

2020 Household Pulse Survey

Welcome! Thank you for participating in this survey sponsored by the U.S. Department of Commerce, U.S. Census Bureau. This survey is available in another language. 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

Welcome! Thank you for participating in the **Household Pulse Survey During COVID-19** 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
- education disruptions
- physical and mental wellbeing.

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

This survey is not the 2020 Census.

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 short 20-minute survey will help federal, state, and local agencies identify coronavirus (COVID-19) related issues in your community.

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. We are conducting this voluntary survey under the authority of Title 13, United States Code, Sections 8(b), 182 and 196 to study the economic impacts of the COVID-19 pandemic in the United States. Federal law protects your privacy and keeps your answers confidential (Title 13, United

States Code, Section 9). Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

We estimate that completing this survey will take 20 minutes on average. Send comments regarding this estimate or any other aspect of this survey, including suggestions for reducing the time it takes to complete this survey to adm.pra@census.gov. 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 07/31/2020. We are required to display this number to conduct this survey.

Your privacy is protected by the Privacy Act (Title 5, U.S. Code, Section 552a). Routine uses of these 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)." The Census Bureau can use your responses only to produce statistics, and is not permitted to publicly release your responses in a way that could identify you.

To learn more about this survey go to: <https://www.census.gov/programs-surveys/surveyhelp.html>.

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

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Use of this system indicates your consent to collection, monitoring, recording, and use of the information that you provide for any lawful government purpose. So that our website remains safe and available for its intended use, network traffic is monitored to identify unauthorized attempts to access, upload, change information, or otherwise cause damage to the web service. Use of the government computer network for unauthorized purposes is a violation of Federal law and can be punished with fines or imprisonment (PUBLIC LAW 99-474).

These questions are for statistical purposes only.

Q1 What year were you born? *Please enter a number.*

Q2 Are you... *Select only one answer.*

- ☐ Male
- ☐ Female

Q3 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
-

Q4 What is your race? *Please select all that apply.*

- ☐ White
 - ☐ Black or African American
 - ☐ American Indian or Alaska Native
-

- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian _____

- ☐ Native Hawaiian
- ☐ Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander _____

Q5 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)

Q6 What is your marital status? *Select only one answer.*

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

Q7 How many total people – adults and children – currently live in your household, including yourself? *Please enter a number.*

Q8 How many people under 18 years-old currently live in your household? *Please enter a number.*

This survey is a cooperative effort across many agencies to provide critical, timely information about the experience of the coronavirus (COVID-19) pandemic and its impact on the population of the United States. This survey is not the census. The 2020 Census is also underway.

Q9 Have you, or has anyone in your household experienced a loss of employment income **since March 13, 2020**? *Select only one answer.*

☐ Yes

☐ No

Q10 Do you expect that you or anyone in your household will experience a loss of employment income in the **next 4 weeks** because of the coronavirus pandemic? *Select only one answer.*

☐ Yes

☐ No

Q11 Now we are going to ask about your employment. In the **last 7 days**, did you do **ANY** work for either pay or profit? *Select only one answer.*

☐ Yes

☐ No

Q12 Are you employed by government, by a private company, a nonprofit organization or were 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

Q13 What is your main reason for not working for pay or profit? *Select only one answer.*

- ☐ I did not want to be employed at this time
 - ☐ I did not work because I am/was sick with coronavirus symptoms
 - ☐ I did not work because I am/was caring for someone with coronavirus symptoms
 - ☐ I did not work because I am/was caring for children not in school or daycare
 - ☐ I did not work because I am/was caring for an elderly person
 - ☐ I am/was sick (not coronavirus related) or disabled
 - ☐ I am retired
 - ☐ I did not have work due to coronavirus pandemic related reduction in business (including furlough)
 - ☐ I am/was laid off due to COVID-19 pandemic
 - ☐ My employment closed temporarily due to the coronavirus pandemic
 - ☐ My employment went out of business due to the coronavirus pandemic
 - ☐ Other reason, please specify
-

Q14 Are you receiving pay for the time you are not working? *Select only one answer.*

- ☐ Yes, I use paid leave
- ☐ Yes, I receive full pay but do not have to take leave
- ☐ Yes, I receive partial pay
- ☐ No, I receive no pay

Q23 Getting enough food can also be a problem for some people. Which of these statements best describes the food eaten in your household **before March 13, 2020**? *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

Q24 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

Q25 Why did you not have enough to eat (or not what you wanted to eat)? *Choose all that apply.*

- ☐ Couldn't afford to buy more food
- ☐ Couldn't get out to buy food (for example, didn't have transportation, or had mobility or health problems that prevented you from getting out)
- ☐ Afraid to go or didn't want to go out to buy food
- ☐ Couldn't get groceries or meals delivered to me
- ☐ The stores didn't have the food I wanted

Q26 During the **last 7 days**, did you or anyone in your household get free groceries or a free meal? *Select only one answer.*

