

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 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.

September 2025 Topical: <For this month's survey, we will conduct the 2030 Census Planning Survey, which is designed to understand attitudes and behaviors that relate to 2030 census participation across demographic characteristics. Topics include census knowledge and trust in census data, intention to respond to the 2030 census, barriers to completing the 2030 census, and motivators to completing the 2030 census.

October 2025 Topical: <This month's survey includes content from the Household Pulse Survey. Topics include employment status, unemployment insurance receipt, income, food security, housing, physical and mental health, disability, social connection, access to transportation, vaccine receipt, use of Narcan to reverse overdose, suicidal ideation, childcare, access to infant formula, arts participation, trust in institutions, and insurance coverage. It will take about 20 minutes to complete.>

December 2025 Topical: < This month's survey includes content from the Household Pulse Survey. Topics include employment status, unemployment insurance receipt, income, food security, housing, physical and mental health, disability, social connection, access to transportation, vaccine receipt, use of Narcan to reverse overdose, suicidal ideation, childcare, access to infant formula, arts participation, trust in institutions, and insurance coverage. It will take about 20 minutes to complete.>

If you would like to change the language of the survey, please use the link in the upper right corner of each page to select the language in which you prefer to complete the survey.

Esta encuesta está disponible en inglés y en español. Si le gustaría cambiar la selección del idioma más tarde, utilice el menú desplegable en la esquina superior derecha de cada página para seleccionar el idioma en el que usted prefiere completar la encuesta.

Continue Click the "NEXT" button below to begin.

PRA

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

September 2025 Topical: <For this month's survey, we will conduct the 2030 Census Planning Survey.>

October 2025 Topical: <This month's survey includes content from the Household Pulse Survey.>

December 2025 Topical: < This month's survey includes content from the Household Pulse Survey.>

Disclosure of the information provided to us with other Census Bureau staff for work-related purposes is permitted under the Privacy Act of 1974 (5 U.S.C. § 552a). Disclosure of this information is also subject to all of the published routine uses as identified in the Privacy Act System of Records Notice COMMERCE/Census-3 Demographic Survey Collection (Census Bureau Sampling Frame).

Staff (employees and contractors) received training on privacy and confidentiality policies and practices; access to Personally Identifiable Information (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.

We estimate that completing this voluntary monthly survey will take 20 minutes on average. Send comments regarding this estimate or any other aspect of this survey to adrm.pra@census.gov.

The U.S. Census Bureau is required by law to protect your information. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Federal law protects your privacy (Title 5, U.S. Code, Section 552a) and keeps your answers confidential (Title 13, United States Code, Section 9).

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/htops.html>

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

U.S. Census Bureau Notice and Consent Warning

You are accessing a United States Government computer network. Any information you enter into this system is confidential. It may be used by the Census Bureau for statistical purposes and to improve the website. If you want to know more about the use of this system, and how your privacy is protected, visit our online privacy webpage at <https://www.census.gov/about/policies/privacy/privacy-policy.html>.

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).

This information system may contain Controlled Unclassified Information (CUI) that is subject to safeguarding or dissemination controls in accordance with law, regulation, or Government-wide policy.

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) _____

Display This Question:

If Q1 = No

ADDRESS_CONFIRM Do you live at \${e://Field/BestAddress1} \${e://Field/BestAddress2} \${e://Field/BestCity}, \${e://Field/BestState} \${e://Field/BestZIP}?

- ☐ Yes (1)
- ☐ No (2)

Display This Question:

If Q1 = No and ADDRESS_CONFIRM = Yes

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.

☐ Continue survey now (1)

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

[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 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?

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?

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.

HTOPS September 2025 Topical Questionnaire
2030 Census Planning Survey

Display_Q1 The census is the count of all the people who live in the United States. It happens every 10 years. It asks how many people live in your household, their age, sex, race, and ethnicity. The last census was in 2020.

Qhearcensusaid Before today, do you remember ever hearing about the census, or do you **not** remember hearing about it?

- ☐ Do remember hearing about it (1)
 - ☐ Do **not** remember hearing about it (2)
-

CenKnow. How much do you know about the census and its uses?

- ☐ A great deal (1)
- ☐ Quite a lot (2)
- ☐ Some (3)
- ☐ Very little (4)
- ☐ None at all (5)

Intent1 If the census were held today, how likely would you be to fill out the census form?

- ☐ Extremely likely (1) à Go to PART
- ☐ Very likely (2) à Go to PART
- ☐ Somewhat likely (3) à Go to PART

☐ Not too likely (4)

☐ Not at all likely (5)

PART. Please provide ONE reason why people may be likely to fill out the census form.

TrustAcc How much trust do you have in the accuracy of census results?

☐ A great deal (1)

☐ Quite a lot (2)

☐ Some (3)

☐ Very little (4)

☐ None at all (5)

TrustFs How much trust do you have in federal statistics in the United States?

☐ A great deal (1)

☐ Quite a lot (2)

☐ Some (3)

☐ Very little (4)

☐ None at all (5)

CensImp Thinking about the census overall, how important do you feel it is for you to fill out the census form?

