

# Phase 3.5 Household Pulse Survey

Welcome! Thank you for participating in the **Household Pulse Survey** sponsored by the U.S. Census Bureau and other federal agencies.

This survey will help measure the impact of coronavirus (COVID-19) on topics like:

- employment status
- food security
- housing security
- physical and mental wellbeing.

In this survey we refer to the **coronavirus (COVID-19)** as **coronavirus**.

This survey is also available in Spanish. If you would like to change your language selection, 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.

This survey is a cooperative effort across many government agencies to provide critical, up-to-date information about the impact of the coronavirus (COVID-19) pandemic on the U.S. population. Completing this 20-minute survey will help federal, state, and local agencies identify coronavirus (COVID-19) related issues in your community.

## PRA

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](mailto: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 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, 0607-1013, confirms this approval and expires on 10/31/2023.

The uses of your data are limited to those identified in the Privacy Act System of Record Notice titled, "SORN COMMERCE/Census-3, Demographic Survey Collection (Census Bureau Sampling Frame)."

To learn more about this survey go to: <https://www.census.gov/householdpulsedata>.

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

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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)

These questions are for statistical purposes only.

D1 What year were you born? *Please enter a number.* \_\_\_\_\_

D2 Are you of Hispanic, Latino, or Spanish origin?

No, not of Hispanic, Latino, or Spanish origin (1)

Yes, Mexican, Mexican American, Chicano (2)

Yes, Puerto Rican (3)

Yes, Cuban (4)

Yes, another Hispanic, Latino, or Spanish origin (5) \_\_\_\_\_

D3 What is your race? *Please select all that apply.*

White (specify) (1) \_\_\_\_\_

Black or African American (specify) (2) \_\_\_\_\_

American Indian or Alaska Native (specify) (3) \_\_\_\_\_

Asian Indian (4)

Chinese (5)

Filipino (6)

Japanese (7)

Korean (8)

Vietnamese (9)

Other Asian (specify) (10) \_\_\_\_\_

Native Hawaiian (11)

Chamorro (12)

Samoan (13)

Other Pacific Islander (specify) (14) \_\_\_\_\_

D4 What is the highest degree or level of school you have completed? *Select only one answer.*

Less than high school (1)

Some high school (2)

- High school graduate or equivalent (for example GED) (3)
- Some college, but degree not received or is in progress (4)
- Associate's degree (for example AA, AS) (5)
- Bachelor's degree (for example BA, BS, AB) (6)
- Graduate degree (for example master's, professional, doctorate) (7)

D5 What is your marital status? *Select only one answer.*

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

D6 What sex were you assigned at birth, on your original birth certificate?

- Male (1)
- Female (2)

D7 Do you currently describe yourself as male, female or transgender?

- Male (1)
- Female (2)
- Transgender (3)

None of these (4)

D8 Just to confirm, you were assigned "\${D6/ChoiceGroup/SelectedChoices}" at birth and now you describe yourself as "\${D7/ChoiceGroup/SelectedChoices}". Is that correct?

Yes (1)

No (2)

D6\_correction Please confirm or correct your answer to the following question:  
\${D6/QuestionText}

Male (1)

Female (2)

D7\_correction Please confirm or correct your answer to the following question:  
\${D7/QuestionText}

Male (1)

Female (2)

Transgender (3)

None of these (4)

D9\_second 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)

Something else (4)

I don't know (5)

D10 How many total people – adults and children – **currently** live in your household, including yourself? *Please enter a number.* \_\_\_\_\_

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 5 years old? (1)

Children 5 through 11 years old? (2)

Children 12 through 17 years old? (3)

D13 During the school year that began in the **Summer / Fall of 2021**, how many children in this household were 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)

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)

The next set of questions ask about COVID-19 vaccination.

VAC1 Have you received at least one dose of a COVID-19 vaccine?

Yes (1)

No (2)

VAC2 Which of the following best describes your COVID-19 vaccine status (not including boosters)?

I received 1 dose of a 2-shot series like Moderna or Pfizer (1)

I received 2 doses of a 2-shot series or a single dose vaccine like Johnson & Johnson (2)

VAC2\_BOOSTER Have you received at least one COVID-19 vaccine booster?

