

# Phase 3.7 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 social and economic factors, including ongoing impacts of coronavirus (COVID-19), on topics like:

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

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 on the U.S. population. Completing this 20-minute survey will help federal, state, and local agencies identify emergent 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 [adrm.pra@census.gov](mailto: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, 0607-1013, 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

☐ Español

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
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, another Hispanic, Latino, or Spanish origin \_\_\_\_\_

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

- ☐ White (specify) \_\_\_\_\_
- ☐ Black or African American (specify) \_\_\_\_\_
- ☐ American Indian or Alaska Native (specify) \_\_\_\_\_
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian (specify) \_\_\_\_\_
- ☐ Native Hawaiian
- ☐ Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander (specify) \_\_\_\_\_

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

- ☐ Less than high school
- ☐ Some high school
- ☐ High school graduate or equivalent (for example GED)
- ☐ Some college, but degree not received or is in progress
- ☐ Associate's degree (for example AA, AS)
- ☐ Bachelor's degree (for example BA, BS, AB)
- ☐ Graduate degree (for example master's, professional, doctorate)

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

- ☐ Now married
- ☐ Widowed
- ☐ Divorced
- ☐ Separated
- ☐ Never married

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

- ☐ Male
- ☐ Female

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

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ None of these

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
- ☐ No

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

- ☐ Male
- ☐ Female

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

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ None of these

D9\_second Which of the following best represents how you think of yourself?

- ☐ Gay or lesbian
- ☐ Straight, that is not gay or lesbian
- ☐ Bisexual
- ☐ Something else, please specify \_\_\_\_\_
- ☐ I don't know

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?
- ☐ Children 5 through 11 years old?
- ☐ Children 12 through 17 years old?

D13 During the school year that began in the **Summer / Fall of 2022**, how many children in this household were enrolled in Kindergarten through 12th grade or grade equivalent? *Enter whole numbers for all that apply. Enter '0' if none*

- ☐ Number enrolled in a public school  
\_\_\_\_\_
- ☐ Number enrolled in a private school  
\_\_\_\_\_
- ☐ Number homeschooled, that is not enrolled in public or private school  
\_\_\_\_\_

- ☐ None

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
- ☐ 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

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

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

- ☐ Yes
- ☐ No - go to VAC5\_rev

VAC2 (*Universe: VAC1 = 1*) How long ago was your most recent dose of the COVID-19 vaccine or booster?

- ☐ On or after September 1, 2022
- ☐ Before September 1, 2022 but less than a year ago
- ☐ More than a year ago

VAC4\_B. (*Universe: VAC2=2 or 3*) On September 1<sup>st</sup>, 2022, an updated COVID-19 booster became available. Which of the following, if any, are reasons that you have not received an updated COVID-19 booster dose? *Select all that apply.*

- ☐ I am not yet eligible to receive an updated COVID-19 booster dose
- ☐ I plan to get a booster and am eligible, but haven't yet
- ☐ I think I have enough immunity to COVID-19 from prior doses of the vaccine
- ☐ I'm not worried about getting COVID-19
- ☐ My doctor has not recommended it
- ☐ I already had COVID-19
- ☐ I am not required to get a COVID-19 booster (by my work or school)
- ☐ I experienced side effects from my previous dose(s) of the COVID-19 vaccine
- ☐ Other (please specify) \_\_\_\_\_



*(Universe: D11 > 0; fill appropriate age ranges as selected in D12)*

VAC5\_rev

For the children in this household, how long ago was their most recent dose of the COVID-19 vaccine or booster?

