

## Topical Survey Front/Roster Update/End Instrument Content

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Language Welcome! Thank you for participating in this survey as a member of the **Household Trends and Outlook 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.

June 2025 Topical: <This month's survey includes content from the Household Pulse Survey. It will be about 20 minutes and will concentrate on economic issues and events.>

August 2025 Topical: < This month's survey includes content from the Household Pulse Survey. It will be about 20 minutes and will concentrate on health-focused content.>

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)

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### PRA

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

June 2025 Topical: <The information collected in the June topical survey includes content from the Household Pulse Survey and focuses on economic issues and events.>

August 2025 Topical: <The information collected in the August topical survey includes content from the Household Pulse Survey, focusing on health-focused content.>

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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.

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[TOPICAL SURVEY QUESTIONNAIRES HERE]

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**Back End of Instrument**

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

Q3

Our records have your phone number as {fill PHONE}. Is this correct?

☐ Yes (1)

☐ No (2)

Q6 What is a good phone number to reach you?

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Q7

Is this number a cell phone or land line?

☐ Cell phone (1)

☐ Land line (2)

☐ Neither (3)

Q8 We send survey invitations via text message. Message and data rates may apply, depending on your mobile phone service plan. Message frequency varies. You can opt out of these messages at any time by replying STOP or reply HELP for more assistance. Would you like us to contact you by text message?

☐ Yes (1)

☐ No (2)

Q9 We usually send updates, notifications, and survey links via email. Our records have your email address as {fill EMAIL}. Is this correct?

☐ Yes (1)

☐ No (2)

Q9a What is the best email address for us to reach you?

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Q10a This month we will deliver your \$5 incentive through email. Should we should send your payment to {fill EMAIL or Q9b email}?

☐ Yes (1)

☐ No (2)

Q10 What is the email address where we should send your incentive?

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*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:*

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.

**June 2025 Topical Questionnaire**  
Household Pulse Survey

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**Start of Block: Demographics**

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

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*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*

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 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)
-



## Start of Block: Employment

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EMP\_Intro Now we are going to ask about your employment.

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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)

End of Block: Employment

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

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

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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)
- ☐ Summer EBT (Electronic Benefits Transfer) or SUN Bucks (6)

☐ None of these (5)

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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

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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)

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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)

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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)

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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)  
\_\_\_\_\_

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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)

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*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**

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**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"/>

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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

AI1 Artificial Intelligence (AI) refers to computer systems that perform tasks requiring human intelligence, such as decision-making, language processing, and image recognition. Examples include virtual assistants, online translation tools, and generative AI (e.g., ChatGPT, Gemini, or Claude), which can create text or images.

In the **last 2 months**, have you or anyone in your household used an AI tool for any of the following? (Select all that apply)

- ☐ Finding factual information
- ☐ Assisting with schoolwork
- ☐ Assisting with work projects
- ☐ Performing a task you would have otherwise hired someone to do
- ☐ Assisting with creative tasks (e.g., writing, drawing)
- ☐ Brainstorming or idea generation
- ☐ Integrated into another product you use (e.g., search engine, app)
- ☐ No one in my household has used an AI tool in the last three months
- ☐ Other (please specify) \_\_\_\_\_

AI2(*If selected any AI usage above*)

Please indicate which of the following you agree with:

- ☐ AI tools make me more productive.
- ☐ I control when I use AI.
- ☐ I control how my data is used by AI.
- ☐ AI has changed my field of work.
- ☐ I trust information from AI systems.
- ☐ I feel prepared to use AI at work.
- ☐ I feel prepared to use AI in daily life.
- ☐ I am worried about AI's impact on my career.

AI3. In the **last 2 months**, have you actively opted out of using an AI system? (e.g., disabling facial recognition, turning off a virtual assistant, stopping use of an AI-driven app)

- ☐ Yes
- ☐ No
- ☐ Not sure

AI4. A search engine is a website that returns results based on a query, sometimes with AI-generated summaries (e.g., Google, Bing, DuckDuckGo).