Yes (1)

No (2)

VAC4\_B Which of the following, if any, are reasons that you have not received a COVID-19 booster dose? *Select all that apply.*

- I am not yet eligible to receive a COVID-19 booster dose (1)
- I plan to get a booster and am eligible, but haven't made an appointment or haven't had time to do it (2)
- I don't believe a COVID-19 booster is necessary (3)
- My doctor has not recommended it (4)
- I already had COVID-19 (5)
- I am not required to get a COVID-19 booster (by my work or school) (6)
- I experienced side effects from my previous dose(s) of the COVID-19 vaccine (7)
- It's hard for me to get a COVID-19 booster dose because I do not have transportation or cannot get an appointment (8)
- Other (please specify) (9) \_\_\_\_\_

VAC5\_A Have any of the children living in your household received at least one dose of a COVID-19 vaccine? *Please respond "yes" if any of the children living in your household have received at least one dose, even if some of the children have not.*

- Yes (1)
- No (2)
- Don't know (3)

VAC5\_C2 Have any of the children 5-11 years old received a booster or additional doses of a COVID-19 vaccine?



Yes (1)

No (2)

Don't know (3)

VAC5\_B3 Are any of the children 12-17 years old fully vaccinated against COVID-19?

Yes (1)

No (2)

Don't know (3)

VAC5\_C3 Have any of the children 12-17 years old received a booster or additional doses of a COVID-19 vaccine?

Yes (1)

No (2)

Don't know (3)

VAC6 Now that vaccines to prevent COVID-19 are available to most children, will the parents or guardians of children living in your household...

	Definitely get the children a vaccine (1)	Probably get the children a vaccine (2)	Be unsure about getting the children a vaccine (3)	Probably NOT get the children a vaccine (4)	Definitely NOT get the children a vaccine (5)	I do not know the plans for vaccination (6)
Children 5-11 years old (VAC6_2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children 12-17 years old (VAC6_3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

VAC7 Which of the following, if any, are reasons that the parents or guardians of children living in your household may not or will not get a vaccine for all of the children? *Select all that apply.*

- Concern about possible side effects of a COVID-19 vaccine for children (1)
- Plan to wait and see if it is safe and may get it later (2)
- Not sure if a COVID-19 vaccine will work for children (3)
- Don't believe children need a COVID-19 vaccine (4)
- The children in this household are not members of a high-risk group (5)
- The children's doctor has not recommended it (6)
- Other people need it more than the children in this household do right now (7)
- Concern about missing work to have the children vaccinated (8)
- Unable to get a COVID-19 vaccine for children in this household (9)
- Parents or guardians in this household do not vaccinate their children (10)
- Don't trust COVID-19 vaccines (11)
- Don't trust the government (12)
- Concern about the cost of a COVID-19 vaccine (13)
- Other (specify) (14) \_\_\_\_\_

VAC8\_B Have you ever tested positive for COVID-19 (using a rapid point-of-care test, self-test, or laboratory test) or been told by a doctor or other health care provider that you have or had COVID-19?

Yes (1)

No (2)

VAC8\_C When did you test positive or were told you have or had COVID-19?

Within the last four weeks (1)

More than four weeks ago (2)

Both (3)

TREAT1\_A The FDA has issued emergency use authorizations (EUAs) for a number of treatments for COVID-19 for people at high risk of severe disease. These include oral antiviral medications or pills that can be taken at home, and monoclonal antibody treatments that can be administered at a doctor's office or hospital. When you had COVID-19 in the past 4 weeks, did you receive an antiviral or monoclonal antibody treatment, such as a pill or IV infusion?

	Yes (1)	No (2)
Oral antiviral medications (examples: Paxlovid, molnupiravir) (1)	<input type="radio"/>	<input type="radio"/>
Monoclonal antibody treatments (example: sotrovimab) (2)	<input type="radio"/>	<input type="radio"/>

TREAT2\_A Which of the following, if any, are reasons that you did not take antivirals or monoclonal antibodies? *Select all that apply.*

I wasn't very sick / I had no symptoms (1)

I didn't think I needed a treatment (2)

I am not a member of a high-risk group (3)

My healthcare provider did not offer or recommend them (4)

I was concerned about possible side effects of these treatments (5)

I was concerned about cost (6)

I didn't think these treatments were effective (7)

It was hard for me or my healthcare provider to get them (8)

I hadn't heard of them (9)

Other (please specify) (10) \_\_\_\_\_

PASC1 How would you describe your coronavirus symptoms when they were at their worst?

