

Hurricane Pulse Survey

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

This survey will help measure the impact of recent natural disasters on social and economic factors on topics like:

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

Data from this survey will be used to help federal agencies plan for disaster relief now and in the future.

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 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, 0607-0971, confirms this approval and expires on **01/31/2027**.

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>.

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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)
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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_alt How do you currently describe yourself? *Select all that apply.*

- Male (1)
- Female (2)
- Transgender (3)
- Nonbinary (4)
- I use a different term (5) _____

D8_alt Just to confirm, you were assigned "[\\${D6/ChoiceGroup/SelectedChoices}](#)" at birth and now you describe yourself as "[\\${D7_alt/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_altcorrection Please confirm or correct your answer to the following question:

#{D7_alt/QuestionText}

Male (1)

Female (2)

Transgender (3)

Nonbinary (4)

I use a different term (5) _____

D9_writeln Which of the following best represents how you think of yourself?

Gay or lesbian (1)

Straight, that is not gay or lesbian (2)

Bisexual (3)

I use a different term: _____ (4)

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 1 year old?

Children 1 through 4 years old? (1)

Children 5 through 11 years old? (2)

Children 12 through 17 years old? (3)

Hur1 The next set of questions asks about natural disasters, such as hurricanes, floods and fires.

In 2024, were you or was anyone currently living or staying with you affected by a natural disaster?

Yes (1)

No (2)

Hur2 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) _____

For hurricane:

Considering those people who were affected by the recent hurricane:

English	Spanish	Notes
<p>Which of the following did you do to prepare before the recent hurricane? (Select all that apply.)</p> <ul style="list-style-type: none"> • Have an emergency plan • Have residential insurance (e.g., homeowners, renters) • Participated in emergency drills • Safeguarded important documents (e.g., mortgage or insurance paperwork) • Have emergency supplies set aside (e.g., water, first aid kit) • Learned the planned evacuation routes • Signed up to receive emergency alerts • Set aside money for emergencies • Have a plan to contact family members • Volunteered to help community prepare • Made improvements to protect your home (e.g., hurricane shutters) • Have a plan to communicate with neighbors • None of the above # Exclusive # • Don't know # Exclusive # 	<p>¿Qué medidas de preparación tomaste ante el reciente huracán? (Selecciona todas las opciones que apliquen.)</p> <ul style="list-style-type: none"> • Crear un plan para actuar en caso de emergencia • Tener seguro de hipoteca o de alquiler • Participar en algún simulacro de emergencia • Guardar documentos importantes • Tener suministros de emergencia • Conocer las vías de evacuación previstas para salir de tu comunidad en caso de desalojo • Inscribirte para recibir alertas y avisos en tiempo real para desastres en tu comunidad • Tener dinero reservado en caso de emergencia • Tener un plan para ponerte en contacto con tus familiares en caso de emergencia • Ofrecerte como voluntario para ayudar a tu comunidad a prepararse para una emergencia • Realizar mejoras en tu casa o propiedad para hacerla más Segura • Tener un plan para comunicarte con tus vecinos en caso de un desastre • Ninguna de las anteriores # Exclusive # • No lo sé # Exclusive # 	<p>ICPD recommends randomizing the order of rows in this list.</p>
<p>Which of the following do you wish you had done to prepare before the recent hurricane? (Select all that apply.)</p> <ul style="list-style-type: none"> • Have an emergency plan 	<p>¿Qué medidas de preparación te hubiese gustado tomar ante el huracán más reciente? (Selecciona todas las opciones que apliquen.)</p> <ul style="list-style-type: none"> • Crear un plan para actuar en caso de emergencia 	<p>ICPD recommends pulling forward only those</p>