*Children ages 12-17*

- ☐ On or after September 1, 2022
- ☐ Before September 1, 2022 but less than a year ago
- ☐ More than a year ago
- ☐ Not vaccinated

*Children ages 5-11*

- ☐ On or after October 15, 2022
- ☐ Before October 15, 2022 but less than a year ago
- ☐ More than a year ago
- ☐ Not vaccinated

*Children under 5*

- ☐ On or after October 15, 2022
- ☐ Before October 15, 2022 but less than a year ago
- ☐ More than a year ago
- ☐ Not vaccinated

(Universe: If any of VAC5rev = not vaccinated)

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)
Universe: If Under 5 is selected in D12 and not vaccinated in VAC5rev	0	0	0	0	0	0
Children under 5 years old						
Universe: If 5-11 selected in D12 and not vaccinated in VAC5rev	0	0	0	0	0	0
Children 5-11 years old						
Universe: If 12-17 selected in D12 and not vaccinated in VAC5rev	0	0	0	0	0	0

Children  
12-17  
years old

(Universe: VAC6 in (2,3,4,5) for any age category)

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
- ☐ Plan to wait and see if it is safe and may get it later
- ☐ Not sure if a COVID-19 vaccine will work for children
- ☐ Don't believe children need a COVID-19 vaccine
- ☐ The children in this household are not members of a high-risk group
- ☐ The children's doctor has not recommended it
- ☐ Parents or guardians in this household do not vaccinate their children
- ☐ Don't trust COVID-19 vaccines
- ☐ Don't trust the government
- ☐ Other (specify) \_\_\_\_\_

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

☐ No

VAC8\_C. (Universe: tested or have/had COVID-19, VAC8\_B=1) When did you test positive or were told you have or had COVID-19?

☐ Within the last four weeks

☐ More than four weeks ago

☐ Both

PASC1: (Universe: VAC8\_B = 1 tested positive for COVID-19 or believed had COVID-19) How would you describe your coronavirus symptoms when they were at their worst?

- ☐ I had no symptoms
- ☐ I had mild symptoms
- ☐ I had moderate symptoms
- ☐ I had severe symptoms

PASC2: (Universe: VAC8\_B = 1 tested positive for COVID-19 or believed had COVID-19) 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 or 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, changes to your menstrual cycle, changes to taste/smell, or inability to exercise.*

- ☐ Yes
- ☐ No

PASC3: (Universe: PASC1= 2, 3 or 4 OR PASC2=1)  
Do you have symptoms now?

- ☐ Yes
- ☐ No

PASC4. (Universe PASC2 = 1 yes and PASC3 = yes) Do these long-term symptoms reduce your ability to carry out day-to-day activities compared with the time before you had COVID-19?

- ☐ Yes, a lot;

- ☐ Yes, a little;
- ☐ Not at all

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
- ☐ No

EMP2

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

- ☐ Yes
- ☐ No

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
- ☐ Private company
- ☐ Non-profit organization including tax exempt and charitable organizations
- ☐ Self-employed
- ☐ Working in a family business

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
- ☐ I am/was sick with coronavirus symptoms or caring for someone who was sick with coronavirus symptoms (including long-term effects of coronavirus)
- ☐ I am/was caring for children not in school or daycare
- ☐ I am/was caring for an elderly person
- ☐ I was concerned about getting or spreading the coronavirus
- ☐ I am/was sick or disabled (not coronavirus related)
- ☐ I am retired
- ☐ I am/was laid off or furloughed
- ☐ My employer closed temporarily
- ☐ My employer went out of business
- ☐ I do/did not have transportation to work
- ☐ Other reason, please specify \_\_\_\_\_

*(Universe: EMP4 in (caring for children, caring for elderly, laid-off or furloughed, employer temporarily closed, or employer went out of business))*

EMP4a Was this because of? *Select only one answer*

- ☐ The coronavirus pandemic
- ☐ A natural disaster (Hurricane, Fire, Flood, Tornado, etc.)