I had no symptoms (1)

I had mild symptoms (2)

I had moderate symptoms (3)

I had severe symptoms (4)

PASC2 Did you have any symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19? *Long term symptoms may include: Tiredness or fatigue, difficulty thinking, concentrating, forgetfulness, or memory problems (sometimes referred to as "brain fog"), difficulty breathing or shortness of breath, joint or muscle pain, fast-beating or pounding heart (also known as heart palpitations), chest pain, dizziness on standing, menstrual changes, changes to taste/smell, or inability to exercise.*

Yes (1)

No (2)

PASC3 Do you have symptoms now?

Yes (1)

No (2)

EMP1 Now we are going to ask about your employment.

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 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 sick with coronavirus symptoms or caring for someone who was sick with coronavirus symptoms (2)
- I am/was caring for children not in school or daycare (3)
- I am/was caring for an elderly person (4)
- I was concerned about getting or spreading the coronavirus (5)
- I am/was sick (not coronavirus related) or disabled (6)
- I am retired (7)
- I am/was laid off or furloughed due to coronavirus pandemic (8)
- My employer closed temporarily due to the coronavirus pandemic (9)
- My employer went out of business due to the coronavirus pandemic (10)
- I do/did not have transportation to work (11)
- Other reason, please specify (12) \_\_\_\_\_

EMP5 In the **last 7 days**, have you worked or volunteered **outside your home**? *Select only one answer.*

- Yes (1)
- No (2)

EMP6 In the **last 7 days**, which best describes the primary location/setting where you worked or volunteered **outside your home**? *Select only one answer.*

- Hospital (1)
- Nursing and residential healthcare facility (2)

- Pharmacy (3)
- Ambulatory healthcare (e.g. doctor, dentist or mental health specialist office, outpatient facility, medical and diagnostic laboratory, home health care) (4)
- Social service (e.g., child, youth, family, elderly, disability services) (5)
- Preschool or daycare (6)
- K-12 school (7)
- Other schools and instructional settings (e.g. college, university, professional, business, technical or trade school, driving school, test preparation, tutoring) (8)
- First response (e.g., police or fire protection, emergency relief services) (9)
- Death care (e.g., funeral home, crematory, cemetery) (10)
- Correctional facility (e.g., jail, prison, detention center, reformatory) (11)
- Food and beverage store (e.g., grocery store, warehouse club, supercenters, convenience store, specialty food store, bakery) (12)
- Agriculture, forestry, fishing, or hunting (13)
- Food manufacturing facility (e.g., meat-processing, produce packing, food or beverage manufacturing) (14)
- Non-food manufacturing facility (e.g. metals, equipment and machinery, electronics) (15)
- Public transit (e.g., bus, commuter rail, subway, school bus) (16)
- United States Postal Service (17)
- Other job deemed "essential" during the COVID-19 pandemic (18)
- None of the above (19)

EMPUI1 Since **January 1, 2022**, have you applied for Unemployment Insurance (UI) benefits?  
*Select only one answer.*

Yes (1)

No (2)

EMPUI2 Since **January 1, 2022**, have you received Unemployment Insurance (UI) benefits?  
*Select only one answer.*

Yes (1)

No (2)

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

Yes (1)

No (2)

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)

SPN1 On your 2021 Federal tax return, did you or someone in your household claim the "Child Tax Credit," that is the expanded credit as part of the Federal Government's 2021 American Rescue Plan? This credit would have been claimed on line 28 of your Form 1040 of your federal tax return.

- Yes (1)
- No (2)
- Have not filed 2021 Federal taxes yet (3)

SPN1\_refund In the **last 4 weeks**, did you receive a refund from your 2021 federal tax return?

Yes (1)

No (2)

SPN2 Thinking about your use of the “Child Tax Credit” portion of your refund did you:

Mostly spend it (1)

Mostly save it (2)

Mostly use it to pay off debt (3)

SPN3 What did you and your household mostly spend the “Child Tax Credit” portion of your refund payment on? *Select all that apply.*

- Food (groceries, eating out, take out) (1)
- Clothing (including accessories or shoes) (2)
- Childcare (formal facility, paying family or caregiver directly) (3)
- School books and supplies (4)
- School tuition (5)
- Tutoring services (6)
- After school programs (other than tutoring and childcare) (7)
- Transportation for school (bus service, metro, etc..) (8)
- Recreational goods (sports and fitness equipment, bicycles, toys, games) (9)
- Rent (10)
- Mortgage (scheduled or monthly) (11)
- Utilities and telecommunications (natural gas, electricity, cable, internet, cellphone) (12)
- Vehicle payments (scheduled or monthly) (13)
- Paying down credit card, student loans, or other debts (14)
- Charitable donations or giving to family members (15)
- Savings or investments (16)

Other, specify (17) \_\_\_\_\_

The next questions ask about your household's spending in the **last 7 days**. Please only include experiences that occurred in the **last 7 days**.

