

# Phase 3.6 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 2022**, 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 2 doses of a two-shot series like Moderna or Pfizer or a single dose vaccine like Johnson & Johnson (2)
- I received one dose of a two-shot series like Moderna or Pfizer (1)

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\_B1 Are any of the children under 5 years old fully vaccinated against COVID-19?

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

VAC5\_C1 Have any of the children under 5 years old received a booster or additional doses of a COVID-19 vaccine?

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

VAC5\_B2 Are any of the children 5-11 years old fully vaccinated against COVID-19?

- 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...

Display This Choice:	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)
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Children  
under 5  
years old  
(VAC6\_1)

Children 5-  
11 years  
old  
(VAC6\_2)

Children  
12-17  
years old  
(VAC6\_3)

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)

PASC4 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 (1)

Yes, a little (2)

Not at all (3)

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 (including long-term effects of coronavirus) (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 or disabled (not coronavirus related) (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) \_\_\_\_\_

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 (1)
- Mining, Quarrying, and Oil and Gas Extraction (2)
- Utilities (3)
- Construction (4)
- Manufacturing (5)
- Wholesale Trade (6)
- Retail Trade (7)
- Transportation and Warehousing (8)
- Information Technology (9)
- Finance and Insurance (10)
- Real Estate and Rental and Leasing (11)
- Professional, Scientific, and Technical Services (12)
- Management of Companies and Enterprises (13)
- Administrative and Support Services (14)
- Waste Management and Remediation Services (15)
- Educational Services (16)
- Health Care (17)
- Social Assistance (18)
- Arts, Entertainment, and Recreation (19)
- Accommodation and Food Services (20)
- Public Administration (21)

Other Services (except Public Administration) (22)

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

Yes (1)

No (2)

EMPUI2 Since **June 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)

CCARE1 Next, we are going to ask about the childcare arrangements for children in the household.

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 (1)

Child care or day care center (2)

Nursery or preschool (3)

Before care, aftercare, or summer camp (4)



- Federally supported Head Start program (5)
- Non-relative such as a friend, neighbor, sitter, nanny, or au pair (6)
- Relative other than the parent, such as sibling, or grandparent (7)
- None of these (8)

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

- Yes (1)
- No (2)

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

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CCARE3\_WARN **Please do not include any special characters such as , - % + \$ in your response above. Enter only numbers.**

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

- Very stressful (1)

Moderately stressful (2)

A little stressful (3)

Not at all stressful (4)

INFLATE3 What changes, if any, have you made 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 (1)

Switch from name brand to generic products (2)

Purchase less fresh produce and/or meat (3)

Go out to eat less often or order food for delivery less often (4)

Cancel or reduce subscription services (e.g., streaming services, meal delivery services, cell phone plan) (5)

Cancel or decrease plans to attend events (6)

Drive less or change mode of transportation (e.g., bike or take metro instead of drive) (7)

Delay major purchases (e.g., home repair/renovation, vacations, vehicles, home appliances, cell phone or computer) (8)

Delay medical treatment (e.g., refill prescription, surgery) (9)

Work additional job(s)/shift(s) to supplement income (10)

Contribute less to savings and/or retirement accounts (11)

Increase use of credit cards, loans, and/or pawnshops (12)

Decrease use of utilities (e.g., cooling, heating, water, electricity) (13)

- Move to less expensive housing (14)
- Ask friends and/or family for help (15)
- Change or reduce plans for childcare arrangements to save money (16)
- Utilize benefits from charities (17)
- Other (18)
- I have not made any changes (19)

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

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 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)

SPN5\_DAYSTW\_2 In the **last 7 days**, have you teleworked or worked from home?

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

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)
- Money saved from deferred or forgiven payments (to meet your spending needs) (6)

- Supplemental Nutrition Assistance Program (SNAP) (7)
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) (8)
- School meal debit/EBT cards (9)
- Government rental assistance (10)
- Other, specify: (11) \_\_\_\_\_

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)

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.*

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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.*

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

INF1 Are there any babies or infants under the age of 1 year in your household?

- Yes (1)
- No (2)

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)

INF3 Was your household affected by the Infant Formula shortage this year?

- Yes (1)



No (2)

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

- Increased breastfeeding (1)
- Changed from powder to liquid (i.e., liquid concentrate or ready-to-feed (RTF)) (2)
- Got Infant Formula at a different store than where I usually shop (3)
- Got Infant Formula online (e.g., Instacart, Amazon, Google Market, secondary market, or other) (4)
- Received direct shipment of Infant Formula from the Infant Formula company (5)
- Changed to a different brand of Infant Formula (any form, powder or liquid) (6)
- Changed from Infant Formula to something else (for example: Cow milk, Goat milk, Soy milk, Almond milk, Oat milk, or Toddler Drink/Formula) (7)
- Stopped offering Infant Formula (8)
- Watering down formula or “making your own” formula (9)
- Other, specify: (10) \_\_\_\_\_

INF5 Does the baby typically use Infant Formula?

- Yes (1)
- No (2)

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

- Yes (1)

No (2)

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

None (1)

Formula for less than a week (2)

Formula for about a week (3)

Formula for more than a week but less than two weeks (4)

Formula for more than two weeks (5)

INF8 What type of Infant Formula does your infant typically use? *Select all that apply.*

Regular or Routine Infant Formula (e.g Similac, Enfamil, Enfagrow, Pregestimil, Enfaport, NAN, Good Start, NIDO, KLIM, Earths Best, Happy Baby, Burts Bees, Kabrita, Babys Only, Else, Lil Mixins, Babys Choice, Kendamil, J&J Sunrise, PediaSmart, Family Wellness, Happy Tot, Store Label, Private Label) (1)

Extensively Hydrolyzed Infant Formula (e.g., Alimentum, Alimentum Liquid, Gerber Extensive, Nutramigen) (2)

Amino Acid Based Infant Formula (e.g., Alfamino, EleCare, Neocate, Puramino) (3)

Metabolic Infant Formulas (e.g., Calcilo, Cyclinex-1, Glutarex-1, Hominex-1, I-Valex-1, Ketonex-1, Phenex-1, Pro-Phree, Propimex-1, RCF, Tyrex-1) (4)

Other (5)

Don't know (6)

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"/>

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)

GAS1 Has the cost of gas in the **last 7 days** caused you to: *Select all that apply.*

Choose not to take a trip (e.g., 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 (e.g., public transit, ridesharing, bike, etc.) (3)

None of these - the cost of gas has not affected my driving behavior (4)

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) \_\_\_\_\_

ED1 After the end of the normal school year in the Spring of 2022, did any of the Kindergarten through 12th grade students in your household do any of the following? *Select all that apply.*

- Attend a traditional summer school program because of poor grades (1)
- Attend a summer school program to help students catch up with lost learning time during the pandemic (2)
- Attend school-led summer camps for subjects like math, science or reading (3)
- Work with private tutors to help students catch up with lost learning time during the pandemic (4)
- None of these (5)

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)

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) \_\_\_\_\_
  
- 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.

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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 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 (1)
- Email (2)

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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Q69 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>