HTOPS September 2026 (2609) Instrument Specification

Survey Questionnaire

You have been invited to participate in the Household Trends and Outlook Pulse Survey, a large, national survey that will collect information on topics such as food and nutrition, transportation, employment, and education. You should have received a letter explaining this 20-minute survey.

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

Staff (employees and contractors) received training on privacy and confidentiality policies and practices; access to PII is restricted to authorized personnel only. Personally identifiable information collected includes name, address, telephone/cell phone number, DOB or age, email address, race or ethnicity. Furnishing this information is voluntary. Failure to do so will result in no consequences to you.

We estimate that completing the survey will take no more than 20 minutes. Send comments regarding this estimate or any other aspect of this survey to adrm.pra@census.gov. The U.S. Census Bureau is required by law to protect your information. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Federal law protects your privacy and keeps your answers confidential (Title 13, United States Code, Section 9 and Title 5, U.S. Code, Section 552a). This collection has been approved by the Office of Management and Budget (OMB). This eight-digit OMB approval number, 0607-1029, confirms this approval and expires on 9/30/2028. 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

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R1 **What year were you born?**

_____

R3 **The address we have on file appears below. Is this the address where you currently live? ${e://Field/ADDRESS1} ${e://Field/ADDRESS2} ${e://Field/CITY}, ${e://Field/STATE} ${e://Field/ZIP}**

- ○ Yes (1)
- ○ No (2)

INELIG **You are not eligible to complete this survey. Thank you for your time. Please close your browser window now.**

R2_new **What is your full name?**

- ○ First name _____
- ○ Last name _____

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

Please enter a number.

_____

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

Please enter a number.

_____

R_introA **Next are a few questions about you.**

DOB_AGE_S **What is your date of birth?**

Month Day Year

_____ ___ ____

AGE_VERIFY **Please verify or enter correct age.**
Age
____ years

SEX_S **Are you male or female?**

- ○ Male (1)
- ○ Female (2)

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

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

DEM3 **Are you of Hispanic, Latino, or Spanish origin?**

- ○ No, not of Hispanic, Latino, or Spanish origin (1)
- ○ Yes, of Hispanic, Latino, or Spanish origin (2)

DEM4 **What is your race?**

Select all that apply.

- [ ] White (1)
- [ ] Black or African American (2)
- [ ] American Indian or Alaska Native (3)
- [ ] Native Hawaiian or Other Pacific Islander (4)
- [ ] Asian (5)

DEM13_S **What is your marital status?**

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

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

If currently enrolled, select the previous grade or highest degree received.

NO SCHOOLING COMPLETED

- ○ No schooling completed (1)

LESS THAN GRADE 1

- ○ Nursery school (2)
- ○ Kindergarten (3)

GRADE 1 THROUGH GRADE 12

- ○ Grade 1 through 11 (4) - Specify:_____
- ○ 12th grade – NO DIPLOMA (5)

HIGH SCHOOL GRADUATE

- ○ Regular high school diploma (6)
- ○ GED or alternative credential (7)

COLLEGE OR SOME COLLEGE

- ○ Some college credit, but less than 1 year of college credit (8)
- ○ 1 or more years of college credit, no degree (9)
- ○ Associate's degree *(for example: AA, AS)* (10)
- ○ Bachelor's degree *(for example: BA, BS)* (11)

AFTER BACHELOR'S DEGREE

- ○ Master's degree *(for example: MA, MS, MEng, MEd, MSW, MBA)* (12)
- ○ Professional degree beyond a bachelor's degree *(for example: MD, DDS, DVM, LLB, JD)* (13)
- ○ Doctorate degree *(for example: PhD, EdD)* (14)

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

Select all that apply.

- ☒ No
- ☐ Yes, I'm serving on active duty
- ☐ Yes, I'm serving in the Reserve or National Guard
- ☐ Yes, my spouse is serving on active duty
- ☐ Yes, my spouse is serving in the Reserve or National Guard

DEM15 **Have you or your spouse EVER served in the U.S. Armed Forces (Active Duty, Reserve, or National Guard)?**

Select all that apply.

