses?

Display This Question:

If PVOEXPNS = Yes

PVOEXPNSC Altogether, between October 1, 2024 and today, how much were those expenses for your work at {fill JOB NAME}?

Display This Question:

If commFirstRand = 0

And job type <> GIG

COMM_SCRN_A In the last week you worked at {fill JOB NAME}, did you pay for gasoline and other fuels, parking, tolls, public transportation fares, or anything else to commute to and from work?

- ☐ Yes (1)
- ☐ No (2)
- ☐ I did not have a commute (3)

Display This Question:

Only for first GIG job reported

And commFirstRand = 0

COMM_GIGMRK_A In the last week you worked ANY gig job, for which job(s), if any, did you pay for gasoline and other fuels, parking, tolls, public transportation fares, or anything else to commute to and from work?

Select all that apply.

Display only selected choices from GIG roster A or B

- ☐ Rideshare driving (1)
- ☐ Delivery (2)
- ☐ Handyman, maintenance, or lawn work (3)
- ☐ Creative or professional services (5)
- ☐ Housekeeping or cleaning (6)
- ☐ Child or adult care (such as babysitting) (7)
- ☐ One-off tasks or odd jobs (8)

☐ {fill GIG_PLTFRM_ROST_A1/ChoiceTextEntryValue/Other} (11)

☐ {fill GIG_PLTFRM_ROST_B/ChoiceTextEntryValue/Other} (13)

☐ None of the above (12)

Display This Question:

If COMM_SCRN_A = Yes

COMM_AMT_A In the last week you worked at {fill JOB NAME}, how much did you pay out-of-pocket to commute to and from work at {fill JOB NAME}?

Display This Question:

If COMM_GIGMRK_A <> None of the above

And COMM_GIGMRK_A SelectedChoicesCount Is Greater Than or Equal to 1

COMM_GIGAMT_A In the last week you worked ANY gig job, how much did you pay out-of-pocket to commute to and from gig work?

CLWRK **Which of the following best describes {fill JOB NAME}?**

Private sector:

- ☐ For-profit company or organization (1)
- ☐ Non-profit organization (including tax-exempt and charitable organizations) (2)

Government:

- ☐ Local government (such as city or county) (3)
- ☐ State government (including state colleges/universities) (4)
- ☐ Active Duty U.S. Armed Forces or Commissioned Corps service (5)
- ☐ Federal government civilian employee (6)

Self-employed or other:

- ☐ Own non-incorporated business, professional practice, or farm (7)
- ☐ Own incorporated business, professional practice, or farm (8)

KNDIN_NEW **What kind of business or industry was {fill JOB NAME} in? Include the main activity, product, or service provided by the employer.**

Please provide as much detail as possible.

For example: elementary school, residential construction.

TYPIN_NEW **At {fill JOB NAME}, what was the primary activity?**

- ☐ Manufacturing (1)
- ☐ Wholesale trade (2)
- ☐ Retail trade (3)
- ☐ Service (4)
- ☐ Something else (such as agriculture, construction, government) (5)

KNDWK_NEW **What was your main occupation at {fill JOB NAME}?**

Please provide as much detail as possible. For example: 4th grade teacher, entry-level plumber

ACTVT_NEW **Describe your most important activities or duties in your role at {fill JOB NAME}.**

Please provide as much detail as possible. For example: instruct and evaluate students, create lesson plans, assemble and install pipe sections, review building plans for work details.

Display This Question:

If did NOT select "I am not familiar with such tools" on any previous job loop.

AI_USE **In your work at {fill JOB NAME}, how often did you typically use artificial intelligence (AI) tools that create things like text, images, or code?**

These are sometimes called 'generative AI'. Generative AI tools include:

- *chatbots such as ChatGPT*
- *image generators such as Midjourney or DALLE*
- *coding assistants such as GitHub Copilot*

☐ Daily (1)

☐ Several times a week

☐ Weekly (2)

☐ Occasionally (less than once a week). (3)

☐ I am aware of such tools but did not use them for this work. (4)

☐ I am not familiar with such tools. (5)

End of Block: JOB_LOOP

Start of Block: GIG_REASON

Display This Question:

If GIG roster is not empty

GIG_REASONS **For what reasons have you done gig work?** *Select all that apply.*

- ☐ Primary income source (1)
 - ☐ Schedule flexibility (2)
 - ☐ Unemployment from previous job (3)
 - ☐ Unable to find other work (4)
 - ☐ Unable to do other work due to a health condition (5)
 - ☐ To supplement retirement savings (6)
 - ☐ Loss of working hours or benefits at another job (7)
 - ☐ To supplement income from another job (8)
 - ☐ A large, unanticipated expense (9)
 - ☐ Other (please specify) (10)
-

End of Block: GIG_REASON

[randomly assign searchRand = {fill 0,3}]

Start of Block: JOB_SEARCH

Display This Text:

If searchRand = 0

SEARCH_INS Active job search is any action that could result in a job offer. Examples include contacting employers or recruiters, and submitting applications. Examples of things NOT to count include looking at job ads but not applying, and taking training courses.

