

Household Trends and Outlook Pulse Survey (HTOPS) February 2025

INTRO_INCENTIVE Welcome! Thank you for participating in this survey as a member of the Household Trends and Outlooks Pulse Survey. This month, you will receive your \$5 incentive by email. Within two weeks of survey closing, you will receive an email containing a link to redeem your \$5 as a digital Mastercard/Visa or your choice of \$5 at various stores. This month's survey includes content from the Household Pulse Survey. It will be about 20 minutes and will help measure the impact of social and economic factors on topics like:

employment status food security housing security physical and mental wellbeing.

Language This survey is available in English and Spanish. Please select the language in which you prefer to complete the survey. If you would like to change your language selection later, please use the drop-down menu in the upper right corner of each page to select the language in which you prefer to complete the survey.

☐ English (1)

☐ Español (2)

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.

The February topical survey will include content from the Household Pulse Survey.

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Furnishing this information is voluntary. Failure to do so will result in no consequences to you.

We estimate that completing this voluntary survey will take 20 minutes on average. Send comments regarding this estimate or any other aspect of this survey to adm.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). 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>

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Q1 Our records have your name as \${e://Field/FirstNameFill} \${e://Field/LastNameFill}. 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) _____

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)

GET_NAME Our records have [\\${e://Field/FirstNameFill}](#) [\\${e://Field/LastNameFill}](#) as the primary respondent for your household. Please either ask [\\${e://Field/FirstNameFill}](#) [\\${e://Field/LastNameFill}](#) to complete the survey now, or share the link you used to access the survey with them.

- ☐ Continue survey now (1)
- ☐ End survey (2)

END Please close your browser window now. The survey can be continued at a later time using the same link.

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

LANG Including you and the adults regularly living with you, does anyone primarily speak a language other than [\\${e://Field/LANGfill}](#) at home?

- ☐ Yes (1)

☐ No (2)

LANG1_R What language is regularly spoken at home? *If more than one, select the language spoken most often.*

☐ Spanish or Spanish Creole (1)

☐ English (2)

☐ Chinese (3)

☐ French (including Patois, Cajun) (4)

☐ French Creole (5)

☐ Tagalog or Filipino (6)

☐ Vietnamese (7)

☐ German (8)

☐ Korean (9)

☐ Russian (10)

☐ Italian (11)

☐ Hindi or Urdu (12)

☐ Arabic (13)

☐ Portuguese or Portuguese Creole (14)

☐ Polish (15)

☐ Persian (16)

☐ Gujarati (17)

☐ Other, please specify: (18) _____

HOWWELL_R 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)
-

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

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)

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)

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)

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)

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**? *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)

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)

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) _____

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)

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? *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	<input type="radio"/>	<input type="radio"/>

for those with low incomes or
a disability (4)

TRICARE or other military
health care (5)

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

Indian Health Service (7)

Other (8)

☐☐☐☐☐☐☐☐

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

☐ Always (1)

☐ Usually (2)

☐ Sometimes (3)

☐ Rarely (4)

☐ Never (5)

SOC2_first How often do you feel lonely?

☐ Always (1)

☐ Usually (2)

☐ Sometimes (3)

☐ Rarely (4)

☐ Never (5)

SOCnew1 In a **typical week**, how often do you get together in person, or talk on the phone (or video) with family members, friends or neighbors? *Do not include text, DM or email.*

- ☐ Never (1)
- ☐ Less than once a week (2)
- ☐ 1 or 2 times a week (3)
- ☐ 3 or 4 times a week (4)
- ☐ 5 or more times a week (5)

SOCnew2 In a **typical year**, how often do you participate in meetings of the clubs or organizations you belong to such as volunteer groups, school groups, social clubs or gatherings or religious services?

- ☐ Never (1)
- ☐ Less than once a year (2)
- ☐ 1 to 3 times per year (3)
- ☐ 4 to 11 times per year (4)
- ☐ 12 or more times per year (5)

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

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

RSVVAC 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)

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)

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 (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)

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)

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)
-

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)

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

- ☐ Yes (1)
- ☐ No (2)

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

- ☐ 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? *Select only one answer.*

- ☐ 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? *Select only one answer.*

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

HSE10_rev 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)

HSE11_rev 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)

HSE12_rev In the **last 2 months**, was your household unable to pay an energy bill or unable to pay the full bill amount?