In the **last 2 months**, have you or anyone in your household searched online for:

- ☐ Housing opportunities
- ☐ Job opportunities

- ☐ Schools or educational programs
- ☐ Food sources nearby
- ☐ Medical assistance nearby
- ☐ Public services or benefits
- ☐ Health insurance
- ☐ Credit cards or loans



|-----PAGE  
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*Either the A or B version of the following items will be displayed.*

#### Retirement accounts

#### RETIRE

##### “A” Treatment

The next set of questions will ask about **last year**, 2024.

**At any time during 2024**, did ^NAMEANYONE\_ALL have any of the following retirement accounts specifically for retirement savings?

*Select yes or no for each item.*

401(k)	Yes	No
403(b)	Yes	No
Roth IRA	Yes	No
Traditional IRA	Yes	No
KEOGH plan	Yes	No
SEP (Simplified Employee Pension) plan	Yes	No
Other type of retirement account	Yes	No

##### “B” Treatment

The next set of questions will ask about **last year**, 2024.

**At any time during 2024**, which of the following retirement accounts specifically for retirement savings did ^NAMEANYONE\_ALL have?

*Select all that apply.*

- 401(k)
- 403(b)
- Roth IRA
- Traditional IRA
- KEOGH plan
- SEP (Simplified Employee Pension) plan
- Other type of retirement account
- None of the above

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Display This Question:

If RETIRE(401(k))=1

and Number of People in HHLD >1

RET401k\_HAV

“A” Treatment

**At any time during 2024**, did any of the following household members have a 401(k)?

Select Yes or No for each person.

[List of hh members]	Yes	No
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“B” Treatment

**At any time during 2024**, which household members had a 401(k)?

Select all that apply.

- [List of hh members]
- None of the above (mutually exclusive)

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Display This Question:

If RETIRE\_403(b)=1

and Number of People in HHLD >1

RET403b\_HAV

“A” Treatment

**At any time during 2024**, did any of the following household members have a 403(b)?

Select Yes or No for each person.

[List of hh members]	Yes	No
----------------------	-----	----

**"B" Treatment**

**At any time during 2024**, which household members had a 403(b)?

Select all that apply.

- [List of hh members]
- None of the above (mutually exclusive)

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Display This Question:

If RETIRE\_Roth IRA = 1

and Number of People in HHLD >1

ROTHIRA\_HAV

**"A" Treatment**

**At any time during 2024**, did any of the following household members have a Roth IRA?

Select Yes or No for each person.

[List of hh members]	Yes	No
----------------------	-----	----

**"B" Treatment**

**At any time during 2024**, which household members had a Roth IRA?

Select all that apply.

- [List of hh members]
- None of the above (mutually exclusive)

|-----PAGE  
BREAK-----|

*Display This Question:*

*If RETIRE\_Traditional IRA=1*

*and Number of People in HHLD >1*

TRADIRA\_HAV

“A” Treatment

**At any time during 2024**, did any of the following household members have a Traditional IRA?

*Select Yes or No for each person.*

[List of hh members]	Yes	No
----------------------	-----	----

“B” Treatment

**At any time during 2024**, which household members had a Traditional IRA?

*Select all that apply.*

- [List of hh members]
- None of the above (mutually exclusive)

|-----PAGE  
BREAK-----|

*Display This Question:*

*If RETIRE\_KEOGH = 1*

*and Number of People in HHLD >1*

KEOGH\_HAV

“A” Treatment

**At any time during 2024**, did any of the following household members have a KEOGH plan?

*Select Yes or No for each person.*

[List of hh members]	Yes	No
----------------------	-----	----

“B” Treatment

**At any time during 2024**, which household members had a KEOGH plan?

*Select all that apply.*

- [List of hh members]
- None of the above (mutually exclusive)