Display This Question:

If searchRand = 0

Or searchRand = 1

SEARCH_YN_A **During the past four weeks, have you actively looked for work?**

☐ Yes (1)

☐ No (2)

Display This Question:

If searchRand = 2

SEARCH_YN_B **During the past four weeks, have you done anything to look for work?**

☐ Yes (1)

☐ No (2)

SEARCH_DET **Within the past four weeks, did you do any of the following to look for work?**

Select all that apply.

- ☐ Interviewed for a job (2)
- ☐ Submitted a resume or an ad/listing online or in-person (3)
- ☐ Contacted employment agency/school employment center/job fair (4)
- ☐ Asked friends, relatives, network about job leads (6)
- ☐ Checked a union/professional register (8)
- ☐ Bid on new contracts (13)
- ☐ Looked at job ads (10)
- ☐ Participated in a job training course or other activity to improve job skills (11)
- ☐ Worked on resume (14)
- ☐ Other (specify) (12) _____
- ☐ None of the above (9)

End of Block: JOB_SEARCH

[randomly assign assetIntroRand = {fill 0,1}]

Start of Block: AST_INTRO

Display This Text:

If assetIntroRand = 0

ASSET_INTRO_A *The next few questions ask about your household's assets and debts. The Census Bureau uses the data collected to create national estimates of wealth. We ask these questions to get an overall picture of your community and the nation, not to find out about anyone personally.*

Display This Text:

If assetIntroRand = 1

ASSET_INTRO_B *The next few questions ask about your household's assets and debts. The Census Bureau uses the data collected to create national estimates of wealth. By law, personal information cannot be used against respondents by any government agency or court.*

BANK_YN As of today, do you or anyone in your household own a checking or savings account?

☐ Yes (1)

☐ No (2)

☐ I'm not sure (3)

End of Block: AST_INTRO

[randomly assign markAllRand = {fill 0,1}]

Start of Block: AST_OWN

Display This Question:

If markAllRand = 1

LC_ASSET **As of today, do you or anyone in your household own ANY of the following types of assets?**

Select all that apply.

- ☐ Life insurance policies with a cash value (money that can be withdrawn at any time) (1)
- ☐ Money held in online payment services like PayPal, Venmo, or CashApp (2)
- ☐ Real estate, including vacation homes, deeded timeshares, or undeveloped lots (3)
- ☐ Cryptocurrencies or Non-Fungible Tokens (NFTs) such as Bitcoin, Ethereum and Tether (4)
- ☐ Educational or college savings accounts (such as a 529 account), either as an owner or beneficiary (5)
- ☐ None of the above (7)

Display This Question:

If markAllRand = 0

LC_CRYPTO **As of today, do you or anyone in your household own any cryptocurrencies or Non-Fungible Tokens (NFTs)?** Examples include Bitcoin, Ethereum, and Tether.

- ☐ Yes (1)
- ☐ No (2)
- ☐ I'm not sure (3)

Display This Question:

If markAllRand = 0

LC_LIFE As of today, do you or anyone in your household own any life insurance policies with a cash value (money that can be withdrawn at any time)?

- ☐ Yes (1)
- ☐ No (2)
- ☐ I'm not sure (3)

Display This Question:

If markAllRand = 0

LC_RE As of today, do you or anyone in your household own any real estate such as a vacation home, a deeded timeshare, or an undeveloped lot?

- ☐ Yes (1)
- ☐ No (2)
- ☐ I'm not sure (3)

Display This Question:

If markAllRand = 0

LC_EDUSAV As of today, do you or anyone in your household have any educational or college savings accounts (such as a 529 account), either as an owner or beneficiary?

- ☐ Yes (1)
- ☐ No (2)
- ☐ I'm not sure (3)

Display This Question:

If markAllRand = 0

LC_P2P As of today, do you or anyone in your household hold any money in online payment services like PayPal, Venmo, or CashApp?

- ☐ Yes (1)
- ☐ No (2)
- ☐ I'm not sure (3)

End of Block: AST_OWN

Start of Block: BANKAMT

Display this Question If BANK_YN = Yes

BANK_AMT As of today, what is the total value of ALL checking and savings accounts that belong to the people in your household? If you're not sure, give your best estimate of the total amount.

☐ \$ (4) _____

Display This Question:

If BANK_AMT Text Response Is Empty

And BANK_YN = Yes

BANK_AMT_RANGE As of today, what is the range of the total value of ALL checking and savings accounts that belong to the people in your household?
If you're not sure, give your best estimate.

- ☐ Less than \$1,500 (1)
- ☐ Between \$1,500 and \$10,000 (2)
- ☐ Between \$10,000 and \$40,000 (3)
- ☐ More than \$40,000 (4)

Display This Question:

If BANK_AMT Text Response Is Empty

And BANK_AMT_RANGE <> Less than \$1,500

And BANK_AMT_RANGE <> Between \$1,500 and \$10,000

And BANK_AMT_RANGE <> Between \$10,000 and \$40,000

And BANK_AMT_RANGE <> More than \$40,000

And If

BANK_YN = Yes

BANK_NR_WHY Which of the following reasons best describes why you did not respond to the previous two questions, about the total amount held in bank accounts by everyone in your household?