<ul style="list-style-type: none"> • Have residential insurance (e.g., homeowners, renters) • Participated in emergency drills • Safeguarded important documents (e.g., mortgage or insurance paperwork) • Have emergency supplies set aside (e.g., water, first aid kit) • Learned the planned evacuation routes • Signed up to receive emergency alerts • Set aside money for emergencies • Have a plan to contact family members • Volunteered to help community prepare • Made improvements to protect your home (e.g., hurricane shutters) • Have a plan to communicate with neighbors • None of the above # Exclusive # • Don't know # Exclusive # 	<ul style="list-style-type: none"> • Tener seguro de hipoteca o de alquiler • Participar en algún simulacro de emergencia • Guardar documentos importantes • Tener suministros de emergencia • Conocer las vías de evacuación previstas para salir de tu comunidad en caso de desalojo • Inscribirte para recibir alertas y avisos en tiempo real para desastres en tu comunidad • Tener dinero reservado en caso de emergencia • Tener un plan para ponerte en contacto con tus familiares en caso de emergencia • Ofrecerte como voluntario para ayudar a tu comunidad a prepararse para una emergencia • Realizar mejoras en tu casa o propiedad para hacerla más Segura • Tener un plan para comunicarte con tus vecinos en caso de un desastre • Ninguna de las anteriores # Exclusive # • No lo sé # Exclusive # 	<p>that were NOT selected.</p>
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<p>For each of the actions you reported taking, how much did the action help you during and after the hurricane?</p>							<p>¿Cómo le ayudó la preparación durante y después del huracán más reciente?</p>							<p>ICPD recommends pulling forward only the options that people said that they had done in the previous question.</p>
	It did not help at all.	It helped a little.	It helped somewhat.	It helped quite a bit.	It helped a great deal.	Don't know.		No me ayudó en absoluto.	Me ayudó un poco.	Me ayudó algo.	Me ayudó mucho.	Me ayudó muchísimo.	No lo sé.	
[Previously Selected Action]							[Previously Selected Action]							
[Previously Selected Action]							[Previously Selected Action]							

Hur3 In 2024, were you or was anyone currently living or staying with you displaced from their home because of a natural disaster?

Yes (1)

No (2)

Hur4 How many people currently living in your home were displaced because of a natural disaster?

___ adults

___ children

Hur5 How many times have you (or they) been displaced in 2024 due to a natural disaster?

1 time

2 times

3 times

4 or more times

Hur6 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)

HUR7 (If Hur2 = 1) Would you say that you are still in transition or are you now permanently settled in a home?

In transition

In permanent home

Hur 8(If Hur2 = 1)

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
- People you did not know
- Did not share living quarters with others

Hur9

During the past year, was your home ever completely without power for 6 hours or more because of a hurricane?

- Yes
- No

Hur10 Altogether, how much damage to property or possessions did you (or they) experience as a result of natural disasters in 2024?

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

ND5 For how long after the event did you (or they) experience any of the following:

ND5A A shortage of food?

- Not affected (0)
- 1-3 days (1)
- 4-6 days (2)
- 1-3 weeks (3)
- a month or more (4) -> ND5AA Are you/they still experiencing a shortage of food?

Yes/No

ND5B A shortage of drinkable water?

- Not affected (0)
- 1-3 days (1)
- 4-6 days (2)
- 1-3 weeks (3)
- a month or more (4) -> Are you/they still experiencing a shortage of water? Yes/No

ND5C Loss of electricity?

- Not affected (0)
- 1-3 days (1)
- 4-6 days (2)
- 1-3 weeks (3)
- a month or more (4) -> Are you/they still experiencing a loss of electricity? Yes/No

ND5D Unsanitary conditions, such as inadequate toilets?

- Not affected (0)
- 1-3 days (1)
- 4-6 days (2)
- 1-3 weeks (3)
- a month or more (4) -> Are you/they still experiencing unsanitary conditions? Yes/No

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

- Not affected (0)
- 1-3 days (1)
- 4-6 days (2)

- 1-3 weeks (3)
- a month or more (4) -> Are you/they still experiencing feeling isolated, down, depressed, anxious nervous or on edge? Yes/No

ND5F Fear of crime?

- Not affected (0)
- 1-3 days (1)
- 4-6 days (2)
- 1-3 weeks (3)
- a month or more (4) -> Are you/they still experiencing fear of crime? Yes/No

ND5G Offers that seemed like a scam?

- Not affected (0)
- 1-3 days (1)
- 4-6 days (2)
- 1-3 weeks (3)
- a month or more (4) -> Are you/they still experiencing offers that seem like a scam?
Yes/No

ND5G Disruption to internet?