|-----PAGE  
BREAK-----|

*Display This Question:*

*If RETIRE\_SEP = 1*

*and Number of People in HHLD >1*

SEP\_HAV

“A” Treatment

**At any time during 2024**, did any of the following household members have a SEP (Simplified Employee Pension) plan?

*Select Yes or No for each person.*

[List of hh members]	Yes	No
----------------------	-----	----

“B” Treatment

**At any time during 2024**, which household members had a SEP (Simplified Employee Pension) plan?

*Select all that apply.*

- [List of hh members]
- None of the above (mutually exclusive)
- 

|-----PAGE  
BREAK-----|

*Display This Question:*

*If RETIRE\_Other = 1  
and Number of People in HHLD >1*

RETOTH\_HAV

“A” Treatment

**At any time during 2024**, did any of the following household members have another type of retirement account you haven’t told us about?

*Select Yes or No for each person.*

[List of hh members]	Yes	No
----------------------	-----	----

“B” Treatment

**At any time during 2024**, which household members had another type of retirement you haven’t told us about?

*Select all that apply.*

- [List of hh members]
- None of the above (mutually exclusive)

|-----PAGE  
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## Veterans Payments

### VA\_PAYMENTS

#### “A” Treatment

**At any time during 2024**, did ^NAMEANYONE\_ALL receive any of the following types of Veteran Affairs (VA) payments?

- *Include assistance received by children of veterans.*
- *Do not include anything you have already reported.*
- *Select yes or no for each item.*

Service-connected disability compensation	Yes	No
VA survivor benefits	Yes	No
Veterans' Pension (a specific program for lower income veterans; different from a military pension)	Yes	No
VA educational assistance (including assistance received by children of veterans)	Yes	No
Other Veterans' payments	Yes	No

#### “B” Treatment

**At any time during 2024**, which of the following types of Veteran Affairs (VA) payments did ^NAMEANYONE\_ALL receive?

- *Include assistance received by children of veterans.*
  - *Do not include anything you have already reported.*
  - *Select all that apply.*
- 
- Service-connected disability compensation
  - VA survivor benefits
  - Veterans' Pension (a specific program for lower income veterans; different from a military pension)
  - VA educational assistance (including assistance received by children of veterans)
  - Other Veterans' payments
  - None of the above

|-----PAGE  
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Display This Question:

If VAPAYMENTS\_Service-connected = 1  
and Number of People in HHLD >1  
and Number of People Ages 15+ > 0

VETSERV\_HAV

“A” Treatment

**At any time during 2024**, did any of the following household members receive service-connected disability compensation either for themselves or as combined payments with other family members?

Select Yes or No for each person.

[List of hh members aged 15 and over]	Yes	No
---------------------------------------	-----	----

“B” Treatment

**At any time during 2024**, which household members received service-connected disability compensation either for themselves or as combined payments with other family members?

Select all that apply.

- [List of hh members aged 15 and over]
- None of the above (mutually exclusive)

|-----PAGE  
BREAK-----|

Display This Question:

If VAPAYMENTS\_SurvivorBenefits = 1  
and Number of People in HHLD >1  
and Number of People Ages 15+ > 0

VETSURV\_HAV

“A” Treatment

**At any time during 2024**, did any of the following household members receive survivor benefits either for themselves or as combined payments with other family members?

Select Yes or No for each person.



[List of hh members aged 15 and over]	Yes	No
---------------------------------------	-----	----

**“B” Treatment**

**At any time during 2024**, which household members received survivor benefits either for themselves or as combined payments with other family members?

*Select all that apply.*

- [List of hh members aged 15 and over]
- None of the above (mutually exclusive)

|-----PAGE  
BREAK-----|

*Display This Question:*

*If VAPAYMENTS\_VetPension = 1  
and Number of People in HHLD >1  
and Number of People Ages 15+ > 0*

VETPEN\_HAV

**“A” Treatment**

**At any time during 2024**, did any of the following household members receive Veterans Pension either for themselves or as combined payments with other family members?

