# 2020 COVID-19 Household Pulse Survey Phase 3

## In Field Beginning January 6, 2020

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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 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 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 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 adrm.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 10/31/2023. 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/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)

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 (1)
- ○ Female (2)

Q3 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)

_____

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

- [ ] White (1)
- [ ] Black or African American (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) _____

Q5 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)

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

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

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

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

_____

QV1 Have you received a COVID-19 vaccine?

- Yes (1)
- No (2)

*<If QV1 = 1 then display QV2>*

QV2 Did you receive (or do you plan to receive) all required doses?

- Yes (1)
- No (2)

*<If QV1 = 2 then display QV3>*

QV3 Once a vaccine to prevent COVID-19 is available to you, would you…

- Definitely get a vaccine (1)
- Probably get a vaccine (4)
- Probably NOT get a vaccine (5)
- Definitely NOT get a vaccine (6)

*<If QV2 = 2 OR QV3 = 2, 3, or 4 then display QV4>*

QV4 Which of the following, if any, are reasons that you {QV4fill} {QV4fill2}? *Select all that apply.*

- ☐ I am concerned about possible side effects of a COVID-19 vaccine (1)
- ☐ I don't know if a COVID-19 vaccine will work (2)
- ☐ I don't believe I need a COVID-19 vaccine (3)
- ☐ I don't like vaccines (4)
- ☐ My doctor has not recommended it (5)
- ☐ I plan to wait and see if it is safe and may get it later (6)
- ☐ I think other people need it more than I do right now (7)
- ☐ I am concerned about the cost of a COVID-19 vaccine (8)
- ☐ I don't trust COVID-19 vaccines (9)
- ☐ I don't trust the government (10)
- ☐ Other (please specify) (11)

_____

*<If QV4 = 3 then display QV4>*

QV5 Why do you believe that you don't need a COVID-19 vaccine? *Select all that apply.*

- [ ] I already had COVID-19 (1)
- [ ] I am not a member of a high-risk group (2)
- [ ] I plan to use masks or other precautions instead (3)
- [ ] I don't believe COVID-19 is a serious illness (4)
- [ ] I don't think vaccines are beneficial (5)
- [ ] Other (please specify) (6) _____

QV6 Has a doctor or other health care provider ever told you that you have COVID-19?

- ○ Yes (1)
- ○ No (2)
- ○ Not Sure (3)

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

- ○ Yes (1)
- ○ No (2)

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 (1)
- ○ No (2)

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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 (1)
- ○ No (2)

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*<If Q11 = 1 then display Q12>*
*<If Q11 = 2 then display Q13>*

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 (1)
- ○ Private company (2)
- ○ Non-profit organization including tax exempt and charitable organizations (3)
- ○ Self-employed (4)
- ○ Working in a family business (5)

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Q13 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 (2)
- ○ I am/was caring for someone with coronavirus symptoms (3)
- ○ I am/was caring for children not in school or daycare (4)
- ○ I am/was caring for an elderly person (5)
- ○ I was concerned about getting or spreading the coronavirus (13)
- ○ I am/was sick (not coronavirus related) or disabled (6)
- ○ I am retired (7)
- ○ My employer experienced a reduction in business (including furlough) due to coronavirus pandemic (8)
- ○ I am/was laid off due to coronavirus pandemic (9)
- ○ My employer closed temporarily due to the coronavirus pandemic (10)
- ○ My employer went out of business due to the coronavirus pandemic (11)
- ○ Other reason, please specify (12)
  _____

Q13a Working from home is sometimes referred to as telework. Did any adults in this household substitute some or all of their typical in-person work for telework because of the coronavirus pandemic, including yourself? *Select only one answer.*

- ○ Yes, at least one adult substituted some or all of their typical in-person work for telework (1)
- ○ No, no adults substituted their typical in-person work for telework (2)
- ○ No, there has been no change in telework (3)

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Q14a Since **March 13, 2020**, have you applied for Unemployment Insurance (UI) benefits? *Select only one answer.*

- ○ Yes (1)
- ○ No (2)

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*<If Q14a = 1 then display Q14b>*

Q14b Since **March 13, 2020**, did you receive Unemployment Insurance (UI) benefits? *Select only one answer.*

- ○ Yes (1)
- ○ No (2)

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Q14d Do you currently receive Social Security benefits (Retirement, Disability, or Survivors), Supplemental Security Income (SSI) benefits, or Medicare benefits? *Select only one answer.*

- ○ Yes (1)
- ○ No (2)

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Q14e Did you apply or attempt to apply for Social Security benefits (Retirement, Disability, or Survivors), Supplemental Security Income (SSI) benefits, or Medicare benefits after **March 13, 2020**? *Select only one answer.*