- Not affected (0)
- 1-3 days (1)
- 4-6 days (2)
- 1-3 weeks (3)

a month or more (4) -> Are you/they still experiencing disruption to internet? Yes/No

Hur11 For how long after the event did you (or they) experience disruption to any of the following:

Hur11a Work?

Not affected (0)

1-3 days (1)

4-6 days (2)

1-3 weeks (3)

a month or more (4) -> Are you/they still experiencing disruption to work? Yes/No

Hur11b School/childcare?

Not affected (0)

1-3 days (1)

4-6 days (2)

1-3 weeks (3)

a month or more (4) -> Are you/they still experiencing disruption to school/childcare?
Yes/No

Hur11c Medical services?

Not affected (0)

1-3 days (1)

4-6 days (2)

1-3 weeks (3)

a month or more (4) -> Are you/they still experiencing disruption to medical services?
Yes/No

Hur12 Have you had any interactions with FEMA since the disaster? Select all that apply.

- I registered for FEMA assistance (via web, phone, or in-person)
- I called the FEMA helpline
- I went to disasterassistance.gov
- I went to a FEMA disaster recovery center
- Someone from FEMA knocked on my door

Hur13 Have you received any form of temporary housing assistance since the natural disaster?

Yes

No

Hur14 What is your most immediate need right now? Select all that apply.

- Food
- Shelter
- Medical assistance
- Emotional support
- Electricity
- Access to Fresh Water

Hur15 Overall, what is your impression of FEMA's response to recent natural disasters in your area?

Very Positive – FEMA's response has been excellent and met or exceeded expectations.

Somewhat Positive – FEMA's response has been good, with some areas of improvement.

Neutral/No Opinion – I have no strong opinion or am unsure about FEMA's response.

Somewhat Negative – FEMA's response has been lacking in some areas but not entirely inadequate.

Very Negative – FEMA's response has been poor and well below expectations.

Not Applicable – I am not aware of or directly affected by FEMA's response to the recent natural disasters.

Hur16 Did you (or they) have flood insurance at the time of the hurricane?

Yes

No

Universe is still those affected by natural disasters:

PREG1 Have you, or has anyone in your household been pregnant since September 1?

PREG2 Have you, or has anyone in your household had a baby since September 1?

PREG3 Have you, or has anyone in your household breastfed or pumped breastmilk for a baby since September 1?

[If Yes to PREG1, PREG2 or PREG3]

PREG_CARE1 Did you (or a member of your household) receive any form of health care for the pregnancy before birth from a health care provider (doctor, nurse, midwife)? Y/N

PREG_CARE2 Have you or a member of your household experienced any of the following since September 1:

- Nearest birthing facility/delivery hospital closed (Y/N)
- Disruption to prenatal and/or postnatal care (Y/N)
- Needed emergency obstetric services (Y/N)
- Didn't have an emergency birth plan or kit (Y/N)

If D12=1

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 month**, did you have difficulty getting infant formula?

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

INF7 In the last month, did you or someone in your household have difficulty obtaining safe water to prepare infant formula?

- Yes, in the last 7 days (1)
 - Yes, more than 7 days ago but within the last month (2)
 - No, did not have trouble getting safe water to prepare infant formula in the last month (3)
-

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)

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)

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

No (1)

Yes, I served on active duty (2)

Yes, I served in the Reserve or National Guard (3)

Yes, my spouse served on active duty (4)

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

Now we are going to ask about your employment.

EMP1 Have you, or has anyone in your household experienced a loss of employment income **since September 1, 2024**? *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)
 - A natural disaster affected my ability to work (9)
 - Other reason, please specify (10)
-
-

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)

*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)

SOClonely How often do you feel lonely?