*Select Yes or No for each person.*

[List of hh members aged 15 and over]	Yes	No
---------------------------------------	-----	----

**“B” Treatment**

**At any time during 2024**, which household members received Veterans Pension either for themselves or as combined payments with other family members?

*Select all that apply.*

- [List of hh members aged 15 and over]
- None of the above (mutually exclusive)

|-----PAGE  
BREAK-----|

Display This Question:

If VAPAYMENTS\_EducationAsst = 1  
and Number of People in HHLD >1  
and Number of People Ages 15+ > 0

VETEDUC\_HAV

**“A” Treatment**

**At any time during 2024**, did any of the following household members receive VA educational assistance (including assistance received by children of veterans) either for themselves or as combined payments with other family members?

Select Yes or No for each person.

[List of hh members aged 15 and over]	Yes	No
---------------------------------------	-----	----

**“B” Treatment**

**At any time during 2024**, which household members received VA educational assistance (including assistance received by children of veterans) either for themselves or as combined payments with other family members?

Select all that apply.

- [List of hh members aged 15 and over]
- None of the above (mutually exclusive)

|-----PAGE  
BREAK-----|

Display This Question:

If VAPAYMENTS\_OtherBenefits = 1  
and Number of People in HHLD >1  
and Number of People Ages 15+ > 0

VETOTH\_HAV

“A” Treatment

**At any time during 2024**, did any of the following household members receive other Veterans’ payments either for themselves or as combined payments with other family members?

*Select Yes or No for each person.*

[List of hh members aged 15 and over]	Yes	No
---------------------------------------	-----	----

“B” Treatment

**At any time during 2024**, which household members received other Veterans’ payments either for themselves or as combined payments with other family members?

*Select all that apply.*

- [List of hh members aged 15 and over]
- None of the above (mutually exclusive)

|-----PAGE  
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LFSB asset questions

GOVTSEC

**At any time during 2024**, did ^NAMEANYONE\_ALL have any government securities (such as treasury bills), municipal bonds, or corporate bonds?

*Exclude any government securities and bonds held in the retirement accounts.*

- ☐ Yes
- ☐ No

|-----PAGE BREAK-----|

*Display This Question:*

*If GOVTSEC = 1*

*and Number of People in HHLD >1*

GOVTSEC\_HAV

**"A" Treatment**

**At any time during 2024**, did any of the following household members have government securities (such as treasury bills), municipal bonds, or corporate bonds?

*Select Yes or No for each person.*

[List of hh members]	Yes	No
----------------------	-----	----

**"B" Treatment**

**At any time during 2024**, which household members had government securities (such as treasury bills), municipal bonds, or corporate bonds?

*Select all that apply.*

- [List of hh members]
- None of the above (mutually exclusive)

|-----PAGE BREAK-----|

**CRYPTO At any time during 2024**, did ^NAMEANYONE\_ALL have any cryptocurrencies (such as Bitcoin, Ethereum, or Tether) or Non-Fungible Tokens (NFTs)?

- ☐ Yes
- ☐ No

|-----PAGE BREAK-----|

*Display This Question:*

*If CRYPTO = 1*

*and Number of People in HHLD >1*

CRYPTO\_HAV

**"A" Treatment**

**At any time during 2024**, did any of the following household members have cryptocurrencies (such as Bitcoin, Ethereum, or Tether) or Non-Fungible Tokens (NFTs)?

*Select Yes or No for each person.*

[List of hh members]	Yes	No
----------------------	-----	----

“B” Treatment

**At any time during 2024**, which household members had cryptocurrencies (such as Bitcoin, Ethereum, or Tether) or Non-Fungible Tokens (NFTs)?

*Select all that apply.*

- [List of hh members]
- None of the above (mutually exclusive)

|-----PAGE  
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CC\_DEBT **At any time during 2024**, did ^NAMEANYONE\_ALL carry a balance from one month to another for any store or credit card bills?