SPN4 In the **last 7 days**, 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)

SPN5\_DAYSTW In the **last 7 days**, have you or any of the people in your household 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)

SPN6 Thinking about your experience in the **last 7 days**, which of the following did you or your household members use to meet your spending needs? *Select all that apply.*

Regular income sources like those received before the pandemic (1)

Credit cards or loans (2)

- Money from savings or selling assets or possessions (including withdrawals from retirement accounts) (3)
- Borrowing from friends or family (4)
- Unemployment insurance (UI) benefit payments (5)
- Stimulus (economic impact) payment (6)
- Child Tax Credit payment (7)
- Money saved from deferred or forgiven payments [to meet your spending needs] (8)
- Supplemental Nutrition Assistance Program (SNAP) (9)
- School meal debit/EBT cards (10)
- Government rental assistance (11)
- Other, specify: (12) \_\_\_\_\_

The next questions are about how much money you and your household spend on food at supermarkets, grocery stores, other types of stores, and food service establishments, like restaurants and drive-thrus. When you answer these questions, please do not include money spent on alcoholic beverages.

Q28 During the **last 7 days**, how much money did you and your household spend on food at supermarkets, grocery stores, online, and other places you buy food to prepare and eat at home? Please include purchases made with SNAP or food stamps. *Enter amount.*

\_\_\_\_\_

Q28\_warn **Please do not include any special characters such as , - % + \$ in your response above. Enter only numbers.**

Q28\_check You said that you spent \$\$Q28/ChoiceTextEntryValue}.00 on food at supermarkets, grocery stores, online, and other places during the **last 7 days**. This amount seems unusually high. Are you sure it is the correct amount?

- Yes (1)
- No, I need to correct the amount (2)

Q28\_correction **Please provide the correct amount (or your best estimate).**  
During the **last 7 days**, how much money did you and your household spend on food at supermarkets, grocery stores, online, and other places you buy food to prepare and eat at home? Please include purchases made with SNAP or food stamps. *Enter amount.*

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Q28\_warn2 **Please do not include any special characters such as , - % + \$ in your response above. Enter only numbers.**

Q29 During the **last 7 days**, how much money did you and your household spend on prepared meals, including eating out, fast food, and carry out or delivered meals? Please include money spent in cafeterias at work or at school or on vending machines. Please do not include money you have already told us about in the previous question. *Enter amount.*

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Q29\_warn **Please do not include any special characters such as , - % + \$ in your response above. Enter only numbers.**

Q29\_check You said that you spent \$\$Q29/ChoiceTextEntryValue}.00 on prepared meals during the **last 7 days**. This amount seems unusually high. Are you sure it is the correct amount?

- Yes (1)
- No, I need to correct the amount (2)

Q29\_correction **Please provide the correct amount (or your best estimate).**  
During the last 7 days, how much money did you and your household spend on prepared meals,

including eating out, fast food, and carry out or delivered meals? Please include money spent in cafeterias at work or at school or on vending machines. Please do not include money you have already told us about in the previous question. *Enter amount.*

---

Q29\_warn2 **Please do not include any special characters such as , - % + \$ in your response above. Enter only numbers.**

FD1 Getting enough food can also 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)

FD5 In the **last 7 days**, did the children in this household... *Select all that apply.*

- Pick up free meals at a school or other location (1)
- Receive or use an EBT card to help buy groceries (2)
- Eat free meals on-site, at school or other location (3)
- Have free meals delivered (4)
- Children did not receive free meals or food assistance (5)

FD6 Do you or does anyone in your household receive benefits from the Supplemental Nutrition Assistance Program (SNAP) or the Food Stamp Program? *Select only one answer.*

- Yes (1)
- No (2)



Next, we will ask about health and medical care.