- ☒ No
- ☐ Yes, I served on active duty
- ☐ Yes, I served in the Reserve or National Guard
- ☐ Yes, my spouse served on active duty
- ☐ Yes, my spouse served in the Reserve or National Guard

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

- ○ Yes (1)
- ○ No (2)

LANG2 **What language is regularly spoken at home?**

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

- ○ Spanish or Spanish Creole (1)
- ○ English (2)
- ○ Chinese (3)
- ○ French (including Patois, Cajun) (4)
- ○ French Creole (5)
- ○ Tagalog or Filipino (6)
- ○ Vietnamese (7)
- ○ German (8)
- ○ Korean (9)
- ○ Russian (10)
- ○ Italian (11)
- ○ Hindi or Urdu (12)
- ○ Arabic (13)
- ○ Portuguese or Portuguese Creole (14)
- ○ Polish (15)
- ○ Persian (16)
- ○ Gujarati (17)
- ○ Other (18) - Specify: _____

LANG3 **How well do you speak English?**

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

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)

D12 **In your household, are there…**

Select all that apply.

- ☐ Children under 1 year old?
- ☐ Children 1 through 4 years old?
- ☐ Children 5 through 11 years old?
- ☐ Children 12 through 17 years old?

D13 **During the school year that began in [SCHOOL YEAR], 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 _____
- ☐ Number enrolled in a private school _____
- ☐ Number homeschooled, that is not enrolled in public or private school _____
- ☐ ⊗ None

EMP7 **Next, we are going to ask about the child care 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 child care 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 child care that were unavailable.

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

EMP8 **Which if any of the following occurred in the LAST 4 WEEKS as a result of child care 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
- ☐ You (or another adult) used vacation, or sick days, or other paid leave in order to care for the children
- ☐ You (or another adult) cut your work hours in order to care for the children
- ☐ You (or another adult) left a job in order to care for the children
- ☐ You (or another adult) lost a job because of time away to care for the children
- ☐ You (or another adult) did not look for a job in order to care for the children
- ☐ You (or another adult) supervised one or more children while working
- ☐ Other - Specify: _____
- ☒ None of the above

INF2 **How many months old is the baby or infant in your household?**

If there is more than one, please report the age of the youngest.

- ○ Under 6 months (1)
- ○ Between 6 months and 9 months (2)
- ○ Between 9 months and 12 months (3)

INF5 **How is the baby in your household fed (in addition to any solid foods the baby may be consuming)?**

If there is more than one baby, please report on the youngest.

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

INF6 **In the LAST 4 WEEKS, did you have difficulty getting infant formula?**

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

EMP_Intro **Now we are going to ask about your employment.**

EMP1 **Have you, or has anyone in your household, experienced a loss of employment income in the LAST 4 WEEKS?**

- ○ Yes (1)
- ○ No (2)

EMP2 **In the LAST 7 DAYS, did you do ANY work for either pay or profit?**

- ○ Yes (1)
- ○ No (2)

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

- ○ Government (1)
- ○ Private company (2)
- ○ Non-profit organization including tax-exempt and charitable organizations (3)
- ○ Self-employed (4)
- ○ Working in a family business (5)

EMP4 **What is your main reason for not working for pay or profit? 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)
- ○ I am/was unable to find work (9)
- ○ Other reason (10) - Specify:_____

SPN5_DAYSTW_2 **In the LAST 7 DAYS, have you teleworked or worked from home?**

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

AI1 **What is your occupation?**

- ○ Computer occupations (for example, computer support specialists, software developers, data scientists) (1)
- ○ Construction and skilled trades, production, transportation, and material moving occupations (2)
- ○ Education and social services and arts, design, entertainment, and media occupations (3)
- ○ Engineering, architecture, and life, physical, and social sciences occupations (4)
- ○ Farming, fishing, and forestry (5)
- ○ Healthcare practitioners and healthcare support occupations (6)
- ○ Management, business operations, financial, and legal occupations (7)
- ○ Office and administrative support occupations (8)
- ○ Sales occupations (9)
- ○ Security, safety, food, cleaning, groundskeeping, and personal care services occupations (10)

AI2 **Artificial intelligence (AI) is the capability of computational systems to perform tasks typically associated with human intelligence, such as learning, reasoning, problem-solving, perception, and decision-making.** This includes standalone tools like ChatGPT or Gemini, as well as AI features built into apps, devices, search engines, or software, such as search summaries or writing suggestions.