☐ Extremely important (1)

☐ Very important (2)

☐ Somewhat important (3)

☐ Not too important (4)

☐ Not at all important (5)

Personally_counted How much, if at all, do you think it matters if you personally are counted in the census?

☐ A great deal (1)

☐ A lot (2)

☐ A moderate amount (3)

☐ A little (4)

☐ Not at all (5)

ChildM How much, if at all, do you think it matters if CHILDREN (in your community) are counted in the census?

☐ A great deal (1)

- ☐ A lot (2)
- ☐ A moderate amount (3)
- ☐ A little (4)
- ☐ Not at all (5)
-

all_motivators_B Which of the following are the most important reasons, to you personally, for filling out the census form every ten years? *Select all that apply.*

- ☐ It helps determine funding for public services in my community, like schools, and fire departments (1)
- ☐ It determines how many elected representatives my state has in Congress (2)
- ☐ It is used to enforce civil rights laws (3)
- ☐ It provides information for my local government to plan for changes in my community (4)
- ☐ It shows that I am proud of my cultural heritage (5)
- ☐ It is my civic duty (along with voting, jury duty, paying taxes) (6)
- ☐ It contributes to a better future for my community (7)
- ☐ It can be used by future generations for ancestry research (8)
- ☐ It is used for monitoring historical data trends (9)
- ☐ My response is required by law (10)

☐ The Constitution mandates that a census is conducted every 10 years (11)

☐ Other (please specify): (12)

Benefits_harms2 Do you believe that answering and submitting your census form could benefit **your community**?

☐ Yes (1)

☐ No (2)

Benefits_harms4 Do you believe that answering and submitting your census form could harm **your community**?

☐ Yes (1)

☐ No (2)

Display This Question:

If Do you believe that answering and submitting your census form could harm your community? = Yes

Benefits_harms4A Please provide an example of a way the census could harm your community.

Display_Use The following questions are about the census in general. There is no need to look up this information. Please answer to the best of your knowledge.

use1 Is the census used to decide how much money communities will get from the government, or is it not used for this?

- ☐ Yes, used for this (1)
 - ☐ No, not used for this (2)
 - ☐ Don't know (3)
-

use2 Is the census used to decide how many representatives each state will have in Congress, or is it not used for this?

- ☐ Yes, used for this (1)
 - ☐ No, not used for this (2)
 - ☐ Don't know (3)
-

use3 Is the census used to see what changes have taken place in the size, location, and characteristics of the people in the United States, or is it not used for this?

- ☐ Yes, used for this (1)
 - ☐ No, not used for this (2)
 - ☐ Don't know (3)
-

use4 Is the census used to determine property taxes, or is it not used for this?

- ☐ Yes, used for this (1)
 - ☐ No, not used for this (2)
 - ☐ Don't know (3)
-

use5 Is the census used to help the police and FBI keep track of people who break the law, or is it not used for this?

- ☐ Yes, used for this (1)
 - ☐ No, not used for this (2)
 - ☐ Don't know (3)
-

use6 Is the census used to locate people living in the country without documentation, or is it not used for this?

- ☐ Yes, used for this (1)
 - ☐ No, not used for this (2)
 - ☐ Don't know (3)
-

use7 Is the census used to count both citizens and non-citizens, or only citizens?

- ☐ Yes, used for counting both citizens and non-citizens (1)
- ☐ No, used only for counting citizens (2)

☐ Don't know (3)

use8 Is the census used to determine the rate of unemployment, or is it not used for this?

☐ Yes, used for this (1)

☐ No, not used for this (2)

☐ Don't know (3)

ChildE Does the census count children of ALL ages, including babies, and toddlers, or only children of school age?

☐ Yes, used for counting children of ALL ages, including babies and toddlers (1)

☐ No, used only for counting children of school age (2)

☐ Don't know (3)

legal1 Does the law require you to answer the census questions, or is this not required by law?

☐ Yes, required by law (1)

☐ No, not required by law (2)

☐ Don't know (3)

legal2 Is the Census Bureau required by law to keep information confidential, or is this not required by law?

- ☐ Yes, required by law (1)
- ☐ No, not required by law (2)
- ☐ Don't know (3)
-

legal3 Does the U.S. Constitution require that the census be conducted, or is this not something the Constitution requires?

- ☐ Yes, the U.S. Constitution requires it (1)
- ☐ No, the U.S. Constitution does not require it (2)
- ☐ Don't know (3)
-
-

Display_Q4C2 The following questions are about the census in general:

Concern4_2 How concerned are you, if at all, about the accuracy of census results?

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

Concern1_2 How concerned are you, if at all, that the U.S. Census Bureau will not keep answers to the census confidential?

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

Concern3_2 How concerned are you, if at all, that an unauthorized person or hacker might gain access to census responses?

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

Concern5_2 How concerned are you, if at all, that census responses might be used to monitor the data of the community where you live?

- ☐ Extremely concerned (5)
- ☐ Very concerned (4)

☐ Somewhat concerned (3)

☐ Not too concerned (2)

☐ Not at all concerned (1)

Ancestry1 How important is it to you to know your ancestry?

☐ Extremely important (1)

☐ Very important (2)

☐ Somewhat important (3)

☐ Not too important (4)

☐ Not at all important (5)

Ancestry2. Are you aware that the census can be used by future generations for ancestry research?