- ☐ Yes
- ☐ No

Q27 Where did you get free groceries or free meals? *Choose all that apply.*

- ☐ Free meals through the school or other programs aimed at children
- ☐ Food pantry or food bank
- ☐ Home-delivered meal service like Meals on Wheels
- ☐ Church, synagogue, temple, mosque or other religious organization
- ☐ Shelter or soup kitchen
- ☐ Other community program
- ☐ Family, friends, or neighbors

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.*

Q29 During the **last 7 days**, how much money did you or 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.*

Q30 How confident are you that your household will be able to afford the kinds of food you need for the **next four weeks**? *Select only one answer.*

- ☐ Not at all confident
- ☐ Somewhat confident
- ☐ Moderately confident
- ☐ Very confident

Q31 Would you say your health in general is excellent, very good, good, fair, or poor? *Select only one answer.*

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

Q32 Over the **last 7 days**, how often have you been bothered by the following problems ... Feeling nervous, anxious, or on edge? Would you say not at all, several days, more than half the days, or nearly every day? *Select only one answer.*

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

Q33 Over the **last 7 days**, how often have you been bothered by the following problems ... Not being able to stop or control worrying? Would you say not at all, several days, more than half the days, or nearly every day? *Select only one answer.*

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

Q34 Over the **last 7 days**, how often have you been bothered by ... having little interest or pleasure in doing things? Would you say not at all, several days, more than half the days, or nearly every day? *Select only one answer.*

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

Q35 Over the **last 7 days**, how often have you been bothered by ... feeling down, depressed, or hopeless? Would you say not at all, several days, more than half the days, or nearly every day? *Select only one answer.*

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

Q36 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"/>

Q37 At any time in the **last 4 weeks**, did you DELAY getting medical care because of the coronavirus pandemic? *Select only one answer.*

☐ Yes

☐ No

Q38 At any time in the **last 4 weeks**, did you need medical care for something other than coronavirus, but DID NOT GET IT because of the coronavirus pandemic? *Select only one answer.*

☐ Yes

☐ No

Q39 Is your house or apartment...? *Select only one answer.*

☐ Owned free and clear?

☐ Owned with a mortgage or loan (including home equity loans)?

☐ Rented?

☐ Occupied without payment of rent?

Q40 Did you pay your last month's rent or mortgage on time? *Select only one answer.*

☐ Yes

☐ No

☐ Payment was deferred

Q41 How confident are you that your household will be able to pay your next rent or mortgage payment on time? *Select only one answer.*

- ☐ No confidence
- ☐ Slight confidence
- ☐ Moderate confidence
- ☐ High confidence
- ☐ Payment is/will be deferred

Q42 At any time during **February 2020**, were any children in this household enrolled in a public school, enrolled in a private school, or educated in a homeschool setting in Kindergarten through 12th grade or grade equivalent? *Select all that apply.*

- ☐ Yes, enrolled in a public or private school
- ☐ Yes, homeschooled
- ☐ No

Q43 How has the coronavirus pandemic affected how the children in this household received education? *Select all that apply.*

- ☐ Classes normally taught in person at the school were cancelled
- ☐ Classes normally taught in person moved to a distance-learning format using online resources, either self-paced or in real time
- ☐ Classes normally taught in person moved to a distance-learning format using paper materials sent home to children
- ☐ Classes normally taught in person changed in some other way -- Please specify:

- ☐ There was no change because schools did not close

Q44 How often is a computer or other digital device available to children for educational purposes? *Select only one answer.*

- ☐ Always available
- ☐ Usually available
- ☐ Sometimes available
- ☐ Rarely available
- ☐ Never available

Q45 Is the computer or other digital device ...? *Select all that apply.*

- ☐ Provided by the children's school or school district to use outside of school
- ☐ Provided by someone in the household or family, or it is the child's
- ☐ Provided by another source

Q46 How often is the Internet available to children for educational purposes? *Select only one answer.*

- ☐ Always available
- ☐ Usually available
- ☐ Sometimes available
- ☐ Rarely available
- ☐ Never available

Q47 Are Internet services ...? *Select all that apply.*

- ☐ Paid for by the children's school or school district
- ☐ Paid for by someone in the household or family
- ☐ Paid for by another source

Q48 During the **last 7 days**, about how many hours did the student have live contact either by phone or video with their teachers? *Enter number of hours (if none, enter zero).*

Q49 Including hours spent during weekdays and weekends, about how many hours did household members spend on ALL teaching activities with the children in this household during the **last 7 days**? *Enter number of hours (if none, enter zero).*

Q50 In 2019 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

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 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 _____
- ☐ Street Name _____
- ☐ Apt Unit _____
- ☐ City _____
- ☐ State _____
- ☐ Zip _____

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.

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

Q69 That concludes the survey. Please click on the “Submit” button when you are finished. Thank you for participating in the 2020 Household Pulse Survey. If you have any questions about this survey please visit www.census.gov/plan. 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 07/31/2020.