IN YOUR WORK, have you used AI to do any of the following tasks?

Select Yes or No for each.

	Yes (1)	**No** (2)
Administrative tasks	○	○
Coding or modeling	○	○
Customer support	○	○
Data analysis and visualization	○	○
Generating ideas	○	○
Interpreting, translating, or summarizing	○	○
Managing logistics or supply chains	○	○
Medical care	○	○
Searching for information or technical help	○	○
Tutoring, training, or educational assistance	○	○
Writing communications, documentation, or instructions	○	○

AI3 **AT WORK, how often did you use AI last week?**

- ○ Used every day last week (1)
- ○ Used at least 1 day last week, but not every day (2)
- ○ Did not use last week (3)

AI4 **If you had NOT been able to use AI at work last week, how many additional hours would you have needed to complete the same amount of work?**

- ○ Less than 1 hour (1)
- ○ 1 hour (2)
- ○ 2 hours (3)
- ○ 3 hours (4)
- ○ 4 hours (5)
- ○ More than 4 hours (6)
- ○ No time savings (7)
- ○ Required additional time (8)

AIP_INTRO **Now thinking about your life outside of work…**

AIP1 **In the last 2 months, have YOU used an AI tool for any of the following activities?**

Select all that apply.

- ☐ ⊗ I have not used an AI tool in the last 2 months
- ☐ Finding factual information
- ☐ Brainstorming or generating ideas
- ☐ Writing, editing, or translating text
- ☐ Assisting with schoolwork or learning
- ☐ Assisting with creative tasks (such as creating images, music, or writing)
- ☐ Searching for jobs or work opportunities
- ☐ Looking for housing or apartments
- ☐ Understanding government benefits or public services
- ☐ Getting health or medical information
- ☐ Mental health or emotional support
- ☐ Comparing financial products or services

AIP2 **Outside of work or school, how often did you personally use AI tools in the last 2 months?**

- ○ Every day or almost every day
- ○ Several times a week
- ○ Several times a month
- ○ Once or twice in the last 2 months

AIP3 **Please indicate whether you agree or disagree with the following statements.**

Statement	**Strongly agree**	**Somewhat agree**	**Somewhat disagree**	**Strongly disagree**
Content generated by AI is useful for the kinds of tasks I want to complete	o	o	o	o
I feel prepared to use AI in daily life	o	o	o	o
I trust information generated by AI systems	o	o	o	o
AI tools help me complete tasks more quickly	o	o	o	o
I am concerned about AI's impact on jobs and careers	o	o	o	o
I am concerned about how AI systems use personal data	o	o	o	o

AIP4 **In the last 2 months, have you actively avoided or opted out of using AI?**

Examples may include disabling AI-generated summaries, turning off an AI assistant or feature, or avoiding use of an AI-based application.

- ○ Yes
- ○ No
- ○ Not sure

AI-JOB1 (Job Search Screener)
In the last 2 months, have you searched for jobs or explored new work opportunities?

- ○ Yes
- ○ No

AI-JOB2 **In the last 2 months, did you use AI tools for any of the following job search activities?**

Select all that apply.

- ☐ Finding or evaluating job opportunities
- ☐ Preparing application materials
- ☐ Preparing for interviews
- ☐ Assistance during a live interview or assessment
- ☐ Learning or practicing job-related skills
- ☐ ⊗ None of the above
- ☐ Other – Specify: _____

AI-JOB3 **Overall, how much did AI tools help with your job search activities?**

- ○ Helped a lot
- ○ Helped somewhat
- ○ Did not make much difference
- ○ Made it somewhat more difficult
- ○ Made it much more difficult

AI-JOB4 **Did you receive a job offer in the last 2 months?**

- ○ Yes
- ○ No

display_HLTH **Next, we will ask about health.**

DIS1 **Do you have difficulty seeing, even when wearing glasses?**

- ○ 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?**

- ○ 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?**

- ○ 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?**

- ○ 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?**

- ○ 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?**

- ○ 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?**

- ○ 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?**

- ○ 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?**

- ○ Not at all (1)
- ○ Several days (2)
- ○ More than half the days (3)
- ○ Nearly every day (4)

HLTH4 **Feeling down, depressed, or hopeless?**

- ○ Not at all (1)
- ○ Several days (2)
- ○ More than half the days (3)
- ○ Nearly every day (4)

MH1 **During the LAST 4 WEEKS, did any children in your household need mental health treatment?**

Mental health treatment includes health services like counseling or medication.