☐ Yes (1)

☐ No (2)

Ancestry3. Have you ever researched your own ancestry?

☐ Yes (1) à Go to Ancestry4

☐ No (2)

Ancestry4. Have you used census data while researching your ancestry on websites like Ancestry.com, FamilySearch, MyHeritage?

☐ Yes (1) à Go to Ancestry5

☐ No (2) à Go to Ancestry6

Ancestry5. What census data have you found useful while doing ancestry research?

Ancestry6. What types of data have you found useful while doing ancestry research?

Media1_1 How often do you get news from...

| | Often (1) | Sometimes (2) | Rarely (3) | Never (4) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Television via cable (e.g., FiOS), satellite (e.g., DirectTV), or antenna (Media1_1_1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Streaming television (e.g., Netflix, Hulu) (Media1_1_1b) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Radio (Media1_1_2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Print publications (e.g., newspapers and magazines) (Media1_1_3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Social media sites such as Facebook, X, Instagram, YouTube, Truth Social, or Nextdoor (Media1_1_4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Online websites, publications, articles (Media1_1_5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | | | | |
|--|---|---|---|---|
| Podcasts (Media1_1_6) | 0 | 0 | 0 | 0 |
| Family and friends (Media1_1_7) | 0 | 0 | 0 | 0 |
| Members of my community/neighborhood (Media1_1_8) | 0 | 0 | 0 | 0 |
| Chat groups in applications such as WhatsApp, Telegram, and Signal (Media1_1_9) | 0 | 0 | 0 | 0 |
| Electronic newsletters(Media1_1_10) | 0 | 0 | 0 | 0 |

Media1_2 How often do you get news from...

| | Never (4) | Rarely (3) | Sometimes (2) | Often (1) |
|---|-----------|------------|---------------|-----------|
| Television via cable (e.g., FiOS), satellite (e.g., DirectTV), or antenna (Media1_2_1) | 0 | 0 | 0 | 0 |
| Streaming television (e.g., Netflix, Hulu) (Media1_1_1b) | 0 | 0 | 0 | 0 |
| Radio (Media1_2_2) | 0 | 0 | 0 | 0 |
| Print publications (e.g., newspapers and magazines) (Media1_2_3) | 0 | 0 | 0 | 0 |
| Social media sites such as Facebook, X, Instagram, YouTube, Truth Social, or Nextdoor (Media1_2_4) | 0 | 0 | 0 | 0 |
| Online websites, publications, articles (Media1_2_5) | 0 | 0 | 0 | 0 |
| Podcasts (Media1_2_6) | 0 | 0 | 0 | 0 |
| Family and friends (Media1_2_7) | 0 | 0 | 0 | 0 |
| Members of my community/neighborhood (Media1_2_8) | 0 | 0 | 0 | 0 |

Chat groups in applications such as WhatsApp, Telegram and, Signal (Media1_2_9)
Electronic newsletters(Media1_2_10)

0

0

0

0

0

0

0

0

Sources The Census Bureau shares important messages about the decennial census every 10 years to encourage people to respond. These messages explain why the census is important, when it is happening, and how to respond. How would you prefer to receive this information from the Census Bureau? *Select up to five.*

☐ Television via cable (e.g., FiOS), satellite (e.g., DirectTV), streaming television (e.g., Netflix, Hulu), or antenna (1)

☐ Radio (2)

☐ Print publications (e.g., newspapers and magazines) (3)

☐ Social media sites such as Facebook, X, Instagram, YouTube, Truth Social, or Nextdoor (4)

☐ Census sponsored events (5)

☐ U.S. Census Bureau website (6)

☐ Mail (7)

☐ Electronic Newsletters (8)

☐ Text message (9)

☐ Email (10)

☐ Other (please specify) (11) _____

CensInfo. Below is the list of sources that you selected. Please rank the options below in order of preference for receiving information about the census. For example, a rank of 1 means that it is your most preferred source to receive information about the census.

- _____ Television via cable (e.g., FiOS), satellite (e.g., DirectTV), streaming television (e.g., Netflix, Hulu), or antenna (1)
- _____ Radio (2)
- _____ Print publications (e.g., newspapers and magazines) (3)
- _____ Social media sites such as Facebook, X, Instagram, YouTube, Truth Social, or Nextdoor (4)
- _____ Census sponsored events (5)
- _____ U.S. Census Bureau website (6)
- _____ Mail (7)
- _____ Electronic Newsletter (8)
- _____ Text message (9)
- _____ Email (10)
- _____ Other (please specify): [\\${Media2/ChoiceTextEntryValue/10}](#) (11)

Media4_1 How often do you use the following...