HLTH1 Over the **last 2 weeks**, how often have you been bothered by... 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 Over the last 2 weeks, how often have you been bothered by... 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 Over the last 2 weeks, how often have you been bothered by... 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 Over the last 2 weeks, how often have you been bothered by... 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)

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"/>

HLTH9 At any time in the **last 4 weeks**, did you have an appointment with a doctor, nurse, or other health professional by video or by phone? *Please only include appointments for yourself and not others in your household.*

Yes (1)

No (2)

HLTH10 Did the appointment(s) take place over the phone without video or did the appointment(s) use video? *Select all that apply.*

Phone appointments without video (1)

Video appointments (2)

HLTH11 At any time in the **last 4 weeks**, did any children in the household have an appointment with a doctor, nurse, or other health professional by video or by phone? *Select only one answer.*

Yes (1)

No (2)

HLTH12 Did the children's appointment(s) take place over the phone without video or did the appointment(s) use video? *Select all that apply.*

Phone appointments without video (1)

Video appointments (2)

HLTH14 Think about all of the children living in your household. IN THE PAST 4 WEEKS, did any of these children seem to (check all that apply):

Feel anxious or clingy? (1)

Feel very sad or depressed? (2)

Show changes in eating behaviors, such as eating more or less than normal, or became extremely picky? (3)

- Show changes in their ability to stay focused, such as becoming easily distracted? (4)
- Show unusual anger or outbursts? (5)
- Engage in problematic behaviors such as lying, cheating, stealing, or bullying? (6)
- Behave in ways that they've previously outgrown, such as thumb sucking or wetting the bed? (7)
- Complain of physical pain with no medical issue such as stomach aches or pains? (8)
- None of the children in my household exhibited any of these behaviors (9)

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)

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)

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)

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)

#### 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)

HSE2 Which best describes this building? Include all apartments, flats, etc., even if vacant. *Select only one answer.*

A mobile home (1)

A one-family house detached from any other house (2)

A one-family house attached to one or more houses (3)

A building with 2 apartments (4)

A building with 3 or 4 apartments (5)

A building with 5 or more apartments (6)

Boat, RV, van, etc. (7)

HSEnew1 What is your current monthly rent? \_\_\_\_\_

HSEnew2 Has your monthly rent changed during the last 12 months? If so, by how much?

- My rent did not change (1)
- My rent decreased (2)
- My rent increased by less than \$100 (3)
- My rent increased by \$100-\$249 (4)
- My rent increased by \$250-\$500 (5)
- My rent increased by more than \$500 (6)

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?

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HSE7 Have you or anyone in your household applied for emergency rental assistance through your state or local government to cover your unpaid rent or utility bills?

- My household applied and received assistance (1)
- My household applied and is waiting for a response (2)

My household applied and the application was denied (3)

My household did not apply (4)

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

Very likely (1)

Somewhat likely (2)

Not very likely (3)

Not likely at all (4)

HSE10 In the **last 12 months**, how many months did your household reduce or forego expenses for basic household necessities, such as medicine or food, in order to pay an energy bill?

Almost every month (1)

Some months (2)

1 or 2 months (3)



Never (4)

HSE11 In the **last 12 months**, how many months did your household keep your home at a temperature that you felt was unsafe or unhealthy?

Almost every month (1)

Some months (2)

1 or 2 months (3)

Never (4)

HSE12 In the **last 12 months**, how many times was your household unable to pay an energy bill or unable to pay the full bill amount?

Almost every month (1)

Some months (2)

1 or 2 months (3)

Never (4)

RIDE1 Prior to the coronavirus pandemic, in a typical week, did you use bus, rail, or ride-sharing services, like Uber and Lyft? *Select only one answer.*

Yes (1)

No (2)

RIDE2 In the **last 7 days**, have you taken fewer trips than you normally would have by bus, rail, or ride-sharing services, like Uber and Lyft, because of the coronavirus pandemic? *Select only one answer.*

Yes (1)

No (2)

The next questions ask about education.

K12ED1 During the **last 7 days**, how did the children in this household receive their education?  
*Select all that apply.*

- Children received in-person instruction from a teacher at their school (1)
- Children received virtual/online instruction from a teacher in real time (2)
- Children learned on their own using on-line materials provided by their school (3)
- Children learned on their own using paper materials provided by their school (4)
- Children learned on their own using materials that were NOT provided by their school (5)
- Children did not participate in any learning activities because their school was closed (6)
- Children were sick and could not participate in education (7)
- Children were on summer break (8)
- Other, specify (9) \_\_\_\_\_

K12ED2 Thinking about the **last 7 days**, were any of the children in your household receiving their education with a combination of in-person learning at school and another form of learning (for example, virtual instruction, online or paper material provided by the school) because of the pandemic? *Select only one answer.*

- Yes – education was provided both in-person and by other forms of learning (1)
- No – all education was provided in person at school (2)

No – all education was provided using some other form of learning (3)

K12ED3 During the **last 7 days**, on how many days did the student(s) have real time contact, that is **not** pre-recorded contact, with their teachers by video, in person, or by phone? *Select only one answer.*

None (1)

1 day (2)

2-3 days (3)

4 or more days (4)

ED2

This question asks about post-secondary education.