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

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

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

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

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

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

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

HLTH8 **Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans?**

Do NOT include plans that cover only one type of service, such as dental, drug, or vision plans.

Select all that apply.

YES, INSURED

- ○ Insurance through a current or former employer or union (through yourself or another family member)
- ○ Medicare, for people 65 and older, or people with certain disabilities
- ○ Medicaid, Children's Health Insurance Program (CHIP), or any kind of government-assistance plan for those with low incomes or a disability
- ○ Insurance purchased directly from an insurance company, including marketplace coverage (through yourself or another family member)
- ○ Veteran's health care (enrolled for VA)
- ○ TRICARE or other military health care
- ○ Indian Health Service
- ○ Any other type of health insurance or health coverage plan - Specify:_____

NO, UNINSURED

- ○ No health insurance or health coverage plan

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 a week (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 times (2)
- ○ 4 to 11 times (3)
- ○ 12 or more times (4)

FALLVAC **Have you received the following vaccines THIS SEASON (that is, since August 2026)?**

	Yes (1)	No (2)
COVID	○	○
Flu	○	○

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)

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

- ○ Yes (1)
- ○ No (2)

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
- ☐ A medicine or medication that is sold over the counter (without a prescription)
- ☐ Medical equipment or supplies used at home such as infusion pumps, glucose monitors, home ventilators, masks, gloves, etc.
- ☐ Other critical medical products - Specify:_____
- ☐ ⊗ My household has not been affected by any of these shortages

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
- ☐ Spent more money or time to find the medication, equipment, or medical products
- ☐ Delayed, stopped, rationed or re-used medication, equipment, or medical products
- ☐ Delayed or canceled a medical procedure or treatment because medication, equipment or products needed for care were not available to me or a provider
- ☐ Consulted a medical professional or other sources to help me get medication, equipment, or medical products
- ☐ Experienced negative physical health impacts
- ☐ Experienced negative mental health impacts
- ☐ ⊗ I don't know
- ☐ Other - Specify:_____

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?**

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

FD2 **Please indicate whether the next statement was often true, sometimes true, or never true in the LAST 7 DAYS for the children living in your household who are under 18 years old.**

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

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

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

- ☐ Couldn't afford to buy more food
- ☐ 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)
- ☐ Couldn't go to store due to safety concerns
- ☐ ⊗ None of the above

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?**

- ○ 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
- [ ] WIC (Special Supplemental Nutrition Program for Women, Infants, and Children)
- [ ] Free or reduced-price meals at school through NSLP (National School Lunch Program)
- [ ] ⊗ None of these

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?**

- ○ 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?**

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

INFLATE2 **How stressful, if at all, has the increase in prices IN THE LAST 2 MONTHS been for you?**

- ○ 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?**

- ○ Very concerned (1)
- ○ Somewhat concerned (2)
- ○ A little concerned (3)
- ○ Not at all concerned (4)

HSE1 **The next questions ask about housing.**
Is your house or apartment…?

- ○ Owned by you or someone in this household free and clear (1)
- ○ Owned by you or someone in this household with a mortgage or loan (including home equity loans) (2)
- ○ Rented (3)
- ○ Occupied without payment of rent (4)

HSE3 **Is this household CURRENTLY caught up on rent payments?**

- ○ Yes (1)
- ○ No (2)

HSE4 **Is this household CURRENTLY caught up on mortgage payments?**

- ○ Yes (1)
- ○ No (2)

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

_____

HSE8 **How likely is it that your household will have to leave this home or apartment within the NEXT 2 MONTHS because of eviction?**

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

HSE9 **How likely is it that your household will have to leave this home within the NEXT 2 MONTHS because of foreclosure?**

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

NEWHSE10 **If you (and your household) did have to leave, where do you think you would go?**

- ○ 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)

NEWHSE12 **Where did you or that person live or stay when experiencing homelessness?**

Select all that apply.