- Always (1)
- Usually (2)
- Sometimes (3)
- Rarely (4)

Never (5)

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

Always (1)

Usually (2)

Sometimes (3)

Rarely (4)

Never (5)

SHORTAGE1 In the past month, have you or a member of your household been directly affected by a shortage of the following? *Select all that apply.*

1. A medicine or medication that requires a prescription or is given by provider, pharmacist, or hospital (1)
2. A medicine or medication that is sold over the counter (without a prescription) (2)
3. A medical equipment or supplies used at home such as infusion pumps, glucose monitors, home ventilators, masks, gloves, etc. (3)
4. Other critical medical products, please specify _____ (4)
5. 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.*

1. Changed to a substitute or alternative medication, equipment, or medical product (1)
2. Spent more money or time to find the medication, equipment, or medical products (2)
3. Delayed, stopped, rationed or re-used medication, equipment, or medical products (3)
4. 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)
5. Consulted a medical professional or other sources to help me get medication, equipment, or medical products (5)
6. Experienced negative physical health impacts (6)

Experienced negative mental health impacts (7)

I don't know (8)

Other, specify _____ (9)

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)

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)
-

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

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)
-

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)
- Stores were closed (4)
- None of the above (5)

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

- Receive free meals at school (1)
- Pay for reduced-price meals at school (2)
- Pay for full-price meals at school (3)
- Pick up free meals at a school or other location (4)
- Receive or use an EBT card to help buy groceries (5)
- Eat free meals at a location other than school (6)
- Have free meals delivered (7)
- None of the above (8)

FD6_new 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)
- Summer Electronic Benefits Transfer (Summer EBT) (3)
- None of these (4)

FD6 b : In 2024, did you apply for and/or receive disaster SNAP (D-SNAP) assistance?

- Yes (1)
- No (2)

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)
-
-

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)

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?

HSE7rev Thinking of all the places you've lived during the **last six months**, did you ever feel pressure to move due to any of the following reasons? *Select all that apply.*

- Because the landlord raised the rent (1)
- Because you missed a rent payment and you thought you would be evicted (2)
- Because the landlord did not make repairs (3)
- Because you were threatened with eviction or told to leave by your landlord (4)
- Because your landlord changed the locks, removed your belongings, or shut off your utilities (5)
- Because the neighborhood was dangerous (6)
- Some other pressure, please specify (7) _____
- Did not feel pressure to move (8)

HSE7b During the **last six months**, did you actually move from any place you were living as a result of this pressure?

- Yes (1)
- No (2)

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 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)

TRANS1 Which of the following transportation options do you have access to: (Check all that apply)

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

TRANS2 Which one of the following statements best describes your access to transportation in the past 30 days:

- Enough transportation to meet your needs;
- Enough transportation, but not always the kinds you want to use;
- Sometimes not enough transportation to meet your needs;

- Often not enough transportation to meet your needs, or
- Always not enough transportation to meet your needs

If TRANS2=3, 4, or 5:

TRANS3 If you do not have enough transportation to meet your needs, which of the following reasons explain why (select all that apply):

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

GAS1 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) (1)
- Combine trips (2)
- Take alternative modes of transportation (for example, public transit, ridesharing, bike, etc.) (3)
- None of these - the cost of gas has not affected my driving behavior (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"/>

EMPUI1 Since **September 1, 2024**, have you applied for Unemployment Insurance (UI) benefits? *Select only one answer.*

Yes

No

EMPUI2 Since **September 1, 2024**, have you received Unemployment Insurance (UI) benefits? *Select only one answer.*

Yes

No

INC1 In 2023 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)

The U.S. Census Bureau is interested in understanding geographic differences in experiences. 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) _____

I do not have a street address (1)

Do you have a Rural Route address?

- Yes (1)
- No (2)

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) _____

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.

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) _____

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 are experiencing homelessness, as well as the name of the city and state. For example, "Friendship Park, Anywhere PA."

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

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

Is there anything else related to the recent natural disasters or other social and economic issues you would like to tell us?

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 0607-1029, expiring on 01/31/2027.

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

- General: [Individual Assistance | FEMA.gov](https://www.fema.gov)
- Infant Formula: [Information for Families During the Infant Formula Shortage | Nutrition | CDC](https://www.cdc.gov/nutrition/infantformula)
- [Questions & Answers for Consumers Concerning Infant Formula | FDA](https://www.fda.gov/oc/questions-and-answers-for-consumers-concerning-infant-formula)
- Meal finder for kids: <https://www.fns.usda.gov/meals4kids>
- Unemployment services: <https://www.usa.gov/unemployment>
- The National Suicide Prevention Lifeline: 988lifeline.org