How many members of your household, including yourself, are currently taking, or were planning to take classes this term from a college, university, community college, trade school, or other occupational school (such as a cosmetology school or a school of culinary arts)? *Please enter a number.*

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ED3 For all those people counted in the previous question, has the coronavirus pandemic resulted in any of the changes listed below? *Select all that apply.*

Plans to take classes this term have not changed (1)

All plans to take classes this term have been canceled (2)

Classes are in different formats this term (for example, change from in-person to online) (3)

Fewer classes are being taken this term (4)

More classes are being taken this term (5)

Classes are being taken from a different institution (6)

Classes are being taken for a different kind of certificate or degree (7)

ED4 Why did household members' classes this term change? *Select all that apply.*

Had coronavirus or concerns about getting coronavirus (1)

Caring for someone with coronavirus (2)

Caring for others whose care arrangements are disrupted (e.g., loss of day care or adult care programs) (3)

Institution changed content or format of classes (e.g., from in-person to online) (4)

Changes to financial aid (5)

Changes to campus life (6)

Uncertainty about how classes/program might change (7)

Not able to pay for classes/educational expenses because of changes to income from the pandemic (8)

Some other reason related to the pandemic, please specify (9)

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INC1 In 2021 what was your total household income before taxes? *Select only one answer.*

Less than \$25,000 (1)

\$25,000 - \$34,999 (2)

- \$35,000 - \$49,999 (3)
- \$50,000 - \$74,999 (4)
- \$75,000 - \$99,999 (5)
- \$100,000 - \$149,999 (6)
- \$150,000 - \$199,999 (7)
- \$200,000 and above (8)

residence The U.S. Census Bureau is interested in understanding geographic differences in experiences with the coronavirus pandemic. To help us analyze survey responses across the entire United States, please provide your complete **current** street address below. Your address information will only be used for statistical analyses conducted by the U.S. Census Bureau and will not be used for any other purpose or shared with any other parties.

- Address Number (1) \_\_\_\_\_
- Street Name (2) \_\_\_\_\_
- Apt Unit (3) \_\_\_\_\_
- City (4) \_\_\_\_\_
- State (5) \_\_\_\_\_
- Zip (6) \_\_\_\_\_

no\_address

- I do not have a street address (1)

rural\_route

Do you have a Rural Route address?

Yes (1)

No (2)

rural\_address Please provide the Rural Route address where you **currently** reside.

Also, provide a description of the physical location in the space provided.

RR Descriptor (1) \_\_\_\_\_

Rural Route No (2) \_\_\_\_\_

RR Box ID (3) \_\_\_\_\_

City (4) \_\_\_\_\_

State (5) \_\_\_\_\_

Zip Code (6) \_\_\_\_\_

rural\_description **Please provide as much information as possible.**

For example, if you also have a street address associated with your residence, such as one used for emergency services (E - 911) or for you to have a package delivered to your home, then please provide it here.

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other\_description **Please provide as much information as possible.**

For example: a location description such as "The apartment over the gas station" or "The brick house with the screened porch on the northeast corner of Farm Road and HC46" or a name of a park, street intersection or shelter, if you experiencing homelessness, as well as the name of the city and state. For example, "Friendship Park, Anywhere PA."

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bestmethod Because we are interested in how coronavirus experiences change over time, we may contact you again in the coming weeks. What is the best way for us to contact you?

Text message (1)

Email (2)

bestnumber To help us contact you, please provide the best phone number to reach you.

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bestemail To help us contact you, please provide the best email address to reach you.

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Thank you.

Is there anything else related to the coronavirus pandemic you would like to tell us?

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That concludes the survey. Please click on the “Submit” button when you are finished.

Thank you for participating in the Household Pulse Survey.

If you have any questions about this survey please visit <https://www.census.gov/householdpulsedata>. You can validate that this survey is a legitimate federally-approved information collection using the U.S. Office of Management and Budget approval number 0607-1013, expiring on 10/31/2023.

If you need help during this time, here are some resources that may help:

General: <https://www.coronavirus.gov/>

Meal finder for kids: <https://www.fns.usda.gov/meals4kids>

Unemployment services: <https://www.usa.gov/unemployment>