- ☐ In a homeless shelter
- ☐ On the streets/tent/car/abandoned building
- ☐ Sleeping temporarily on someone's couch
- ☐ Other
- ☐ ⊗ Don't know

NEWHSE13 **Were you the person who experienced homelessness? If not, how is that person related to you?**

Select all that apply.

- ☐ It was me
- ☐ My spouse/partner
- ☐ My child 18 or older
- ☐ My child under age 18
- ☐ Parent
- ☐ Sibling
- ☐ Other family member
- ☐ Unrelated person

HSE14 **In the LAST 2 MONTHS, did your household reduce or forego expenses for basic household necessities, such as medicine or food, in order to pay an energy bill?**

- ○ Yes (1)
- ○ No (2)

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

- ○ Yes (1)
- ○ No (2)

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

- ○ Yes (1)
- ○ No (2)

HEAT1 **Which of the following cooling devices do you have in your home?**

Select all that apply.

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

HEAT2 **This summer, have you been able to keep your home at a safe and healthy temperature on hot days?**

- ○ Yes (1)
- ○ Sometimes (2)
- ○ No (3)

HEAT3 **What prevents you from keeping your home safe and healthy temperature?**

Select all that apply.

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

HEAT4 **What prevents you from keeping your home safe and healthy temperature?**

Select all that apply.

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

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

- ○ Yes (1)
- ○ No (2)
- ○ We don't need to go to a cooling shelter (3)

HEAT6 **Do you face any of these issues with the cooling shelter?**

Select all that apply.

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

HEAT7 **Why don't you go to a cooling shelter on hot days?**

Select all that apply.

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

HEAT8 **Do you have any health conditions that may increase the risk of heat-related illness?**

Examples include heart disease, respiratory conditions, diabetes, or taking medications that affect body temperature regulation

- ○ Yes (1)
- ○ No (2)
- ○ Not Sure (3)

HEAT9 **Which of the following apply?**

Select all that apply.

- ☐ Heart disease or circulation problems (1)
- ☐ Asthma or other respiratory conditions (2)
- ☐ Diabetes (3)
- ☐ Kidney disease (4)
- ☐ Medications that affect sweating or body temperature (5)
- ☐ Mobility limitations (6)
- ☐ Other (7) – Specify: _____

HEAT10 **On hot days have you or members of your household done any of the following to stay cool or reduce home cooling costs?**

Select all that apply.

- ☐ Used a public cooling shelter (e.g., government or non-profit facility) (1)
- ☐ Visited a public facility like a community center or library for air conditioning (2)
- ☐ Visited a commercial facility like a mall, movie theatre, or department store for air conditioning (3)
- ☐ Spent time in a friend or family member's air-conditioned home (4)
- ☐ Went to a public or private pool (5)
- ☐ Stayed in a hotel or short-term rental with air conditioning (6)
- ☐ Avoided using appliances (e.g., oven, dryer) to reduce indoor heat (7)
- ☒ Took no special actions (8)
- ☐ Other (9) – Specify:_____

TRANS1 **CURRENTLY, which of the following transportation options do you have access to:**

Select all that apply.

- [ ] Walk
- [ ] Bike or e-scooter
- [ ] Motorcycle or moped
- [ ] Your own personal vehicle (e.g., car, truck, SUV)
- [ ] A personal vehicle borrowed from a friend, family member, neighbor, coworker, or acquaintance (including carpooling)
- [ ] Rental car or carsharing service (e.g., Zipcar)
- [ ] Taxi service or rideshare (e.g., Uber, Lyft)
- [ ] Bus
- [ ] Rail transit (subway, light rail, streetcar, commuter rail)
- [ ] Ferryboat
- [ ] Paratransit (that is, specialized, door-to-door transport service for people with disabilities)
- [ ] Other methods - Specify:_____

TRANS2 **Which one of the following statements best describes your access to transportation in the LAST 4 WEEKS:**

- ○ Enough transportation to meet your needs (1)
- ○ Enough transportation, but not always the kinds you want to use (2)
- ○ Sometimes not enough transportation to meet your needs (3)
- ○ Often not enough transportation to meet your needs (4)
- ○ Always not enough transportation to meet your needs (5)

TRANS3 **If you do not have enough transportation to meet your needs, which of the following reasons explain why:**

Select all that apply.