☐ Some other reason, please specify \_\_\_\_\_

*(Universe: EMP2 = 1 {worked for pay in the last 7 days})*

EMP6 What kind of business or industry or organization is this? That is, What do they make or do where you work? *(Select only one answer).*

- ☐ Agriculture, Forestry, Fishing and Hunting
- ☐ Mining, Quarrying, and Oil and Gas Extraction
- ☐ Utilities
- ☐ Construction
- ☐ Manufacturing
- ☐ Wholesale Trade
- ☐ Retail Trade
- ☐ Transportation and Warehousing
- ☐ Information Technology
- ☐ Finance and Insurance
- ☐ Real Estate and Rental and Leasing
- ☐ Professional, Scientific, and Technical Services
- ☐ Management of Companies and Enterprises
- ☐ Administrative and Support Services
- ☐ Waste Management and Remediation Services
- ☐ Educational Services
- ☐ Health Care

- ☐ Social Assistance
- ☐ Arts, Entertainment, and Recreation
- ☐ Accommodation and Food Services
- ☐ Public Administration
- ☐ Other Services (except Public Administration)

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

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

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

*(Universe: Children in household)*



CCARE1. In the last 7 days, did your household use any of the following individuals or arrangements to look after the children in the household.

*Select all that apply.*

- ☐ Family day care provider caring for 2 or more children outside of your home?
- ☐ Child care or day care center?
- ☐ Nursery or preschool?
- ☐ Before care, aftercare, or summer camp?
- ☐ Federally supported Head Start program?
- ☐ Non-relative such as a friend, neighbor, sitter, nanny, or au pair?
- ☐ Relative other than the parent, such as sibling, or grandparent?
- ☐ None of these

*(Universe: If anything is marked in CCARE1, ask:)*

CCARE2. Did you or anyone in the household PAY for that childcare? *Select only one answer.*

☐ Yes

☐ No

CCARE3. In the last 7 days, how much did your household pay for all the childcare together?

\$\_\_\_\_\_

*(Ask everyone)*

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

☐ I think prices have increased

- ☐ I do not think prices have changed
- ☐ I think prices have decreased
- ☐ I do not know

(Universe: INFLATE1=1)

INFLATE2 How stressful, if at all, has the increase in prices **in the last two months** been for you? *Select only one answer.*

- ☐ Very stressful
- ☐ Moderately stressful
- ☐ A little stressful
- ☐ Not at all stressful

(Universe: INFLATE1=1)

INFLATE3 What changes, if any, have you made or do you plan to make to cope with the increase in prices? *(Select all that apply).*

- ☐ Shop at stores that offer lower prices, look for sales, and/or use coupons
- ☐ Switch from name brand to generic products
- ☐ Purchase less fresh produce and/or meat
- ☐ Go out to eat less often or order food for delivery less often
- ☐ Cancel or reduce subscription services (for example., streaming services, meal delivery services, cell phone plan)
- ☐ Cancel or decrease plans to attend events
- ☐ Drive less or change mode of transportation (for example, bike or take metro instead of drive)
- ☐ Delay major purchases (for example, home repair/renovation, vacations, vehicles, home appliances, cell phone or computer)
- ☐ Delay medical treatment (for example, refill prescription, surgery)

- Work additional job(s)/shift(s) to supplement income
- Contribute less to savings and/or retirement accounts
- Increase use of credit cards, loans, and/or pawnshops
- Decrease use of utilities (for example, cooling, heating, water, electricity)
- Move to less expensive housing
- Ask friends and/or family for help
- Change or reduce plans for childcare arrangements to save money
- Utilize benefits from charities
- Other
- I have not made any changes

(Ask everyone)

INFLATE4 In the area you live and shop, how concerned are you, if at all, that prices will increase **in the next six months**? *Select only one answer.*

- ☐ Very concerned
- ☐ Somewhat concerned
- ☐ A little concerned
- ☐ Not at all concerned.

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
- ☐ A little difficult
- ☐ Somewhat difficult
- ☐ Very difficult

SPN5\_DAYSTW

In the **last 7 days**, have any of the people in your household teleworked or worked from home?