| | Often (1) | Sometimes (2) | Rarely (3) | Never (4) |
|------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| X (Media4_1_1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Instagram (Media4_1_2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Facebook (Media4_1_3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Snapchat (Media4_1_4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| YouTube (Media4_1_5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| WhatsApp (Media4_1_6) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Pinterest (Media4_1_7) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| LinkedIn (Media4_1_8) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Reddit (Media4_1_9) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| TikTok (Media4_1_10) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Nextdoor (Media4_1_11) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | | | | |
|--|---|---|---|---|
| Truth Social (Media4_1_11b) | 0 | 0 | 0 | 0 |
| Telegram (Media4_1_12) | 0 | 0 | 0 | 0 |
| Signal (Media4_1_13) | 0 | 0 | 0 | 0 |
| Bluesky (Media4_1_14) | 0 | 0 | 0 | 0 |
| Other social media site (please specify) | 0 | 0 | 0 | 0 |

Media4_2 How often do you use the following...

| | Never (4) | Rarely (3) | Sometimes (2) | Often (1) |
|--------------------------------|-----------|------------|---------------|-----------|
| X (Media4_2_1) | 0 | 0 | 0 | 0 |
| Instagram (Media4_2_2) | 0 | 0 | 0 | 0 |
| Facebook (Media4_2_3) | 0 | 0 | 0 | 0 |
| Snapchat (Media4_2_4) | 0 | 0 | 0 | 0 |
| YouTube (Media4_2_5) | 0 | 0 | 0 | 0 |
| WhatsApp (Media4_2_6) | 0 | 0 | 0 | 0 |
| Pinterest (Media4_2_7) | 0 | 0 | 0 | 0 |
| LinkedIn (Media4_2_8) | 0 | 0 | 0 | 0 |
| Reddit (Media4_2_9) | 0 | 0 | 0 | 0 |
| TikTok (Media4_2_10) | 0 | 0 | 0 | 0 |
| Truth Social (Media4_1_11b) | 0 | 0 | 0 | 0 |
| Nextdoor (Media4_2_11) | 0 | 0 | 0 | 0 |
| Telegram (Media4_2_12) | 0 | 0 | 0 | 0 |
| Signal (Media4_2_13) | 0 | 0 | 0 | 0 |

| | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Bluesky (Media4_2_14) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other social media site (please specify) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

ADMININTROB The next section asks questions about how the Census Bureau may use existing data, sometimes referred to as administrative records, to improve the next census in 2030. Existing data can come from other government agencies, private companies, or other surveys you may have answered in the past.

Q17 Government agencies already collect data separately about people's jobs, earnings, and participation in government programs but do not always share the data across agencies. To what extent are you in favor of or against combining these data sources?

- ☐ Strongly in favor of it (1)
- ☐ Somewhat in favor of it (2)
- ☐ Neither in favor nor against it (3)
- ☐ Somewhat against it (4)
- ☐ Strongly against it (5)

Q18 The Census Bureau is a government agency that is responsible for producing data about the American people and economy. The next few questions ask about the Census Bureau. Individuals provide information to federal, state, and local agencies when applying for government programs, filing taxes, or completing surveys. The Census Bureau is planning to link this information together to produce statistics. To what extent are you in favor of or against linking information about individuals?

- ☐ Strongly in favor of it (1)
 - ☐ Somewhat in favor of it (2)
 - ☐ Neither in favor nor against it (3)
 - ☐ Somewhat against it (4)
 - ☐ Strongly against it (5)
-

[RANDOMIZE]

ADMIN3 . There are many potential benefits to using existing data or administrative records. Which of the following are the most important benefits, to you personally, for using them in the 2030 Census? *Select all that apply.*

- ☐ To reduce the cost of conducting the census (1)
- ☐ To increase the accuracy of the census (2)
- ☐ To minimize the number of mailings you receive about the census (3)
- ☐ To minimize visits from census takers if you do not fill out your census (4)
- ☐ So you do not have to personally fill out the census (5)
- ☐ No benefits justify their use (6)
- ☐ Other (please specify) (7)

Q19 The Census Bureau is planning to use information about individuals, available from private companies, such as your contact information or age. This information would only be used to produce statistics. To what extent are you in favor of or against the Census Bureau obtaining your information from private companies?

- ☐ Strongly in favor of it (1)
 - ☐ Somewhat in favor of it (2)
 - ☐ Neither in favor nor against it (3)
 - ☐ Somewhat against it (4)
 - ☐ Strongly against it (5)
-

HTOPS October 2025 Topical Questionnaire
Household Pulse Survey

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)

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 In your household, are there... Select all that apply. = Children 5 through 11 years old?

Or In your household, are there... Select all that apply. = Children 12 through 17 years old?

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

- ☐ Number enrolled in a public school (1)

- ☐ Number enrolled in a private school (2)

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

- ☐ None (4)
-

Display this question:

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

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

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

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

Display this question:

*If Next, we are going to ask about the childcare arrangements for children in the household. At any...
= Yes*

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

- ☐ You (or another adult) took unpaid leave to care for the children (1)
- ☐ You (or another adult) used vacation, or sick days, or other paid leave in order to care for the children (2)
- ☐ You (or another adult) cut your work hours in order to care for the children (3)
- ☐ You (or another adult) left a job in order to care for the children (4)
- ☐ You (or another adult) lost a job because of time away to care for the children (5)
- ☐ You (or another adult) did not look for a job in order to care for the children (6)
- ☐ You (or another adult) supervised one or more children while working (7)

☐ Other (specify) (8)

☐ None of the above (9)

Display this question:

If In your household, are there... Select all that apply. = 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 In your household, are there... Select all that apply. = 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 How is the baby in your household fed (in addition to any solid foods the baby may be consuming)?... = Sometimes breastfeeding (or pumped breastmilk) and sometimes infant formula

Or How is the baby in your household fed (in addition to any solid foods the baby may be consuming)?... = Infant formula only

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

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

D14 Are you or your spouse currently serving in the U.S. Armed Forces (Active Duty, Reserve, or National Guard)?