- ☐ I know the total amount but don't wish to report it. (1)
- ☐ I don't know the balance of any accounts. (2)

☐ I know the balance of each account separately, but not the total. (3)

☐ I know the balance of some accounts, but not others. (4)

☐ Nobody in my household owns a checking or savings account. (5)

☐ I left the question blank by mistake. (6)

☐ Other (please specify) (7) _____

End of Block: BANKAMT

[randomly assign retChoiceRand = {fill 0,1}]

[randomly assign retInsRand = {fill 0,1}]

Start of Block: RETIREMENT

Display This Text:

If retInstRand = 1

RET_INS *Defined Contribution plans base benefits on accumulated account balances. Examples include a 401(k) or IRA. Defined Benefit plans base benefits on a formula involving age, years of service, and salary. Cash Balance plans are a combination of both.*

Display This Question:

If retChoiceRand = 0

RET_CHOICE_A **Do you have any of the following types of retirement plans?**

Select all that apply.

If you are not sure what kind of plan you have, select "Yes, but I'm not sure what kind".

- ☐ Defined contribution (for example, 401k or IRA) (1)
- ☐ Defined benefit pension or cash balance plan (2)
- ☐ Yes, but I'm not sure what kind (3)
- ☐ No, I have none of these (4)

Display This Question:

If retChoiceRand = 1

RET_CHOICE_B **Do you have any of the following types of retirement plans?** *Select all that apply. If you are not sure what kind you have, fill in the name(s) of your plan(s).*

- ☐ Defined contribution (for example, 401k or IRA) (1)
- ☐ Defined benefit pension or cash balance plan (2)
- ☐ Yes, but I'm not sure what kind *Enter name(s) of plan(s)* (3) _____
- ☐ No, I have none of these (4)

Display This Question:

If RET_CHOICE_A or RET_CHOICE_B = "Defined contribution..."

DC_EMPLOYER **Are any of your defined contribution retirement plans provided through a current or former employer?**

- Yes, a current employer (1)
- Yes, a former employer (2)
- Yes, both (3)
- No (4)

End of Block: RETIREMENT

Start of Block: UTILITIES

UTIL_YN **Do you pay for any utilities for your home?** *Utilities include electricity, gas, phone, water, trash, internet, and heating oil or wood. Include any utilities covered by a rent or mortgage payment.*

- ☐ Yes, all of them. (1)
- ☐ Yes, some of them. (2)
- ☐ No, none of them. (3)

Display This Question:

If UTIL_YN = Yes, all of them.

Or UTIL_YN = Yes, some of them.

UTIL_EASE **Thinking about utilities, how easy or difficult would it be for you to tally up the total amount you spent on utilities last month?**

- ☐ Very difficult (1)
- ☐ Somewhat difficult (2)
- ☐ Neither easy nor difficult (3)
- ☐ Somewhat easy (4)
- ☐ Very easy (5)

End of Block: UTILITIES

[randomly assign debtRand = {fill 0,1}]

[randomly assign ccRand = {fill 0,1}]

Start of Block: DEBT

Display This Question:

If debtRand = 0

UL_DEBT_A As of today, do you have any of the following types of debt?

Select all that apply.

- ☐ A balance on store or credit card bills that is collecting interest (1) [display choice if ccRand = 0]
- ☐ A balance carried from one month to another for store or credit card bills (5) [display choice if ccRand = 1]
- ☐ Medical bills that are not paid in full (2)
- ☐ Student loans or debt for education expenses (6)
- ☐ An outstanding payday loan (3)
- ☐ Regular payments for something you already purchased (often called Buy Now Pay Later) (5)
- ☐ None of the above (4)

Display This Question:

If debtRand = 1

Or If

If UL_DEBT_A SelectedChoicesCount Is Not Equal to 4

UL_DEBT_B At any point since October 1, 2024, have you had any of the following types of debt? Select all that apply.

Display only unselected choices from UL_DEBT_A

- ☐ A balance on store or credit card bills that collected interest (1) [display if ccRand = 0]

- ☐ A balance carried from one month to another for store or credit card bills (5) [display if ccRand = 1]
- ☐ Medical bills that are not paid in full (2)
- ☐ Student loans or debt for education expenses (6)
- ☐ An outstanding payday loan (3)
- ☐ Regular payments for something you already purchased (often called Buy Now Pay Later) (5)
- ☐ None of the above (4)

Display This Question:

If UL_DEBT_A = A balance on store or credit card bills that is collecting interest

Or UL_DEBT_A = A balance carried from one month to another for store or credit card bills

Or UL_DEBT_B = A balance on store or credit card bills that collected interest

Or UL_DEBT_B = A balance carried from one month to another for store or credit card bills

CC_SPELL_BEGIN During which months did you hold this credit card debt?

Select all that apply.