- ☐ Yes (1)
- ☐ No (2)

TRANS1 Currently, which of the following transportation options do you have access to: *Select all that apply.*

- ☐ Walk (1)
- ☐ Bike or e-scooter (2)
- ☐ Motorcycle or moped (3)
- ☐ Your own personal vehicle (e.g., car, truck, SUV) (4)
- ☐ A personal vehicle borrowed from a friend, family member, neighbor, coworker, or acquaintance (including carpooling) (5)
- ☐ Rental car or carsharing service (e.g., Zipcar) (6)
- ☐ Taxi service or rideshare (e.g., Uber, Lyft) (7)
- ☐ Bus (8)
- ☐ Rail transit (subway, light rail, streetcar, commuter rail) (9)
- ☐ Ferryboat (10)
- ☐ Paratransit (that is, specialized, door-to-door transport service for people with disabilities) (11)
- ☐ Other methods, please specify (12) _____

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

- ☐ Enough transportation to meet your needs (1)
- ☐ Enough transportation, but not always the kinds you want to use (2)

- ☐ Sometimes not enough transportation to meet your needs (3)
- ☐ Often not enough transportation to meet your needs (4)
- ☐ Always not enough transportation to meet your needs (5)

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)

NDX1 The next set of questions asks about natural disasters, such as hurricanes, floods and fires. Since January 2024 (last year), were you or was anyone currently living or staying with you affected by a natural disaster?

☐ Yes (1)

☐ No (2)

NDX2 What type of natural disaster? *Select all that apply.*

☐ Hurricane (1)

☐ Flood (2)

☐ Fire (3)

☐ Tornado (4)

☐ Volcanic activity (5)

☐ Earthquake (6)

☐ Landslide/mudslide/rockfall (7)

☐ Other, specify (8) _____

NDX3 Since January 2024 (last year), were you or was anyone currently living or staying with you displaced from their home because of a natural disaster?

☐ Yes (1)

☐ No (2)

NDX4 How many people currently living in your home were displaced because of a natural disaster?

☐ Adults (1) _____

☐ Children (2) _____

NDX5 How many times have you (or they) been displaced in 2024 due to a natural disaster?

☐ 1 time (1)

☐ 2 times (2)

☐ 3 times (3)

☐ 4 or more times (4)

NDX6 How long were you (or they) displaced from the home?

☐ Less than a week (1)

☐ More than a week but less than a month (2)

☐ One to two months (3)

☐ More than two months (4)

☐ Have not yet returned to home (or don't plan to) (5)

NDX7 Would you say that you are still in transition or are you now permanently settled in a home?

☐ In transition (1)

☐ In permanent home (2)

NDX8 Did you or your family share living quarters with relatives or friends, people you did not know, or did you not share living quarters with others? *Select all that apply.*

☐

Relatives or friends (1)

☐

People you did not know (2)

☐

Did not share living quarters with others (3)

NDX10 Altogether, how much damage to property or possessions did you (or they) experience as a result of natural disasters since January 2024 (last year)?

- ☐ Property has no damage (1)
- ☐ Property has some damage (2)
- ☐ Property is uninhabitable (3)
- ☐ Property is completely destroyed (4)

ND5intro For how long after the event did you (or they) experience any of the following:

ND5A A shortage of food?

- ☐ Not affected (1)
- ☐ 1-3 days (2)
- ☐ 4-6 days (3)
- ☐ 1-3 weeks (4)
- ☐ A month or more (5)

ND5AA Are you/they still experiencing a shortage of food?

- ☐ Yes (1)
- ☐ No (2)

ND5B A shortage of drinkable water?

- ☐ Not affected (1)
- ☐ 1-3 days (2)
- ☐ 4-6 days (3)
- ☐ 1-3 weeks (4)

☐ A month or more (5)

ND5BA Are you/they still experiencing a shortage of water?

☐ Yes (1)

☐ No (2)

ND5C Loss of electricity?

☐ Not affected (1)

☐ 1-3 days (2)

☐ 4-6 days (3)

☐ 1-3 weeks (4)

☐ A month or more (5)

ND5CA Are you/they still experiencing a loss of electricity?

☐ Yes (1)

☐ No (2)

ND5D Unsanitary conditions, such as inadequate toilets?