- ☐ Yes, for 1-2 days
- ☐ Yes, for 3-4 days
- ☐ Yes, for 5 or more days
- ☐ No, Skip to SPN6

(Universe: If SPN5\_DAYSTW = 1, 2, or 3)

SPN5\_DAYSTW\_2

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

- ☐ Yes, for 1-2 days
- ☐ Yes, for 3-4 days
- ☐ Yes, for 5 or more days
- ☐ No

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
  - Credit cards or loans
  - Money from savings or selling assets or possessions (including withdrawals from retirement accounts)
  - Borrowing from friends or family
  - Unemployment insurance (UI) benefit payments
  - Money saved from deferred or forgiven payments [to meet your spending needs]
  - Supplemental Nutrition Assistance Program (SNAP)
  - Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
  - School meal debit/EBT cards (10)
  - Government rental assistance (11)
  - Other, specify: (12)
- 

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

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
- ☐ Sometimes true
- ☐ Never true

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? *Select only one answer.*

- ☐ Yes
- ☐ No

FD5 Do any of the children in this household... *Select all that apply.*

- ☐ Receive free meals at school
- ☐ Pay for reduced-price meals at school
- ☐ Pay for full-price meals at school
- ☐ Pick up free meals at a school or other location
- ☐ Receive or use an EBT card to help buy groceries

- Eat free meals at a location other than school
- Have free meals delivered
- None of the above (Exclusive)

NEW FD6. Do you or does anyone in your household 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)

New FD7 – [FD5=2,3,8] Does having to pay for the food children eat at school make it difficult for your household to pay for other expenses?

☐ Yes

☐ No

*(Universe: All)*

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.

*(Universe: All)*

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.*

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*(Universe: If Q28 >= 1000)*

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

☐ No, I need to correct the amount

*(Universe: If Q28\_check = No, I need to correct the amount)*

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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*Universe: All*

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 (above). *Enter amount.*

---

*(Universe: If Q29 >= 1000)*

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

☐ No, I need to correct the amount

*(Universe: If Q29\_check = No, I need to correct the amount)*

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 item Q28(above). *Enter amount.*

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INF1. Are there any babies or infants under the age of 18 months (one and a half years) old in your household?

- ☐ Yes -continue
- ☐ No – skip to ND1

INF2. How many months old is the baby or infant in your household? If there are more than one, please report the age of the youngest.

- ☐ Under 6 months?
- ☐ Between 6 months and 9 months?
- ☐ Between 9 months and 12 months?
- ☐ Between 12 and 18 months?

INF3. Was your household affected by the Infant Formula shortage that began in February of 2022?

- ☐ Yes
- ☐ No – go to INF6

INF4. Please state how you dealt with the infant formula shortage this year: (Select all that apply):

- ☐ Increased breastfeeding or using pumped breastmilk
- ☐ Changed from powder to liquid ( liquid concentrate or ready-to-feed (RTF))
- ☐ Got Infant Formula at a different store than where I usually shop

- Got Infant Formula online (for example, Instacart, Amazon, Google Market, secondary market, or other)
- Received direct shipment of Infant Formula from the Infant Formula company
- Changed to a different brand of Infant Formula (any form, powder or liquid, including non-American brands)
- Changed from Infant Formula to something else (for example: Cow milk, Goat milk, Soy milk, Almond milk, Oat milk, or Toddler Drink/Formula)
- Stopped offering Infant Formula
- Watering down formula
- Making your own formula
- Received formula from family, friends or others (like community groups or online networks)
- Other, specify?

INF6. In the last 7 days, did you have difficulty getting Infant Formula?