- ○ Yes, applied or attempted to apply (1)
- ○ No (2)

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*<If Q14e = 1 then display Q14f>*

Q14f What type of benefits did you apply or attempt to apply for after **March 13, 2020**? *Select all that apply.*

- ☐ Social Security Retirement (1)
- ☐ Social Security Disability (2)
- ☐ Social Security Survivors (3)
- ☐ Supplemental Security Income (SSI) (4)
- ☐ Medicare (5)

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*<If Q14e = 2 **AND** Q14d ≠ 1 then display Q14g>*

Q14g How likely are you to apply for Social Security benefits (Retirement, Disability, or Survivors), Supplemental Security Income (SSI) benefits, or Medicare benefits in the **next 12 months**? *Select only one answer.*

- ○ Extremely likely (1)
- ○ Very likely (2)
- ○ Somewhat likely (3)
- ○ Not at all likely (4)

*<If Q14g = 1,2, or 3 then display Q14h>*

Q14h What type of benefits do you think that you will apply for? *Select all that apply.*

- ☐ Social Security Retirement (1)
- ☐ Social Security Disability (2)
- ☐ Social Security Survivors (3)
- ☐ Supplemental Security Income (SSI) (4)
- ☐ Medicare (5)

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*<If (Q14e = 2 AND Q14d ≠ 1) OR Q14e = 1 then display Q14i>*

Q14i How has the coronavirus pandemic affected your decision about applying or not applying for Social Security benefits (Retirement, Disability, or Survivors), Supplemental Security Income (SSI) benefits, or Medicare benefits? *Select only one answer.*

- ○ The coronavirus pandemic has not affected my decision about applying for benefits (1)
- ○ I have decided not to apply (2)
- ○ I applied or decided to apply earlier than expected (3)
- ○ I applied or decided to apply later than expected (4)

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Q15 In the **last 7 days**, if you or anyone in your household received a “stimulus payment,” that is a coronavirus related Economic Impact Payment from the Federal Government, did you: *Select only one answer.*

- ○ Mostly spend it (1)
- ○ Mostly save it (2)
- ○ Mostly use it to pay off debt (3)
- ○ Not applicable, I did not receive the stimulus payment (4)

*<If Q15 = 1, 2, or 3, then display Q19>*

Q19 What did you and your household mostly spend the most recent “stimulus payment” on? *Select all that apply.*

- ☐ Food (groceries, eating out, take out) (1)
- ☐ Clothing (clothing, accessories, shoes) (2)
- ☐ Household supplies and personal care products (3)
- ☐ Household items (TV, electronics, furniture, appliances) (4)
- ☐ Recreational goods (sports and fitness equipment, bicycles, toys, games) (5)
- ☐ Rent (6)
- ☐ Mortgage (scheduled or monthly) (7)
- ☐ Utilities and telecommunications (natural gas, electricity, cable, internet, cellphone) (8)
- ☐ Vehicle payments (scheduled or monthly) (9)
- ☐ Paying down credit card, student loans, or other debts (10)
- ☐ Charitable donations or giving to family members (11)
- ☐ Savings or investments (12)
- ☐ Other, specify (13) _____

Q19a 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)

Q19b In the **last 7 days**, which of the following changes have you or your household made to your spending or shopping? *Select all that apply.*

- [ ] More purchases online (as opposed to in store) (1)
- [ ] More purchases by curbside pick-up (as opposed to in store) (2)
- [ ] More purchases in-store (as opposed to purchases online or curbside pickup) (3)
- [ ] Increased use of credit cards or smartphone apps for purchases, instead of using cash (4)
- [ ] Increased use of cash instead of using credit cards or smartphone apps for purchases (5)
- [ ] Avoided eating at restaurants (6)
- [ ] Resumed eating at restaurants (7)
- [ ] Canceled or postponed in-person medical or dental appointments (8)
- [ ] Attended in-person medical or dental appointments (9)
- [ ] Canceled or postponed housekeeping or caregiving services (10)
- [ ] Resumed or started new housekeeping or caregiving services (11)
- [ ] Did not make any changes to spending or shopping behavior (12)

*<If Q19b = 1,2,3,4,5,6,7,8,9,10 or 11 then display Q19c>*

Q19c In the **last 7 days**, for which of the following reasons have you or your household changed spending? *Select all that apply.*