- ☐ September 2024 or earlier (1)
- ☐ October 2024 (2)
- ☐ November 2024 (3)
- ☐ December 2024 (4)
- ☐ January 2025 (5)
- ☐ February 2025 (6)
- ☐ This month (7)

Display This Question:

If *UL_DEBT_A* = A balance on store or credit card bills that is collecting interest

Or *UL_DEBT_A* = A balance carried from one month to another for store or credit card bills

Or If

UL_DEBT_B = A balance on store or credit card bills that collected interest

And *debtRand* = 1

Or If

UL_DEBT_B = A balance carried from one month to another for store or credit card bills

And *debtRand* = 1

CC_AMT Around how much do you currently owe in credit card debt?

Display This Question:

If *UL_DEBT_A* = Medical bills that are not paid in full

Or If

UL_DEBT_B = Medical bills that are not paid in full

MD_SPELL_BEGIN During which months did you hold this medical debt?

Select all that apply.

☐ September 2024 or earlier (1)

☐ October 2024 (2)

☐ November 2024 (3)

☐ December 2024 (4)

☐ January 2025 (5)

☐ February 2025 (6)

☐ This month (7)

Display This Question:

If UL_DEBT_A = Medical bills that are not paid in full

Or If

UL_DEBT_B = Medical bills that are not paid in full

And debtRand = 1

MD_AMT Around how much do you currently owe in medical debt?

MD_CC_JT_FUP To cover medical bills, have you ever paid the balance using a credit card that afterwards began collecting interest?

☐ Yes (1)

☐ No (2)

Display This Question:

If UL_DEBT_A = An outstanding payday loan

Or UL_DEBT_B = An outstanding payday loan

PD_COUNT Between October 1, 2024 and today, how many payday loans did you take out?

April 2025 Topical Questionnaire
Household Pulse Survey

Start of Block: OECD

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

- ☐ 0 (Not satisfied at all) (1)
- ☐ 1 (2)
- ☐ 2 (3)
- ☐ 3 (4)
- ☐ 4 (5)
- ☐ 5 (6)
- ☐ 6 (7)
- ☐ 7 (8)
- ☐ 8 (9)
- ☐ 9 (10)
- ☐ 10 (Completely satisfied) (11)

End of Block: OECD

Start of Block: Demographics

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

Display This Question:

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

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

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

Display This Question:

*If D12 = Children 5 through 11 years old?
Or D12 = Children 12 through 17 years old?*

D13 During the school year that began in the **Summer / Fall of 2024**, how many children in this household are enrolled in Kindergarten through 12th grade or grade equivalent? *Enter whole numbers for all that apply.*

- ☐ Number enrolled in a public school (1) _____
- ☐ Number enrolled in a private school (2) _____
- ☐ Number homeschooled, that is not enrolled in public or private school (3)

- ☐ None (4)
-

Display This Question:

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

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

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

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

Display This Question:

If EMP7 = Yes

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

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

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

☐ Other (specify) (8) _____

☐ None of the above (9)

Display This Question:

If D12 = Children under 1 year old?

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

☐ Under 6 months (1)

☐ Between 6 months and 9 months (2)

☐ Between 9 months and 12 months (3)

Display This Question:

If D12 = Children under 1 year old?

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

- ☐ Breastfeeding (or pumped breastmilk) only (1)
 - ☐ Sometimes breastfeeding (or pumped breastmilk) and sometimes infant formula (2)
 - ☐ Infant formula only (3)
 - ☐ Baby isn't fed breastmilk OR infant formula (4)
-

Display This Question:

If INF5 = Sometimes breastfeeding (or pumped breastmilk) and sometimes infant formula

Or INF5 = Infant formula only

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

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

End of Block: Demographics

Start of Block: Employment

EMP_Intro Now we are going to ask about your employment.

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

☐ Yes (1)

☐ No (2)

EMP2

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

☐ Yes (1)

☐ No (2)

Display This Question:

If EMP2 = Yes

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

☐ Government (1)

☐ Private company (2)

☐ Non-profit organization including tax exempt and charitable organizations (3)

☐ Self-employed (4)

☐ Working in a family business (5)

Display This Question:

If EMP2 = No

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

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

Display This Question:

If EMP2 = Yes

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

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

EMPUI1 Since **January 1, 2025**, have you applied for Unemployment Insurance (UI) benefits?
Select only one answer.

☐ Yes

☐ No

EMPUI2 Since **January 1, 2025**, have you received Unemployment Insurance (UI) benefits?
Select only one answer.

☐ Yes

☐ No

EMPUI3 Have you received Unemployment Insurance (UI) benefits in the **last 7 days**? *Select only one answer.*

☐ Yes

☐ No

End of Block: Employment

Start of Block: Mental Health and Health Status

display_HLTH Next, we will ask about health.