- ☐ Yes
- ☐ No
- ☐ I did not try to get formula in the last 7 days

INF7. Currently, how much Infant Formula do you have on hand:

- ☐ Formula for more than one month
- ☐ Formula for about two or three weeks
- ☐ Formula for about a week
- ☐ Formula for less than a week
- ☐ None

INF8. What type of Infant Formula does the baby typically get? *Mark all that apply.*

- Regular or Routine Infant Formula (for example, Similac, Enfamil, , , , NAN1, Good Start, Earth's Best, Happy Baby, Burt's Bees, , Baby's Only, Kendamil, J&J Sunrise, Store Label, Private Label)
- Extensively Hydrolyzed Infant Formula (for example, Alimentum, Gerber Extensive HA, Nutramigen)
- Amino Acid Based Infant Formula (for example, Alfamino, EleCare, Neocate, PurAmino)
- Specialty/Metabolic Infant Formulas (for example, Calcilo XD, Pregestimil, Enfaport, Cyclinex-1, Glutarex-1, Hominex-1, I-Valex-1, Ketonex-1, Phenex-1, Pro-Phree, Propimex-1, RCF, Tyrex-1)
- The baby does not get formula

ND1. The next set of questions asks about natural disasters, such as hurricanes, floods and fires. In the past year, were you displaced from your home because of a natural disaster?

☐ Yes

☐ No

ND2. What type of natural disaster? *Mark all that apply.*

- Hurricane
- Flood
- Fire
- Tornado
- Other, specify

ND3. How long were you displaced from your home?

- Less than a week
- More than a week but less than a month
- One to six months
- More than six months

- ☐ Never returned to home

ND4. Altogether, how much damage to your property or possessions did you experience as a result of natural disasters in the last year? Would you say no damage, some damage, a moderate amount of damage, or a lot of damage?

- ☐ No damage
- ☐ Some damage
- ☐ Moderate amount of damage
- ☐ A lot of damage

ND5a. In the first month after the natural disaster, to what extent did you experience any of the following:

ND5a. A shortage of food?

☐ Not at all

☐ A little

☐ Some

☐ A lot

ND5b. A shortage of drinkable water?

☐ Not at all

☐ A little

☐ Some

☐ A lot

ND5c. Loss of electricity?

☐ Not at all

☐ A little

☐ Some

☐ A lot

ND5d. Unsanitary conditions, such as inadequate toilets?

☐ Not at all

☐ A little

☐ Some

☐ A lot

ND5e. Feeling isolated?

☐ Not at all

☐ A little

☐ Some

☐ A lot

ND5f. Fear of crime?

☐ Not at all

☐ A little

☐ Some

☐ A lot

ND5g. Offers that seemed like a scam?

☐ Not at all

☐ A little

☐ Some

☐ A lot

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

- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

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
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

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
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

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
- ☐ Several days

☐ More than half the days

☐ Nearly every day

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

MEDICAID\_1: UNIVERSE: HLTHINS2:2, respondent said "No" to HLTH8  
Since January 1, 2022, have you ever had Medicaid coverage?

☐ Yes, I had Medicaid coverage but I no longer have it.

☐ Yes, I currently have Medicaid coverage.

☐ No, I have not had Medicaid since January 1, 2022.

MEDICAID\_2:(UNIVERSE: THOSE WHO ANSWERED YES MEDICAID\_1 ABOVE)  
What was the main reason you no longer have Medicaid?



- ☐ I gained new coverage and chose to drop Medicaid
- ☐ I moved to a new state
- ☐ I no longer qualify for Medicaid
- ☐ I tried to stay in Medicaid, but I could not complete the renewal process

HLTH14 (*Universe: D11 > 0*)

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?
- ☐ Feel very sad or depressed?
- ☐ Show changes in eating behaviors, such as eating more or less than normal, or became extremely picky?
- ☐ Show changes in their ability to stay focused, such as becoming easily distracted?
- ☐ Show unusual anger or outbursts?
- ☐ Engage in problematic behaviors such as lying, cheating, stealing, or bullying?
- ☐ Behave in ways that they've previously outgrown, such as thumb sucking or wetting the bed?
- ☐ Complain of physical pain with no medical issue such as stomach aches or pains?
- ☐ None of the children in my household exhibited any of these behaviors