- ☐ My transportation options are not available when I need them
- ☐ My transportation options require more travel time than I have available
- ☐ My transportation options are unpredictable (travel time, availability)
- ☐ My transportation options cost more than I can afford
- ☐ My transportation options feel unsafe
- ☐ I have a disability that limits my travel options or makes travel challenging
- ☐ ⊗ None of the above

TRANS4 **Last week, how many times did you drive a vehicle with a feature that can automatically control part of the driving (such as adjusting speed, steering within a lane, or braking)?**

- ○ 0 times (I did not drive a vehicle with these features last week) (1)
- ○ 1 to 2 times (2)
- ○ 3 to 4 times (3)
- ○ 5 to 6 times (4)
- ○ 7 or more times (5)

ArtsIntro **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)

DIET1 **In the last 2 months, which statement best describes changes in the amount of full-fat dairy products without added sugar in your diet?**

Examples include whole milk and plain whole milk yogurt.

- ○ I ate more full-fat dairy products without added sugar (1)
- ○ I ate about the same amount (2)
- ○ I ate fewer full-fat dairy products without added sugar (3)
- ○ I don't know (4)
- ○ I do not eat dairy products (5)

DIET2 **In the last 2 months, which statement best describes changes in the amount of protein in your diet?**

Protein foods include animal sources of protein such as eggs, poultry, seafood and plant-sourced protein, such as beans, legumes, nuts and soy.

- ○ I ate more protein (1)
- ○ I ate the same amount of protein (2)
- ○ I ate less protein (3)
- ○ I don't know (4)

DIET3 **In the last 2 months, which statement best describes changes to the amount of highly processed foods in your diet?**

Highly processed foods include packaged snacks, sugary cereals, fast food, frozen meals, and soft drinks.

- ○ I ate more highly processed foods (1)
- ○ I ate the same amount of highly processed foods (2)
- ○ I ate fewer highly processed foods (3)
- ○ I don't know (4)

DIET4 **The U.S. government recently updated the Dietary Guidelines for Americans with messages such as "Eat Real Food" and changes to the Food Pyramid. Which statement best describes your response to the updated Dietary Guidelines?**

- ○ I used the updated guidelines to make changes to my diet (1)
- ○ I did not use the updated guidelines to make changes to my diet (2)
- ○ I am not aware of the updated guidelines (3)

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)

TRUST_INTRO **The next questions are about institutions in American society.**

TRUST2_1 **How much confidence do you, yourself, have in the military?**

- ○ A great deal (1)
- ○ Quite a lot (2)
- ○ Some (3)
- ○ Very little (4)

TRUST2_2 **How much confidence do you, yourself, have in the police?**

- ○ A great deal (1)
- ○ Quite a lot (2)
- ○ Some (3)
- ○ Very little (4)

TRUST2_3 **How much confidence do you, yourself, have in the U.S. Supreme Court?**

- ○ A great deal (1)
- ○ Quite a lot (2)
- ○ Some (3)
- ○ Very little (4)

TRUST2_4 **How much confidence do you, yourself, have in the presidency?**

- ○ A great deal (1)
- ○ Quite a lot (2)
- ○ Some (3)
- ○ Very little (4)

TRUST2_5 **How much confidence do you, yourself, have in public schools?**

- ○ A great deal (1)
- ○ Quite a lot (2)
- ○ Some (3)
- ○ Very little (4)

TRUST2_6 **How much confidence do you, yourself, have in the criminal justice system?**

- ○ A great deal (1)
- ○ Quite a lot (2)
- ○ Some (3)
- ○ Very little (4)

TRUST2_7 **How much confidence do you, yourself, have in Congress?**

- ○ A great deal (1)
- ○ Quite a lot (2)
- ○ Some (3)
- ○ Very little (4)

TRUST2_8 **How much confidence do you, yourself, have in the U.S. Census Bureau?**

- ○ A great deal (1)
- ○ Quite a lot (2)
- ○ Some (3)
- ○ Very little (4)

TRUST2_9 **How much confidence do you, yourself, have in U.S. statistical agencies?**