Reserve and Guard members/spouses who are full-time active duty (AGR/FTS/AR) or currently "activated" should select the "Reserve or National Guard" response(s). Select all that apply.

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

Display if D14 is No.

D15 Have you or your spouse ever served in the U.S. Armed Forces (Active Duty, Reserve, or National Guard)? *Select all that apply.*

- ☐ No (1)
- ☐ Yes, I served on active duty (2)
- ☐ Yes, I served in the Reserve or National Guard (3)

☐ Yes, my spouse served on active duty (4)

☐ Yes, my spouse served in the Reserve or National Guard (5)

EMP_Intro Now we are going to ask about your employment.

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

☐ Yes (1)

☐ No (2)

EMP2

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

☐ Yes (1)

☐ No (2)

Display this question:

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

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

☐ Government (1)

☐ Private company (2)

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

- ☐ Self-employed (4)
- ☐ Working in a family business (5)

Display this question:

If In the last 7 days, did you do ANY work for either pay or profit? Select only one answer. = No

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

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

Display this question:

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

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

- ☐ Yes, for 1-2 days (1)

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

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

- ☐ Yes (1)
- ☐ No (2)
-

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

- ☐ Yes (1)
- ☐ No (2)
-

Display this question:

If EMPUI1 is Yes and EMPUI2 is No

EMPUI3 Why haven't you received Unemployment Insurance (UI) benefits? *Select only one answer.*

- ☐ Application denied
- ☐ Waiting for decision
- ☐ Approved but waiting for payment
-

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

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

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

Display this question:

*If During the last 4 weeks, did any children in your household need mental health treatment?
Mental... = Yes, all children needed mental health treatment*

*Or During the last 4 weeks, did any children in your household need mental health treatment?
Mental... = Yes, some but not all children needed mental health treatment*

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

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

Display this question:

If Did the children who needed mental health treatment receive it? = Yes, all children who needed treatment received it

Or Did the children who needed mental health treatment receive it? = Yes, but only some children who needed treatment received it

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

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

Display this question:

If During the last 4 weeks, did any children in your household need mental health treatment? Mental... = Yes, all children needed mental health treatment

Or During the last 4 weeks, did any children in your household need mental health treatment? Mental... = Yes, some but not all children needed mental health treatment

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

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

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

| | Yes (1) | No (2) |
|--|---------|--------|
| | | |

| | | |
|--|-----------------------|-----------------------|
| Insurance through a current or former employer or union (through yourself or another family member) (1) | <input type="radio"/> | <input type="radio"/> |
| Insurance purchased directly from an insurance company, including marketplace coverage (through yourself or another family member) (2) | <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"/> |

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)
-

SOC6 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)
-

FALLVAC Have you received the following vaccines **this season** (that is, since August 2025)?

| | 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)

NARCAN Naloxone (Narcan) is a medication which can be used to reverse an opioid overdose. Have you ever carried naloxone in case of an emergency?

☐ Yes (1)

☐ No (2)

•

If Yes to NARCAN

NARCAN2 Have you ever used naloxone to reverse an opioid overdose?

☐ Yes (1)

☐ No (2)

If YES to NARCAN2

NARCAN3 Have you used naloxone in the past 30 days to reverse an opioid overdose?

☐ Yes (1)

☐ No (2)

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 In the last 4 weeks, have you or a member of your household been directly affected by a shortage... = A medicine or medication that requires a prescription or is given by provider, pharmacist, or hospital

Or In the last 4 weeks, have you or a member of your household been directly affected by a shortage... = A medicine or medication that is sold over the counter (without a prescription)

Or In the last 4 weeks, have you or a member of your household been directly affected by a shortage... = A medical equipment or supplies used at home such as infusion pumps, glucose monitors, home ventilators, masks, gloves, etc.

Or In the last 4 weeks, have you or a member of your household been directly affected by a shortage... = 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)
-

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

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

Display this question:

If Getting enough food can be a problem for some people. In the last 7 days, which of these statemen... = Enough, but not always the kinds of food (I/we) wanted to eat

Or Getting enough food can be a problem for some people. In the last 7 days, which of these statemen... = Sometimes not enough to eat

Or Getting enough food can be a problem for some people. In the last 7 days, which of these statemen... = Often not enough to eat

And If

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

FD2

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

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

- ☐ Often true (1)
 - ☐ Sometimes true (2)
 - ☐ Never true (3)
-

Display this question:

If Getting enough food can be a problem for some people. In the last 7 days, which of these statemen... = Enough, but not always the kinds of food (I/we) wanted to eat

Or Getting enough food can be a problem for some people. In the last 7 days, which of these statemen... = Sometimes not enough to eat

Or Getting enough food can be a problem for some people. In the last 7 days, which of these statemen... = 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 In your household, are there... Select all that apply. = Children 5 through 11 years old?