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

☐ No - no difficulty (1)

☐ Yes - some difficulty (2)

☐ Yes - a lot of difficulty (3)

☐ Cannot do at all (4)

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

☐ No - no difficulty (1)

☐ Yes - some difficulty (2)

☐ Yes - a lot of difficulty (3)

☐ Cannot do at all (4)

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

☐ No - no difficulty (1)

☐ Yes - some difficulty (2)

☐ Yes - a lot of difficulty (3)

☐ Cannot do at all (4)

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

☐ No - no difficulty (1)

☐ Yes - some difficulty (2)

☐ Yes - a lot of difficulty (3)

☐ Cannot do at all (4)

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

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

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

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

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

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

- ☐ Not at all (1)
- ☐ Several days (2)

☐ More than half the days (3)

☐ Nearly every day (4)

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

☐ Not at all (1)

☐ Several days (2)

☐ More than half the days (3)

☐ Nearly every day (4)

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

☐ Not at all (1)

☐ Several days (2)

☐ More than half the days (3)

☐ Nearly every day (4)

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

☐ Not at all (1)

☐ Several days (2)

☐ More than half the days (3)

☐ Nearly every day (4)

Display This Question:

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

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

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

Display This Question:

*If MH1 = Yes, all children needed mental health treatment
Or MH1 = Yes, some but not all children needed mental health treatment*

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

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

Display This Question:

*If MH2 = Yes, all children who needed treatment received it
Or MH2 = Yes, but only some children who needed treatment received it*

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

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

Display This Question:

If MH1 = Yes, all children needed mental health treatment

Or MH1 = Yes, some but not all children needed mental health treatment

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

- ☐ Not difficult (1)
- ☐ Somewhat difficult (2)
- ☐ Very difficult (3)
- ☐ Unable to get treatment due to difficulty (4)
- ☐ Did not try to get treatment (5)

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

	Yes (1)	No (2)
Insurance through a current or former employer or union (through yourself or another family member) (1)	<input type="radio"/>	<input type="radio"/>
Insurance purchased directly from an insurance company, including marketplace coverage (through yourself or another family member) (2)	<input type="radio"/>	<input type="radio"/>
Medicare, for people 65 and older, or people with certain disabilities (3)	<input type="radio"/>	<input type="radio"/>

Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability (4)

☐

☐

TRICARE or other military health care (5)

☐

☐

VA (including those who have ever used or enrolled for VA health care) (6)

☐

☐

Indian Health Service (7)

☐

☐

Other (8)

☐

☐

End of Block: Mental Health and Health Status

Start of Block: Socialization

SOC2_first How often do you feel lonely?

☐ Always (1)

☐ Usually (2)

☐ Sometimes (3)

☐ Rarely (4)

☐ Never (5)

☐

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

☐ Always (1)

☐ Usually (2)

☐ Sometimes (3)

☐ Rarely (4)

☐ Never (5)

SOC3. In a typical week, and not including people you live with, how many times do you get together with people that you care about and feel close to? Never or less than once a week (1)

☐ 1 to 2 times (2)

☐ 3 to 4 times (3)

☐ 5 or more times a week (4)

SOC4. In a typical week, and not including people you live with, how many times do you talk on the telephone or by video with the people that you care about and feel close to?

☐ Never or less than once a week (1)

☐ 1 to 2 times (2)

☐ 3 to 4 times (3)

☐ 5 or more times (4)

SOC5. During the past 12 months, how many times did you attend religious services?
Do not include special occasions such as weddings, funerals, or other special events.

☐ Zero (1)

☐ 1 to 3 times (2)

☐ 4 to 11 times (3)

☐ 12 or more times (4)

SOC 6. During the past 12 months, how many times did you attend meetings of clubs or organizations you belong to? *Examples include community groups, unions, athletic groups, or school groups*

☐ Zero/do not belong to a group (1)

☐ 1 to 3 (2)

☐ 4 to 11 (3)

☐ 12 or more (4)

End of Block: Socialization

Start of Block: Vaccination

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

	Yes (1)	No (2)
COVID (1)	<input type="radio"/>	<input type="radio"/>
Flu (2)	<input type="radio"/>	<input type="radio"/>

RSVVAC There is a vaccine that became available in the Fall of 2023 that helps prevent the respiratory virus called RSV. Have you ever received a vaccine for RSV?

☐ Yes (1)

☐ No (2)

End of Block: Vaccination

Start of Block: Stimulus and Finances

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)
-

Display This Question:

If SHORTAGE1 = A medicine or medication that requires a prescription or is given by provider, pharmacist, or hospital

Or SHORTAGE1 = A medicine or medication that is sold over the counter (without a prescription)

Or SHORTAGE1 = A medical equipment or supplies used at home such as infusion pumps, glucose monitors, home ventilators, masks, gloves, etc.

Or SHORTAGE1 = Other critical medical products, please specify

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) _____

End of Block: Stimulus and Finances

Start of Block: Food Security

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

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

Display This Question:

If FD1 = Enough, but not always the kinds of food (I/we) wanted to eat

Or FD1 = Sometimes not enough to eat

Or FD1 = Often not enough to eat

And If

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

FD2

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

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

☐ Often true (1)

☐ Sometimes true (2)

☐ Never true (3)

Display This Question:

If FD1 = Enough, but not always the kinds of food (I/we) wanted to eat

Or FD1 = Sometimes not enough to eat

Or FD1 = Often not enough to eat

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

☐ Couldn't afford to buy more food (1)

☐ Couldn't get to store to buy food (for example, didn't have transportation, have mobility or health limitations that prevent you from getting out) (2)

☐ Couldn't go to store due to safety concerns (3)

☐ None of the above (4)

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

☐ Yes (1)

☐ No (2)

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

☐ Supplemental Nutrition Assistance Program (SNAP) or Food Stamp Program (1)

☐ WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) (2)

☐ Free or reduced-price meals at school through NSLP (National School Lunch Program) (3)

☐ Pay full-price meals at school through NSLP (National School Lunch Program) (4)

☐ None of these (5)

Display This Question:

If D12 = Children 5 through 11 years old?