☐ Not affected (1)

☐ 1-3 days (2)

☐ 4-6 days (3)

☐ 1-3 weeks (4)

☐ A month or more (5)

ND5DA Are you/they still experiencing unsanitary conditions?

☐ Yes (1)

☐ No (2)

ND5E Feeling isolated, down, depressed, anxious, nervous or on edge?

☐ Not affected (1)

☐ 1-3 days (2)

☐ 4-6 days (3)

☐ 1-3 weeks (4)

☐ A month or more (5)

ND5EA Are you/they still experiencing feeling isolated, down, depressed, anxious nervous or on edge?

☐ Yes (1)

☐ No (2)

ND5F Fear of crime?

☐ Not affected (1)

☐ 1-3 days (2)

☐ 4-6 days (3)

☐ 1-3 weeks (4)

☐ A month or more (5)

ND5FA Are you/they still experiencing fear of crime?

☐ Yes (1)

☐ No (2)

ND5G Offers that seemed like a scam?

- ☐ Not affected (1)
- ☐ 1-3 days (2)
- ☐ 4-6 days (3)
- ☐ 1-3 weeks (4)
- ☐ A month or more (5)

ND5GA Are you/they still experiencing offers that seem like a scam?

- ☐ Yes (1)
- ☐ No (2)

ND5H Disruption to internet?

- ☐ Not affected (1)
- ☐ 1-3 days (2)
- ☐ 4-6 days (3)
- ☐ 1-3 weeks (4)
- ☐ A month or more (5)

ND5HA Are you/they still experiencing disruption to internet?

- ☐ Yes (1)
- ☐ No (2)

NDX11intro For how long after the event did you (or they) experience disruption to any of the following:

NDX11A Work?

- ☐ Not affected (1)
- ☐ 1-3 days (2)
- ☐ 4-6 days (3)
- ☐ 1-3 weeks (4)
- ☐ A month or more (5)

NDX11AA Are you/they still experiencing disruption to work?

- ☐ Yes (1)
- ☐ No (2)

NDX11B School/childcare?

- ☐ Not affected (1)
- ☐ 1-3 days (2)
- ☐ 4-6 days (3)
- ☐ 1-3 weeks (4)
- ☐ A month or more (5)

NDX11BA Are you/they still experiencing disruption to school/childcare?

- ☐ Yes (1)
- ☐ No (2)

NDX11C Medical services?

- ☐ Not affected (1)
- ☐ 1-3 days (2)
- ☐ 4-6 days (3)

☐ 1-3 weeks (4)

☐ A month or more (5)

NDX11CA Are you/they still experiencing disruption to medical services?

☐ Yes (1)

☐ No (2)

NDX13 Have you received any form of temporary housing assistance since the natural disaster?

☐ Yes (1)

☐ No (2)

NDX14 What is your most immediate need right now? *Select all that apply.*

☐

Food (1)

☐

Shelter (2)

☐

Medical assistance (3)

☐

Emotional support (4)

☐

Electricity (5)

☐

Access to Fresh Water (6)

☐

No immediate assistance needed (7)

NDX16 Did you (or they) have household insurance at the time of the disaster that covered the damage/loss related to the disaster?

☐ Yes (1)

☐ No (2)

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 [\\${e://Field/BestPhone}](#). 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

[\\${e://Field/INCENTfill}](#)

Our records have your email address as [\\${e://Field/BestEmail}](#). Is this correct?

- ☐ Yes (1)
- ☐ No (2)

Q10 [\\${e://Field/INCENTfill}](#) What is the best email address for us to reach you?

Q11_a Our records have the following address as your home address where we will mail incentives for taking surveys. Is this correct?

[\\${e://Field/BestAddress1}](#) [\\${e://Field/BestAddress2}](#)

[\\${e://Field/BestCity}](#), [\\${e://Field/BestState}](#) [\\${e://Field/BestZIP}](#)

- ☐ Yes (1)
- ☐ No (2)

Q_11b Our records have the following address as your home address where we will mail incentives for taking surveys. Is this correct? \${e://Field/BestAddress1}
\${e://Field/BestCity}, \${e://Field/BestState} \${e://Field/BestZIP}

☐ Yes (1)

☐ No (2)

Q12 Please enter your home address.

☐ Address 1 (2) _____

☐ Address 2 (3) _____

☐ City (4) _____

☐ State (5) _____

☐ ZIP Code (6) _____

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)

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.