Or In your household, are there... Select all that apply. = Children 12 through 17 years old?

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

☐ Yes (1)

☐ No (2)

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

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

☐ Not at all difficult (1)

☐ A little difficult (2)

☐ Somewhat difficult (3)

☐ Very difficult (4)

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

☐ I think prices have increased (1)

☐ I do not think prices have changed (2)

☐ I think prices have decreased (3)

☐ I do not know (4)

Display this question:

If in the area where you live and shop, do you think prices in general have changed in the last 2 months? = 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 The next questions ask about housing. Is your house or apartment...? Select only one answer. = Rented?

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

- ☐ Yes (1)
- ☐ No (2)
-

Display this question:

If The next questions ask about housing. Is your house or apartment...? Select only one answer. = Owned by you or someone in this household with a mortgage or loan (including home equity loans)?

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

- ☐ Yes (1)
- ☐ No (2)
-

Display this question:

*If Is this household currently caught up on rent payments? Select only one answer. = No
Or Is this household currently caught up on mortgage payments? Select only one answer. = No*

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

Display this question:

If Is this household currently caught up on rent payments? Select only one answer. = No

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

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

Display this question:

If Is this household currently caught up on mortgage payments? Select only one answer. = No

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

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

Display this question:

If How likely is it that your household will have to leave this home or apartment within the next 2... = Very likely

And How likely is it that your household will have to leave this home or apartment within the next 2... = Somewhat likely

Or How likely is it that your household will have to leave this home within the next 2 months becaus... = Very likely

Or How likely is it that your household will have to leave this home within the next 2 months because...
= Somewhat likely

NEWHSE10 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)
-

Display this question:

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

NEWHSE12 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)

Display this question:

If At any time in the last 12 months did you or a person that currently lives with you experience ho... = Yes

NEWHSE13 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 my needs (1)
- ☐ Enough transportation, but not always the kinds I want to use (2)
- ☐ Sometimes not enough transportation to meet my needs (3)
- ☐ Often not enough transportation to meet my needs (4)
- ☐ Always not enough transportation to meet my needs (5)
-

Display this question:

If Which one of the following statements best describes your access to transportation in the last 4... = Sometimes not enough transportation to meet my needs

Or Which one of the following statements best describes your access to transportation in the last 4... = Often not enough transportation to meet my needs

Or Which one of the following statements best describes your access to transportation in the last 4... = Always not enough transportation to meet my 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)
-

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

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

- ☐ Yes (1)
 - ☐ No (2)
-

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

- ☐ Yes (1)
- ☐ No (2)

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

☐ Yes (1)

☐ No (2)

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

☐ Yes (1)

☐ No (2)

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

☐ Strongly agree (1)

☐ Agree (2)

☐ Disagree (3)

☐ Strongly Disagree (4)

Trust1 The population count, the crime rate, and the unemployment rate are examples of statistics produced by the federal government. Personally, how much trust do you have in federal statistics in the United States? Would you say that you tend to trust federal statistics or you tend not to trust them?

☐ Tend to trust federal statistics (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)

INC1 In [YEAR] what was your **total household income** before taxes? *Select only one answer.*

- ☐ Less than \$25,000
- ☐ \$25,000 - \$34,999
- ☐ \$35,000 - \$49,999
- ☐ \$50,000 - \$74,999
- ☐ \$75,000 - \$99,999
- ☐ \$100,000 - \$149,999
- ☐ \$150,000 - \$199,999
- ☐ \$200,000 and above
-

We understand that the next questions may be personal and difficult to answer. You don't have to answer any question you do not wish to. If, at any time, you feel distressed you can exit the survey by closing your browser and return later if desired. If you would like to speak with a trained professional, please refer to the resources provided below.

- National Suicide Prevention Lifeline: Call or text 988 or Chat at 988lifeline.org

SUICIDE1 At any time in the past 12 months, did you seriously think about trying to kill yourself?

- ☐ Yes (1)
- ☐ No (2)

Display this question:

If Suicide is Yes

SUICIDE1a. Did any of the following situations contribute to your thoughts about suicide? (Please choose all that apply.)

- ☐ Financial problem(s)
- ☐ Job loss
- ☐ Other job/school problem(s)
- ☐ Relationship problem(s) (e.g., family, friends)
- ☐ Mental health conditions (e.g., depression/anxiety)
- ☐ Substance use (e.g., alcohol, other drugs)
- ☐ Physical health problem(s)
- ☐ Loneliness or social isolation
- ☐ Experiences of discrimination
- ☐ Death of family member or loved one
- ☐ Criminal/legal problem(s)
- ☐ Exposure to violence or other trauma
- ☐ Concerns over current events/news
- ☐ None of above
- ☐ Other _____

Display this question:

If Suicide is Yes

SUICIDE1b. Do any of the following help you cope with your thoughts about suicide? (Please choose all that apply.)