- ☐ Yes
- ☐ No

|-----PAGE  
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*Display This Question:*

*If CC\_DEBT = 1*

*and Number of People in HHLD >1*

CC\_DEBT\_HAV

“A” Treatment

**At any time during 2024**, did any of the following household members carry a balance from one month to another for store or credit card bills?

*Select Yes or No for each person.*

[List of hh members]	Yes	No
----------------------	-----	----

“B” Treatment

**At any time during 2024**, which household members carried a balance from one month to another for store or credit card bills?

*Select all that apply.*

- [List of hh members]
- None of the above (mutually exclusive)

|-----PAGE BREAK-----|

#### SNAP, WIC, Food Assistance, School Meals

**The next section has questions similar to ones you have already answered. Please answer them again to help us improve our questionnaires for the future.**

FOOD\_ASST Do you or does anyone in your household **currently** receive benefits from...?

Select Yes or No for each item.

Supplemental Nutrition Assistance Program (SNAP) or Food Stamp Program	Yes	No
WIC (Special Supplemental Nutrition Program for Women, Infants, and Children)	Yes	No
Free or reduced-price meals at school through NSLP (National School Lunch Program)	Yes	No
Summer EBT (Electronic Benefits Transfer) or SUN Bucks	Yes	No

|-----PAGE BREAK-----|

Display This Question:

If FOOD\_ASST\_SNAP= 1

and Number of People in HHLD >1

SNAP\_COV

#### “A” Treatment

Are any of the following household members **currently** covered by SNAP benefits or the Food Stamp Program?

Select Yes or No for each person.

[List of hh members]	Yes	No
----------------------	-----	----

#### “B” Treatment

Which household members are **currently** covered by SNAP benefits or the Food Stamp Program?

Select all that apply.

- [List of hh members]
- None of the above (mutually exclusive)

|-----PAGE BREAK-----|

*Display This Question:*

*If FOOD\_ASST\_WIC = 1  
and Number of People in HHLD >1*

WIC\_COV

“A” Treatment

Are any of the following household members **currently** covered by WIC benefits?

Select Yes or No for each person.

[List of hh members]	Yes	No
----------------------	-----	----

“B” Treatment

Which household members are **currently** covered by WIC benefits?

Select all that apply.

- [List of hh members]
- None of the above (mutually exclusive)

|-----PAGE BREAK-----|

*Display This Question:*

*If FOOD\_ASST\_NSLP= 1  
and Number of People in HHLD >1  
and Number of People Ages 5-18 years old > 0*

NSLP\_COV

“A” Treatment

Do any of the following household members **currently** receive free or reduced-price meals at school through NSLP (National School Lunch Program)?

Select Yes or No for each person.

[List of hh members aged 5-18]	Yes	No
--------------------------------	-----	----

#### “B” Treatment

Which household members **currently** receive free or reduced-price meals at school through NSLP (National School Lunch Program)?

Select all that apply.

- [List of hh members 5-18]
- None of the above (mutually exclusive)

|-----PAGE  
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*Display This Question:*

*If FOOD\_ASST\_EBT= 1*

*and Number of People in HHLD >1*

*and Number of People Ages 5-18 years old > 0*

SEBT\_COV

#### “A” Treatment

Do any of the following household members **currently** receive Summer EBT (Electronic Benefits Transfer) or SUN Bucks)?

Select Yes or No for each person.

[List of hh members aged 5-18]	Yes	No
--------------------------------	-----	----

#### “B” Treatment

Which household members **currently** receive Summer EBT (Electronic Benefits Transfer) or SUN Bucks?

Select all that apply.

- [List of hh members 5-18]
- None of the above (mutually exclusive)



|-----PAGE BREAK-----|

## Health Insurance

HEALTH Which of the following health insurance or health coverage plans is  
^NAMEANYONE\_ALL **currently** covered by?

Select all that apply.