Or D12 = Children 12 through 17 years old?

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

☐ Yes (1)

☐ No (2)

☐ Not Applicable/don't have to pay for food at school (3)

SPN4 In the **last 2 months**, how difficult has it been for your household to pay for usual household expenses, including but not limited to food, rent or mortgage, car payments, medical expenses, student loans, and so on? *Select only one answer.*

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

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

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

Display This Question:

If INFLATE1 = I think prices have increased

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

- ☐ Very stressful (1)
- ☐ Moderately stressful (2)
- ☐ A little stressful (3)

☐ Not at all stressful (4)

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

☐ Very concerned (1)

☐ Somewhat concerned (2)

☐ A little concerned (3)

☐ Not at all concerned (4)

End of Block: Food Security

Start of Block: Housing

HSE1

The next questions ask about housing.

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

☐ Owned by you or someone in this household free and clear? (1)

☐ Owned by you or someone in this household with a mortgage or loan (including home equity loans)? (2)

☐ Rented? (3)

☐ Occupied without payment of rent? (4)

Display This Question:

If HSE1 = Rented?

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

☐ Yes (1)

☐ No (2)

Display This Question:

If HSE1 = Owned by you or someone in this household with a mortgage or loan (including home equity loans)?

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

☐ Yes (1)

☐ No (2)

Display This Question:

If HSE3 = No
Or HSE4 = No

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

Display This Question:

If HSE3 = No

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

☐ Very likely (1)

☐ Somewhat likely (2)

☐ Not very likely (3)

☐ Not likely at all (4)

Display This Question:

If HSE4 = No

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

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

NEWHSE10 (If either HSE8 or HSE9 = 1 or 2)

If you (and your household) did have to leave, where do you think you would go? *Select only one answer.*

- ☐ Get a different place of your/their own to live in (1)
- ☐ Move in with friends (2)
- ☐ Move in with family (3)
- ☐ Household would split up and go to different places (4)
- ☐ Would probably Go to a homeless shelter (5)
- ☐ Move into vehicle (6)
- ☐ Live outside (7)

NEWHSE11: At any time in the last 12 months did you or a person that currently lives with you experience homelessness?

☐ Yes (1)

☐ No (2)

NEW HSE12: (If either NEWHSE11 = 1): (If yes) Where did you or that person live or stay when experiencing homelessness? *Select all that apply.*

☐ In a homeless shelter (1)

☐ On the streets/tent/car/abandoned building (2)

☐ Sleeping temporarily on someone's couch (3)

☐ Other (4)

☐ Don't know (5)

NEW HSE13: (If either NEWHSE11 = 1): (If yes) Were you the person who experienced homelessness? If not, how is that person related to you? *Select all that apply.*

☐ It was me (1)

☐ My spouse/partner (2)

☐ My child 18 or older (3)

☐ My child under age 18 (4)

☐ Parent (5)

☐ Sibling (6)

☐ Other family member (7)

☐ Unrelated person (8)

HSE14 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 (1)

☐ No (2)

HSE15 In the **last 2 months**, did your household keep your home at a temperature that you felt was unsafe or unhealthy?

☐ Yes (1)

☐ No (2)

HSE16 In the **last 2 months**, was your household unable to pay an energy bill or unable to pay the full bill amount?

☐ Yes (1)

☐ No (2)

TRANS1 Currently, which of the following transportation options do you have access to: *Select 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 (1)
- ☐ Enough transportation, but not always the kinds you want to use (2)
- ☐ Sometimes not enough transportation to meet your needs (3)
- ☐ Often not enough transportation to meet your needs (4)
- ☐ Always not enough transportation to meet your needs (5)

Display This Question:

If TRANS2 = Sometimes not enough transportation to meet your needs

Or TRANS2 = Often not enough transportation to meet your needs

Or TRANS2 = 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 (1)
- ☐ My transportation options require more travel time than I have available (2)
- ☐ My transportation options are unpredictable (travel time, availability) (3)
- ☐ My transportation options cost more than I can afford (4)
- ☐ My transportation options feel unsafe (5)
- ☐ I have a disability that limits my travel options or makes travel challenging (6)
- ☐ None of the above (7)

End of Block: Housing

Start of Block: Arts and Entertainment

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

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

- ☐ Yes (1)
 - ☐ No (2)
-

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

☐ Yes (1)

☐ No (2)

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

☐ Yes (1)

☐ No (2)

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

☐ Yes (1)

☐ No (2)

ART5 Please indicate whether you strongly agree, agree, disagree, or strongly disagree with the next statement. **“There are plenty of opportunities for me to take part in arts and cultural activities in my neighborhood or community.”**

☐ Strongly agree (1)

☐ Agree (2)

☐ Disagree (3)

☐ Strongly Disagree (4)

End of Block: Arts and Entertainment

Start of Block: Trust

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 (1)

☐ Tend not to trust federal statistics (2)

Trust2 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 (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The U.S. Supreme Court (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The presidency (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public schools (7)	<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"/>

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 (1)

- ☐ Somewhat agree (2)
- ☐ Neither agree nor disagree (3)
- ☐ Somewhat disagree (4)
- ☐ Strongly disagree (5)

End of Block: Trust

Fraud/Scam Questions:

FRAUD1: In the last 12 months, have you encountered scams including fake investment schemes, deceptive advertising, phishing/fake emails/texts, phone calls, etc.)?