- ☐ Talking with friends, family
- ☐ Participating in support group
- ☐ Participating in group activities (e.g., exercise, volunteering)
- ☐ Engaging in religious, cultural or spiritual activities
- ☐ Talking with mental health professional
- ☐ Engaging with social media/digital technology (e.g., mobile apps, gaming, online resources/ website, or Artificial Intelligent (AI) tools)
- ☐ 988 Suicide & Crisis Lifeline
- ☐ Other _____

Display this question:

If Suicide is Yes

SUICIDE1c. To whom did you tell about these thoughts about suicide? (Please choose all that apply.)

- ☐ I didn't tell anyone.
- ☐ Family member
- ☐ Friend
- ☐ Mental health provider
- ☐ Healthcare provider

- ☐ Coworker or teacher
- ☐ Religious or spiritual advisor
- ☐ Other _____

SUICIDE2 At any time in the past 12 months, did you try to kill yourself?

☐ Yes (1)

☐ No (2)

SUICIDE3 At any time in the past 12 months, did you purposefully hurt yourself without wanting to die, such as cutting or burning yourself on purpose?

☐ Yes (1)

☐ No (2)

HTOPS December 2025 Topical Questionnaire
Household Pulse Survey

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)

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 In your household, are there... Select all that apply. = Children 5 through 11 years old?

Or In your household, are there... Select all that apply. = Children 12 through 17 years old?

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

- ☐ Number enrolled in a public school (1)

- ☐ Number enrolled in a private school (2)

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

- ☐ None (4)
-

Display this question:

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

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

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

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

Display this question:

If Next, we are going to ask about the childcare arrangements for children in the household. At any... = Yes

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

- ☐ You (or another adult) took unpaid leave to care for the children (1)
- ☐ You (or another adult) used vacation, or sick days, or other paid leave in order to care for the children (2)
- ☐ You (or another adult) cut your work hours in order to care for the children (3)
- ☐ You (or another adult) left a job in order to care for the children (4)
- ☐ You (or another adult) lost a job because of time away to care for the children (5)
- ☐ You (or another adult) did not look for a job in order to care for the children (6)
- ☐ You (or another adult) supervised one or more children while working (7)
- ☐ Other (specify) (8)
-

☐ None of the above (9)

Display this question:

If In your household, are there... Select all that apply. = 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 In your household, are there... Select all that apply. = 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 How is the baby in your household fed (in addition to any solid foods the baby may be consuming)?... = Sometimes breastfeeding (or pumped breastmilk) and sometimes infant formula

Or How is the baby in your household fed (in addition to any solid foods the baby may be consuming)?... = Infant formula only

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

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

End of Block: Demographics

Start of Block: Employment

D14 Are you or your spouse currently serving in the U.S. Armed Forces (Active Duty, Reserve, or National Guard)?

Reserve and Guard members/spouses who are full-time active duty (AGR/FTS/AR) or currently "activated" should select the "Reserve or National Guard" response(s). Select all that apply.

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

Display D15 if D14 is No.

D15 Have you or your spouse ever served in the U.S. Armed Forces (Active Duty, Reserve, or National Guard)? *Select all the apply.*

- ☐ No (1)
- ☐ Yes, I served on active duty (2)
- ☐ Yes, I served in the Reserve or National Guard (3)
- ☐ Yes, my spouse served on active duty (4)

☐ Yes, my spouse served in the Reserve or National Guard (5)

EMP_Intro Now we are going to ask about your employment.

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

☐ Yes (1)

☐ No (2)

EMP2

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

☐ Yes (1)

☐ No (2)

Display this question:

If in the last 7 days, did you do ANY work for either pay or profit? Select only one answer. = Yes

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

☐ Government (1)

☐ Private company (2)

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

☐ Self-employed (4)

☐ Working in a family business (5)

Display this question:

If In the last 7 days, did you do ANY work for either pay or profit? Select only one answer. = No

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

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

Display this question:

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

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

- ☐ Yes, for 1-2 days (1)
- ☐ Yes, for 3-4 days (2)

☐ Yes, for 5 or more days (3)

☐ No (4)

display_HLTH Next, we will ask about health.

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

☐ No - no difficulty (1)

☐ Yes - some difficulty (2)

☐ Yes - a lot of difficulty (3)

☐ Cannot do at all (4)

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

☐ No - no difficulty (1)

☐ Yes - some difficulty (2)

☐ Yes - a lot of difficulty (3)

☐ Cannot do at all (4)

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

☐ No - no difficulty (1)

- ☐ Yes - some difficulty (2)
 - ☐ Yes - a lot of difficulty (3)
 - ☐ Cannot do at all (4)
-

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

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

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

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

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

- ☐ No - no difficulty (1)
- ☐ Yes - some difficulty (2)

☐ Yes - a lot of difficulty (3)

☐ Cannot do at all (4)

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

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

☐ Not at all (1)

☐ Several days (2)

☐ More than half the days (3)

☐ Nearly every day (4)

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

☐ Not at all (1)

☐ Several days (2)

☐ More than half the days (3)

☐ Nearly every day (4)

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

☐ Not at all (1)

☐ Several days (2)

☐ More than half the days (3)

☐ Nearly every day (4)

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

☐ Not at all (1)

☐ Several days (2)

☐ More than half the days (3)

☐ Nearly every day (4)

Display this question:

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

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

☐ Yes, all children needed mental health treatment (1)