- ☐ Usual shopping places were closed or had limited hours (e.g., restaurant, doctor/dentist office, health club, hair salon, child care center, etc.) (1)
- ☐ Usual shopping places re-opened or increased hours (2)
- ☐ Concerned about going to public or crowded places or having contact with high-risk people (3)
- ☐ No longer concerned about going to public or crowded places or having contact with high-risk people (4)
- ☐ Loss of income (5)
- ☐ Increased income (6)
- ☐ Concerns about being laid off or having hours reduced (7)
- ☐ No longer concerned about being laid off or having hours reduced (8)
- ☐ Working from home/teleworking (9)
- ☐ Resumed working onsite at workplace (10)
- ☐ Concerns about the economy (11)
- ☐ No longer concerned about the economy (12)
- ☐ Other, specify: (13) _____

Q20 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 (3)
- [ ] Borrowing from friends or family (4)
- [ ] Unemployment insurance (UI) benefit payments (5)
- [ ] Stimulus (economic impact) payment (6)
- [ ] Money saved from deferred or forgiven payments [to meet your spending needs] (7)
- [ ] Supplemental Nutrition Assistance Program (SNAP) (8)

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Q21a In the **last 7 days**, have you taken fewer trips to stores than you normally would have because of the coronavirus pandemic? Curbside pick-up should be counted as trips to stores. *Select only one answer.*

- ○ Yes (1)
- ○ No (2)

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Q21b In the **last 7 days**, have you taken fewer trips than you normally would have by bus, rail, or ride-sharing services, like Uber and Lyft, because of the coronavirus pandemic? *Select only one answer.*

- ○ Yes (1)
- ○ No (2)
- ○ Did not use before (3)

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Q21c Before the coronavirus pandemic, did you plan to take any overnight trips or trips to places more than 100 miles away in 2020? Include trips you had not made travel reservations or arrangements for in your answer. *Select only one answer.*

- ○ Yes (1)
- ○ No (2)

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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 (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)

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*<If Q24 = 2, 3 or 4 AND Q8 > 0 then display Q24a>*

Q24a 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)

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*<If Q24 = 2, 3 or 4 then display Q25>*

Q25 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 out to buy food (for example, didn't have transportation, or had mobility or health problems that prevented you from getting out) (2)
- ☐ Afraid to go or didn't want to go out to buy food (3)
- ☐ Couldn't get groceries or meals delivered to me (4)
- ☐ The stores didn't have the food I wanted (5)

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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 (1)
- ○ No (2)

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*<If Q26 = 1 then display Q27>*

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

- ☐ Free meals through the school or other programs aimed at children (1)
- ☐ Food pantry or food bank (2)
- ☐ Home-delivered meal service like Meals on Wheels (3)
- ☐ Church, synagogue, temple, mosque or other religious organization (4)
- ☐ Shelter or soup kitchen (5)
- ☐ Other community program (6)
- ☐ Family, friends, or neighbors (7)

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Q27a 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)

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Q28 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.*

_____

*<If Q28 amount ≥ 1,000 then display Q28_check>*

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)

*<If Q28_check = 2 then display Q28_correction>*

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.*

_____

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

_____

*<If Q29 amount ≥ 1,000 then display Q29_check>*

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)

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*<If Q29_check = 2 then display Q29_correction>*

Q29_correction **Please provide the correct amount (or your best estimate).**
During the last 7 days, how much money did you and your household spend on prepared meals, including eating out, fast food, and carry out or delivered meals? Please include money spent in cafeterias at work or at school or on vending machines. Please do not include money you have already told us about in item Q28(above). *Enter amount.*

_____

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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 (1)
- ○ Several days (2)
- ○ More than half the days (3)
- ○ Nearly every day (4)

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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 (1)
- ○ Several days (2)
- ○ More than half the days (3)
- ○ Nearly every day (4)

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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 (1)
- ○ Several days (2)
- ○ More than half the days (3)
- ○ Nearly every day (4)

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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 (1)
- ○ Several days (2)
- ○ More than half the days (3)
- ○ Nearly every day (4)

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** (1) | **No** (2) |
|---|---|---|
| Insurance through a current or former employer or union (through yourself or another family member) (1) | ○ | ○ |
| Insurance purchased directly from an insurance company, including marketplace coverage (through yourself or another family member) (2) | ○ | ○ |
| Medicare, for people 65 and older, or people with certain disabilities (3) | ○ | ○ |
| Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability (4) | ○ | ○ |
| TRICARE or other military health care (5) | ○ | ○ |
| VA (including those who have ever used or enrolled for VA health care) (6) | ○ | ○ |
| Indian Health Service (7) | ○ | ○ |
| Other (8) | ○ | ○ |

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 (1)
- ○ No (2)

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 (1)
- ○ No (2)

Q38a At any time in the **last 4 weeks**, did you take prescription medication to help you with any emotions or with your concentration, behavior or mental health? *Select only one answer.*

- ○ Yes (1)
- ○ No (2)