- ☐ Yes (1)
- ☐ No (2)

If yes to FRAUD1

FRAUD2: Did you report to law enforcement or a government agency?

- ☐ Yes (1)
- ☐ No (2)

If no to FRAUD2:

FRAUD3: What was the reason(s) for not reporting the scam(s)?

Select all that apply.

- ☐ I am unsure who to report it to
- ☐ I do not think I would be believed
- ☐ I am uncertain if it was a scam
- ☐ I do not think I need to report it

- ☐ I do not think my report makes a difference
- ☐ I do not think it is my responsibility to report
- ☐ I do not have time to report it
- ☐ It does not seem important enough to report
- ☐ I assume someone else will report it
- ☐ I am afraid to report it
- ☐ I am ashamed to report it
- ☐ I forgot to report it
- ☐ Other, specify reason_____
- ☐ None of the above

FRAUD4: Did you lose any money to these scams?

- ☐ Yes (1)
- ☐ No (2)

If yes to FRAUD4:

FRAUD5: How much money did you lose before trying to recover the funds?

- ☐ Yes (1)
- ☐ No (2)

If Yes to FRAUD2 and FRAUD4,

FRAUD6: Was law enforcement/a government agency able to recover any funds, and if yes, how much?

- ☐ Yes (1)

☐ No (2)

FRAUD7: How did scammers mostly try to approach you in the last 12 months?

- ☐ Email (Gmail, Outlook, Hotmail, etc.)
- ☐ Social media posting (eg Facebook, Instagram, Pinterest, TikTok)
- ☐ Text/SMS message
- ☐ Instant messaging application (eg Facebook Messenger, WhatsApp, Telegram)
- ☐ Phone call
- ☐ Community or forum (Discord, Reddit, etc.)
- ☐ Online marketplace (eg Amazon, Craigslist, eBay)
- ☐ Digital advertising (eg on Facebook, Google, Bing or another website)
- ☐ In-person (face-to-face) interaction
- ☐ Dating site or app
- ☐ Postal mail (letter, package)
- ☐ Gaming Platforms (ex. Roblox, Fortnite, etc)
- ☐ Other, please specify_____

FRAUD8: What would be the best way for the government to warn you of new or trending schemes?

Mark all that apply.

- ☐ Email listserve
- ☐ Television news media
- ☐ Online news services

- ☐ Mail
 - ☐ Dedicated website
 - ☐ Provide information to private companies for them to warn you
 - ☐ None of these
-

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

MIGSAM Were you living at your current address five years ago, on [fill DATE]?

- Yes, this address (1)
- No, a different address (2)

If MIGSAM=2

MIGUS Were you living in the United States five years ago, on [fill DATE]?

- Yes (1)
- No (2)

IF MIGUS = 1

MIG_ST What state did you live in five years ago?

- State list (1)

M1RFM

What was the main reason you moved to your current residence?

You will be able to provide an additional reason in the next question.

1. Family (1)

For example, birth of a child, to help parent, divorced, death in family

2. Nonfamily interpersonal (2)

For example, to be with unmarried partner, wanted to live with friend, conflict with roommate

3. Work (3)

For example, shorter commute; starting new job; unemployed; armed forces; retired

4. Education or training (4)

For example, college, trade school, unpaid internship

5. Housing hardship (5)

For example, unaffordable housing costs, foreclosure, eviction, landlord negligence – such as refusal to provide repairs, pest or mold control, or heating, homelessness

6. Better-suited housing (6)

For example, found less expensive housing, wanted to own home, down-sized, amenities such as garage, pool, or yard

7. Better-suited neighborhood, cultural amenities, or lifestyle (7)

For example, desirable school district; wanted to live in a bigger or smaller city; change of scenery; nightlife

8. Crime or safety (8)

For example, feeling unsafe in your community; high crime rates

9. Legal or institutional (9)

For example, re-entry from prison, foster care, court mandated relocation, change in visa or residency requirements

10. Health (10)

For example, needed home without stairs, injury, assisted living, exited rehabilitation, pollution

11. Natural disaster or risk of natural disaster (11)

For example, hurricane or tornado damage, flooding, wildfire risk

12. Better-suited climate or natural environment (12)

For example, warmer temperatures, distinct seasons, proximity to mountains, ocean

13. Other, please specify_____ (13)

M2RFM Why did you move to your current residence? Please mark a secondary reason for moving.