☐ Yes, some but not all children needed mental health treatment (2)

☐ No, none of the children needed mental health treatment (3)

Display this question:

*If During the last 4 weeks, did any children in your household need mental health treatment?
Mental... = Yes, all children needed mental health treatment*

*Or During the last 4 weeks, did any children in your household need mental health treatment?
Mental... = Yes, some but not all children needed mental health treatment*

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

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

Display this question:

If Did the children who needed mental health treatment receive it? = Yes, all children who needed treatment received it

Or Did the children who needed mental health treatment receive it? = Yes, but only some children who needed treatment received it

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

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

Display this question:

If During the last 4 weeks, did any children in your household need mental health treatment? Mental... = Yes, all children needed mental health treatment

Or During the last 4 weeks, did any children in your household need mental health treatment? Mental... = Yes, some but not all children needed mental health treatment

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

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

☐ Did not try to get treatment (5)

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

| | Yes (1) | No (2) |
|--|-----------------------|-----------------------|
| Insurance through a current or former employer or union (through yourself or another family member) (1) | <input type="radio"/> | <input type="radio"/> |
| Insurance purchased directly from an insurance company, including marketplace coverage (through yourself or another family member) (2) | <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"/> |

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)

SOC6 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 2025)?

| | 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)

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 In the last 4 weeks, have you or a member of your household been directly affected by a shortage... = A medicine or medication that requires a prescription or is given by provider, pharmacist, or hospital

Or In the last 4 weeks, have you or a member of your household been directly affected by a shortage... = A medicine or medication that is sold over the counter (without a prescription)

Or In the last 4 weeks, have you or a member of your household been directly affected by a shortage... = A medical equipment or supplies used at home such as infusion pumps, glucose monitors, home ventilators, masks, gloves, etc.

Or In the last 4 weeks, have you or a member of your household been directly affected by a shortage... = 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)

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

- ☐ Enough of the kinds of food (I/we) wanted to eat (1)

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

Display this question:

If Getting enough food can be a problem for some people. In the last 7 days, which of these statemen... = Enough, but not always the kinds of food (I/we) wanted to eat

Or Getting enough food can be a problem for some people. In the last 7 days, which of these statemen... = Sometimes not enough to eat

Or Getting enough food can be a problem for some people. In the last 7 days, which of these statemen... = Often not enough to eat

And If

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

FD2

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

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

- ☐ Often true (1)
- ☐ Sometimes true (2)
- ☐ Never true (3)
-

Display this question:

If Getting enough food can be a problem for some people. In the last 7 days, which of these statemen... = Enough, but not always the kinds of food (I/we) wanted to eat

Or Getting enough food can be a problem for some people. In the last 7 days, which of these statemen... = Sometimes not enough to eat

Or Getting enough food can be a problem for some people. In the last 7 days, which of these statemen... = 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 In your household, are there... Select all that apply. = Children 5 through 11 years old?

Or In your household, are there... Select all that apply. = Children 12 through 17 years old?

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

- ☐ Yes (1)
 - ☐ No (2)
 - ☐ Not Applicable/don't have to pay for food at school (3)
-

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

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

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

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

Display this question:

If in the area where you live and shop, do you think prices in general have changed in the last 2 months? If yes, 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 The next questions ask about housing. Is your house or apartment...? Select only one answer. = Rented?

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

☐ Yes (1)

☐ No (2)

Display this question:

If The next questions ask about housing. Is your house or apartment...? Select only one answer. = Owned by you or someone in this household with a mortgage or loan (including home equity loans)?

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

☐ Yes (1)

☐ No (2)

Display this question:

If Is this household currently caught up on rent payments? Select only one answer. = No

Or Is this household currently caught up on mortgage payments? Select only one answer. = No

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

Display this question:

If Is this household currently caught up on rent payments? Select only one answer. = No

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

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

Display this question:

If Is this household currently caught up on mortgage payments? Select only one answer. = No

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

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

Display this question:

If How likely is it that your household will have to leave this home or apartment within the next 2... = Very likely

And How likely is it that your household will have to leave this home or apartment within the next 2... = Somewhat likely

Or How likely is it that your household will have to leave this home within the next 2 months becaus... = Very likely

Or How likely is it that your household will have to leave this home within the next 2 months becaus... = Somewhat likely

NEWHSE10 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)
-

Display this question:

If At any time in the last 12 months did you or a person that currently lives with you experience ho... =
Yes

NEWHSE12 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)

Display this question:

If At any time in the last 12 months did you or a person that currently lives with you experience ho... =
Yes

NEWHSE13 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 my needs (1)

☐ Enough transportation, but not always the kinds I want to use (2)

☐ Sometimes not enough transportation to meet my needs (3)

☐ Often not enough transportation to meet my needs (4)

☐ Always not enough transportation to meet my needs (5)

Display this question:

If Which one of the following statements best describes your access to transportation in the last 4... = Sometimes not enough transportation to meet my needs

Or Which one of the following statements best describes your access to transportation in the last 4... = Often not enough transportation to meet my needs

Or Which one of the following statements best describes your access to transportation in the last 4... = Always not enough transportation to meet my 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)

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)