- Insurance through a current or former employer or union (through yourself or another family member)
- Insurance purchased directly from an insurance company, including marketplace coverage (through yourself or another family member)
- Medicare, for people 65 and older, or people with certain disabilities
- Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
- TRICARE or other military health care
- VA (including those who have ever used or enrolled for VA health care)
- Indian Health Service
- Other
- No one in this household had health insurance or a health coverage plan

|-----PAGE  
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*Display This Question:*

*If HEALTH\_Employer= 1*

*and Number of People in HHLD >1*

EMP\_COV

“A” Treatment

Are any of the following household members **currently** covered by...

Insurance through a current or former employer or union (through yourself or another family member)?

Select Yes or No for each person.

[List of hh members]	Yes	No
----------------------	-----	----

#### “B” Treatment

Which household members are **currently** covered by...

Insurance through a current or former employer or union (through yourself or another family member)?

Select all that apply.

- [List of hh members]
- None of the above (mutually exclusive)

|-----PAGE  
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Display This Question:

If HEALTH\_Marketplace= 1  
and Number of People in HHLD >1

MKT\_COV

#### “A” Treatment

Are any of the following household members **currently** covered by...

Insurance purchased directly from an insurance company, including marketplace coverage (through yourself or another family member)?

Select Yes or No for each person.

[List of hh members]	Yes	No
----------------------	-----	----

#### “B” Treatment

Which household members are **currently** covered by...

Insurance purchased directly from an insurance company, including marketplace coverage (through yourself or another family member)?

Select all that apply.

- [List of hh members]
- None of the above (mutually exclusive)

|-----PAGE  
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*Display This Question:*

*If HEALTH\_Medicare= 1  
and Number of People in HHLD >1*

MEDICARE\_COV

**“A” Treatment**

Are any of the following household members **currently** covered by...

Medicare, for people 65 and older, or people with certain disabilities?

*Select Yes or No for each person.*

[List of hh members]	Yes	No
----------------------	-----	----

**“B” Treatment**

Which household members are **currently** covered by...

Medicare, for people 65 and older, or people with certain disabilities?

*Select all that apply.*

- [List of hh members]
- None of the above (mutually exclusive)

|-----PAGE  
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*Display This Question:*

*If HEALTH\_Medicaid= 1  
and Number of People in HHLD >1*

MEDICAID\_COV

#### "A" Treatment

Are any of the following household members **currently** covered by...

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

*Select Yes or No for each person.*

[List of hh members]	Yes	No
----------------------	-----	----

#### "B" Treatment

Are any of the following household members **currently** covered by...

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

*Select all that apply.*

- [List of hh members]
- None of the above (mutually exclusive)

|-----PAGE  
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*Display This Question:*

*If HEALTH\_TRICARE= 1*

*and Number of People in HHLD >1*

TRICARE\_COV

#### "A" Treatment

Are any of the following household members **currently** covered by...

TRICARE or other military health care?

*Select Yes or No for each person.*

[List of hh members]	Yes	No
----------------------	-----	----

#### "B" Treatment

Are any of the following household members **currently** covered by...

TRICARE or other military health care?

*Select all that apply.*

- [List of hh members]
- None of the above (mutually exclusive)

|-----PAGE  
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*Display This Question:*

*If HEALTH\_VA= 1*

*and Number of People in HHLD >1*

VACARE\_COV

**“A” Treatment**

Are any of the following household members **currently** covered by...

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

*Select Yes or No for each person.*

[List of hh members]	Yes	No
----------------------	-----	----

**“B” Treatment**

Are any of the following household members **currently** covered by...

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

*Select all that apply.*

- [List of hh members]
- None of the above (mutually exclusive)

|-----PAGE  
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*Display This Question:*

*If HEALTH\_INDIAN= 1*

*and Number of People in HHLD >1*

INDIAN\_COV

**"A" Treatment**

Are any of the following household members **currently** covered by...  
Indian Health Service?

*Select Yes or No for each person.*

[List of hh members]	Yes	No
----------------------	-----	----

**"B" Treatment**

Are any of the following household members **currently** covered by...  
Indian Health Service?