- ○ A great deal (1)
- ○ Quite a lot (2)
- ○ Some (3)
- ○ Very little (4)

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)

HTRUST_1 **In general, how much would you trust information about health or medical topics from a doctor?**

- ○ A great deal (1)
- ○ Quite a lot (2)
- ○ Some (3)
- ○ Very little (4)

HTRUST_2 **In general, how much would you trust information about health or medical topics from government health agencies?**

- ○ A great deal (1)
- ○ Quite a lot (2)
- ○ Some (3)
- ○ Very little (4)

HTRUST_3 **In general, how much would you trust information about health or medical topics from scientists?**

- ○ A great deal (1)
- ○ Quite a lot (2)
- ○ Some (3)
- ○ Very little (4)

HTRUST_4 **In general, how much would you trust information about health or medical topics from Artificial intelligence (AI) tools such as ChatGPT, Google Gemini, or Claude?**

- ○ A great deal (1)
- ○ Quite a lot (2)
- ○ Some (3)
- ○ Very little (4)

INC1 **In 2025 what was your total household income before taxes?**

- ○ Less than $25,000 (1)
- ○ $25,000 to $34,999 (2)
- ○ $35,000 to $49,999 (3)
- ○ $50,000 to $74,999 (4)
- ○ $75,000 to $99,999 (5)
- ○ $100,000 to $149,999 (6)
- ○ $150,000 to $199,999 (7)
- ○ $200,000 and above (8)

INTRO **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 skip past the questions or exit the survey by closing your browser. 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)

SUICIDE1a **Did any of the following situations contribute to your thoughts about suicide?** *Select all that apply.*

- ☐ Financial problem(s) (1)
- ☐ Job loss (2)
- ☐ Other job/school problem(s) (3)
- ☐ Relationship problem(s) (e.g., family, friends) (4)
- ☐ Mental health conditions (e.g., depression/anxiety) (5)
- ☐ Substance use (e.g., alcohol, other drugs) (6)
- ☐ Physical health problem(s) (7)
- ☐ Loneliness or social isolation (8)
- ☐ Experiences of discrimination (9)
- ☐ Death of family member(s) or loved one(s) (10)
- ☐ Criminal/legal problem(s) (11)
- ☐ Exposure to violence or other trauma (12)
- ☐ Concerns over current events/news (13)
- ☐ ⊗ None of the above (14)
- ☐ Other – Specify: (15)_____

SUICIDE1b **Do any of the following help you cope with your thoughts about suicide?**

Select all that apply.

- ☐ Talking with friends or family (1)
- ☐ Participating in support groups (2)
- ☐ Participating in group activities (e.g., exercise, volunteering) (3)
- ☐ Engaging in religious, cultural or spiritual activities (4)
- ☐ Talking with mental health professionals (5)
- ☐ Engaging with social media/digital technology (e.g., mobile apps, gaming, or online resources/ website (6)
- ☐ Engaging with Artificial Intelligence (AI) tools (7)
- ☐ 988 Suicide & Crisis Lifeline (8)
- ☐ Other – Specify: (9) _____

SUICIDE1c **To whom did you tell about these thoughts about suicide?**

Select all that apply.

- ☐ ⊗ I didn't tell anyone (1)
- ☐ Family member (2)
- ☐ Friend (3)
- ☐ Mental health provider (4)
- ☐ Healthcare provider (5)
- ☐ Coworker or teacher (6)
- ☐ Religious or spiritual advisor (7)
- ☐ Other – Specify: (8) _____

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)

CON6 **We may wish to ask follow up questions about this survey. Please provide a cell phone number, email address, or landline phone number where we can reach you:**

Cell phone number _____

Email address _____

Home phone number _____

CON3b **We send survey follow up messages 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)

RIP (URIP) **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)

OUTRO Those are all the questions we have for you today. Thank you for participating in the Household Trends and Outlook Pulse Survey. You can find more information about the survey at this website: https://www.census.gov/programs-surveys/htops.html.

Once your survey is submitted, you will not be able to access your information or change any of your responses. After you submit your responses and are shown the confirmation page, you may close the web browser.

If you are ready to submit your responses, please click the Submit button below.