1. No other reason (14)
2. Family (1)

For example, birth of a child, to help parent, divorced, death in family

2. Nonfamily interpersonal (2)

For example, to be with unmarried partner, wanted to live with friend, conflict with roommate

3. Work (3)

For example, shorter commute; starting new job; unemployed; armed forces; retired

4. Education or training (4)

For example, college, trade school, unpaid internship

5. Housing hardship (5)

For example, unaffordable housing costs, foreclosure, eviction, landlord negligence – such as refusal to provide repairs, pest or mold control, or heating, homelessness

6. Better-suited housing (6)

For example, found less expensive housing, wanted to own home, down-sized, amenities such as garage, pool, or yard

7. Better-suited neighborhood, cultural amenities, or lifestyle (7)

For example, desirable school district; wanted to live in a bigger or smaller city; change of scenery; nightlife

8. Crime or safety (8)

For example, feeling unsafe in your community; high crime rates

9. Legal or institutional (9)

For example, re-entry from prison, foster care, court mandated relocation, change in visa or residency requirements

10. Health (10)

For example, needed home without stairs, injury, assisted living, exited rehabilitation, pollution

11. Natural disaster or risk of natural disaster (11)

For example, hurricane or tornado damage, flooding, wildfire risk

12. Better-suited climate or natural environment (12)

For example, warmer temperatures, distinct seasons, proximity to mountains, ocean

13. Other, please specify_____ (13)

May 2025 Topical Questionnaire
PEW Survey

ECON1MOD How would you rate economic conditions in your community today?

- Excellent (1)
 - Good (2)
 - Only fair (3)
 - Poor (4)
-

ECON1BMOD A year from now, what do you expect economic conditions in your community will be?

- Better (1)
 - Worse (2)
 - About the same (3)
-

COMTYPE2 How would you describe the community where you currently live?

- Urban (1)
 - Suburban (2)
 - Rural (3)
-

TYPOLGYb Which statement comes closer to your own view, even if neither is exactly right?

- Business corporations make too much profit (1)

- Most corporations make a fair and reasonable amount of profit (2)
-

CRIMESAFE How would you describe the area where you live, in terms of crime?

- Extremely safe (1)
 - Very safe (2)
 - Somewhat safe (3)
 - Not too safe (4)
 - Not at all safe (5)
-

POLICE_FUND Thinking about police departments in your area, do you think that spending on policing should be...

- Increased a lot (1)
 - Increased a little (2)
 - Stay about the same (3)
 - Decreased a little (4)
 - Decreased a lot (5)
-

INTMOB Do you access the internet on a cell phone, tablet or other mobile handheld device, at least occasionally?

- Yes (1)
 - No (2)
-

INTFREQ About how often do you use the internet?

- Almost constantly (1)
 - Several times a day (2)
 - About once a day (3)
 - Several times a week (4)
 - Less often (5)
-

HOME4NW2 Do you currently subscribe to internet service installed at your home (other than data plans on mobile devices)?

- Yes (1)
 - No (2)
-

Display This Question:

*If Do you currently subscribe to internet service installed at your home (other than data plans on m...
= Yes*

BBHOME Is the home internet service you subscribe to...

- Dial-up (over a landline phone connection) (1)
 - High-speed broadband like cable, fiber optic, wireless router, satellite, or DSL (2)
 - Other service (please specify): (3)

 - Not sure (4)
-

SMUSE Please indicate whether or not you ever use the following websites or apps.

	Yes, use this (1)	No, don't use this (2)
Facebook (1)	•	•
YouTube (4)	•	•
X (formerly Twitter) (5)	•	•
Instagram (6)	•	•
Snapchat (7)	•	•
WhatsApp (8)	•	•
LinkedIn (9)	•	•
Pinterest (10)	•	•
TikTok (11)	•	•
BeReal (12)	•	•
Reddit (13)	•	•

RADIO Do you listen to the radio?

- Yes (1)
- No (2)

BOOKS1 In the past 12 months, about how many books did you read either all or part of the way through? (Please include any print, electronic, or audiobooks you may have read or listened to.) *Enter 0 if none.*

DEVICE1a Do you have a cell phone?

- Yes, have a cell phone (1)
 - No, do not have a cell phone (2)
-

Display This Question:

If Do you have a cell phone? = Yes, have a cell phone

SMART2 Is your cell phone a smartphone?

- Yes, smartphone (1)
 - No, not a smartphone (2)
-

NHISLL Is there at least one working telephone inside your home that is not a cell phone?

- Yes (1)
 - No (2)
-

The next questions ask about difficulties you may have doing certain activities.

DIS1 Are you deaf or do you have serious difficulty hearing?

☐ Yes (1)

☐ No (2)

DIS2 Are you blind or do you have serious difficulty seeing even when wearing glasses?

☐ Yes (1)

☐ No (2)

DIS3 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

☐ Yes (1)

☐ No (2)

Dis4 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

☐ Yes (1)

☐ No (2)

DIS5 Do you have serious difficulty walking or climbing stairs?

☐ Yes (1)

☐ No (2)

DIS6 Do you have difficulty dressing or bathing?

☐ Yes (1)

☐ No (2)

REGISTRATION Are you registered to vote at your current address?

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

VOTED2020 Did you happen to vote in the 2024 presidential election?

- Yes (1)
- No (2)