*Select all that apply.*

- [List of hh members]
- None of the above (mutually exclusive)

|-----PAGE  
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*Display This Question:*

*If HEALTH\_Other= 1*

*and Number of People in HHLD >1*

ANOTHER\_COV\_A

**"A" Treatment**

Are any of the following household members **currently** covered by...  
Another type of health insurance?

*Select Yes or No for each person.*

[List of hh members]	Yes	No
----------------------	-----	----

**"B" Treatment**

Which household members are **currently** covered by...  
Another type of health insurance?

*Select all that apply.*

- [List of hh members]
- None of the above (mutually exclusive)

**August 2025 Topical Questionnaire**  
**Household Pulse Survey**

---

**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 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 2025**, 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)

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)	<input type="radio"/>	<input type="radio"/>
TRICARE or other military health care (5)	<input type="radio"/>	<input type="radio"/>
VA (including those who have ever used or enrolled for VA health care) (6)	<input type="radio"/>	<input type="radio"/>
Indian Health Service (7)	<input type="radio"/>	<input type="radio"/>
Other (8)	<input type="radio"/>	<input type="radio"/>

End of Block: Mental Health and Health Status

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Start of Block: Socialization

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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: 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)

☐ Summer EBT (Electronic Benefits Transfer) or SUN Bucks (6)

☐ None of these (5)

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### 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?

---

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*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)

---

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)

---

HEAT1. Which of the following cooling devices do you have in your home? (mark all the apply)

1. Central Air Conditioning
2. Window Air Conditioning units
3. Fans
4. Evaporative Coolers (swamp coolers)
5. Other cooling devices
6. I don't use any cooling devices

HEAT2. This summer, have you been able to keep your home at a safe and healthy temperature on hot days? (Pick one)

1. Yes
2. Sometimes
3. No

HEAT3. [If HEAT1==1 or HEAT1==2) and (HEAT2=2 or HEAT2=3) What prevents you from keeping your home safe and healthy temperature? (select all that apply)

1. My air conditioning is not strong enough to keep my home cool.
2. My air conditioning is not working.
3. I cannot afford to run my air conditioning at all.
4. I cannot afford to run my air conditioning as much needed to keep my home cool enough.
5. The power frequently goes out.
6. Other

HEAT4. [If HEAT1 ne 1 and HEAT1 ne 2) and (HEAT2=2 or HEAT2=3) What prevents you from keeping your home safe and healthy temperature? (select all that apply)

1. My cooling devices are not strong enough to keep my home cool.
2. My cooling devices are not working.
3. I cannot afford to run my cooling devices at all.
4. I cannot afford to run my cooling devices as much needed to keep my home cool enough.
5. The power frequently goes out.
6. I don't have air conditioning.
7. Other

HEAT5. A cooling shelter is an air-conditioned or cooled location that has been designated as a place to go to cool off in extreme heat. Do you or members of your household ever go to a cooling shelter on hot days? (Pick one)

1. Yes
2. No
3. We don't need to go to a cooling shelter

HEAT6. [If HEAT5==1] Do you face any of these issues with the cooling shelter? (Select all that apply)

1. The cooling shelter is too crowded
2. The cooling shelter is not open when I/we want to go
3. The nearest cooling shelter is far away or difficult to reach
4. Someone in my household needs medical or mobility support that is not available at the cooling shelter
5. I don't feel safe at the cooling shelter
6. The cooling shelter does not allow pets
7. Other issues
8. N/A. No issues with the cooling shelter

HEAT7. [If Q5==2] Why don't you go to a cooling shelter on hot days? (Select all that apply)

1. The cooling shelter is too crowded
2. The cooling shelter is not open when I/we want to go
3. The nearest cooling shelter is far away or difficult to reach
4. Someone in my household needs medical or mobility support that is not available at the cooling shelter
5. I don't feel safe at the cooling shelter
6. The cooling shelter does not allow pets
7. I don't know where to find a cooling shelter
8. I don't need a cooling shelter
9. Other issues

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#### 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