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

- ☐ No - no difficulty
- ☐ Yes - some difficulty

☐ Yes - a lot of difficulty

☐ Cannot do at all

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

☐ No - no difficulty

☐ Yes - some difficulty

☐ Yes - a lot of difficulty

☐ Cannot do at all

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

☐ No - no difficulty

☐ Yes - some difficulty

☐ Yes - a lot of difficulty

☐ Cannot do at all

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

☐ No - no difficulty

☐ Yes - some difficulty

☐ Yes - a lot of difficulty

☐ Cannot do at all

DIS5 Do you have difficulty with self-care, such as washing all over or dressing?

- ☐ No - no difficulty
- ☐ Yes - some difficulty
- ☐ Yes - a lot of difficulty
- ☐ Cannot do at all

DIS6 Using your usual language, do you have difficulty communicating, for example understanding or being understood?

- ☐ No - no difficulty
- ☐ Yes - some difficulty
- ☐ Yes - a lot of difficulty
- ☐ Cannot do at all

The next questions ask about housing.

HSE1 Is your house or apartment...? *Select only one answer.*

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

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

- ☐ A mobile home
- ☐ A one-family house detached from any other house
- ☐ A one-family house attached to one or more houses
- ☐ A building with 2 apartments
- ☐ A building with 3 or 4 apartments
- ☐ A building with 5 or more apartments
- ☐ Boat, RV, van, etc.

(Universe: Ask if HSE1=3)

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

(Universe: Ask if HSE1=3)

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

- ☐ My rent did not change.
- ☐ My rent decreased.
- ☐ My rent increased by less than \$100.
- ☐ My rent increased by \$100-\$249.
- ☐ My rent increased by \$250-\$500.
- ☐ My rent increased by more than \$500.

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

☐ Yes

☐ No

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

☐ Yes

☐ No

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

\_\_\_\_\_

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

☐ My household applied and is waiting for a response

☐ My household applied and the application was denied

☐ My household did not apply

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

☐ Somewhat likely

☐ Not very likely

☐ Not likely at all

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

☐ Somewhat likely

☐ Not very likely

☐ Not likely at all

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

☐ Some months

☐ 1 or 2 months

☐ Never

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

☐ Some months

☐ 1 or 2 months

☐ Never

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
- ☐ Some months
- ☐ 1 or 2 months
- ☐ Never

Has the cost of gas **in the last 7 days** caused you to: *Select all that apply.*

- ☐ Choose not to take a trip (for example, chose not to visit a friend/restaurant/park etc., change a task from in-person to online to reduce gas use)
- ☐ Combine trips
- ☐ Take alternative modes of transportation (for example, public transit, ridesharing, bike, etc.)
- ☐ None of these – the cost of gas has not affected my driving behavior

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
- ☐ Children received virtual/online instruction from a teacher in real time
- ☐ Children learned on their own using on-line materials provided by their school
- ☐ Children learned on their own using paper materials provided by their school

- Children learned on their own using materials that were NOT provided by their school
- Children did not participate in any learning activities because their school was closed
- Children were sick and could not participate in education
- Children were on summer break
- Other, specify \_\_\_\_\_

(Universe: <If D13\_1 > 0, D13\_2 > 0 or D13\_3 > 0 then display ED1>)

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

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

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)

If address is missing, ask following:

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.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

other\_address Please provide the city and state or ZIP Code where you are **currently** living. Also, describe the physical location in the space provided.

☐ City (1) \_\_\_\_\_

☐ State (2) \_\_\_\_\_

☐ Zip (3) \_\_\_\_\_

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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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

☐ Email

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

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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:

Infant formula:

[Information for Families During the Infant Formula Shortage | Nutrition | CDC](#)  
[Questions & Answers for Consumers Concerning Infant Formula | FDA](#)

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

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

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