Q38b At any time in the **last 4 weeks**, did you receive counseling or therapy from a mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker? Include counseling or therapy online or by phone. *Select only one answer.*

- ○ Yes (1)
- ○ No (2)

Q38c At any time in the **last 4 weeks**, did you need counseling or therapy from a mental health professional, but DID NOT GET IT for any reason? *Select only one answer.*

- ○ Yes (1)
- ○ No (2)

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Q39 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)

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Q39a 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 to 9 apartments (6)
- ○ A building with 10 to 19 apartments (7)
- ○ A building with 20 to 49 apartments (8)
- ○ A building with 50 or more apartments (9)
- ○ Boat, RV, van, etc. (10)

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*<If Q39 = 3 then display Q40b>*

Q40b Is this household **currently** caught up on rent payments? *Select only one answer.*

- ○ Yes (1)
- ○ No (2)

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*<If Q39 = 2 then display Q40c>*

Q40c Is this household **currently** caught up on mortgage payments? *Select only one answer.*

- ○ Yes (1)
- ○ No (2)

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*<If Q39 = 2 or 3 then display Q41>*

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.*

- ○ Not at all confident (1)
- ○ Slightly confident (2)
- ○ Moderately confident (3)
- ○ Highly confident (4)
- ○ Payment is/will be deferred (5)

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*<If Q40b = 2 then display Q41a>*

Q41a 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)

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*<If Q40c = 2 then display Q41b>*

Q41b 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)

*<If Q8 ≠ 0 then display Q42>*

Q42 At any time during the **2020-2021 school year**, will any children in this household be 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 (1)
- ☐ Yes, homeschooled (2)
- ☐ No (3)

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*<If Q42 = 1 then display Q43>*

Q43 How has the coronavirus pandemic affected how the children in this household receive education for the **2020-2021 school year**? *Select all that apply.*

- ☐ Classes normally taught in person at the school were canceled (1)
- ☐ Classes normally taught in person moved to a distance-learning format using online resources, either self-paced or in real time (2)
- ☐ Classes normally taught in person moved to a distance-learning format using paper materials sent home to children (3)
- ☐ Classes normally taught in person changed in some other way -- Please specify: (4) _____
- ☐ The coronavirus pandemic did not affect how children in this household receive education (5)

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*<If Q42 = 1 then display Q44>*

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

- ○ Always available (1)
- ○ Usually available (2)
- ○ Sometimes available (3)
- ○ Rarely available (4)
- ○ Never available (5)

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*<If Q42 = 1* ***AND*** *Q44 = 1,2,3 or 4 then display Q45>*

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 (1)
- ☐ Provided by someone in the household or family, or it is the child's (2)
- ☐ Provided by another source (3)

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*<If Q42 = 1 then display Q46>*

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

- ○ Always available (1)
- ○ Usually available (2)
- ○ Sometimes available (3)
- ○ Rarely available (4)
- ○ Never available (5)

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*<If Q42 = 1* ***AND*** *Q46 = 1,2,3 or 4 then display Q47>*

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

- ☐ Paid for by the children's school or school district (1)
- ☐ Paid for by someone in the household or family (2)
- ☐ Paid for by another source (3)

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*<If Q42 = 1 then display Q47a>*

Q47a During the **last 7 days**, on how many days did the student(s) have live contact with their teachers in person, by phone, or by video? *Select only one answer.*

- ○ None (1)
- ○ 1 day (2)
- ○ 2-3 days (3)
- ○ 4 or more days (4)

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*<If Q42 = 1 then display Q48a>*

Q48a During the **last 7 days**, about how many hours did the student(s) spend doing learning activities on their own? Do not include time spent with teachers or other household members. Enter the total number of hours for all students. *If none, enter 0.*

_____

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*<If Q42 = 1 then display Q48b>*

Q48b During the **last 7 days**, about how much time did the student(s) typically spend on all learning activities relative to a school day before the coronavirus pandemic? *Select only one answer.*

- ○ Much less than a school day before the coronavirus pandemic (1)
- ○ A little bit less than a school day before the coronavirus pandemic (2)
- ○ As much as a school day before the coronavirus pandemic (3)
- ○ A little bit more than a school day before the coronavirus pandemic (4)
- ○ Much more than a school day before the coronavirus pandemic (5)

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QPS1 Before the coronavirus pandemic, how many members of your household, including yourself, were planning to take classes this fall from a college, university, community college, trade school, or other occupational school (such as a cosmetology school or a school of culinary arts)? *Please enter a number.*

_____

*<If QPS1 > 0 then display QPS2>*

QPS2
Thinking of all the members of your household who were planning to take classes from a college, university, community college, trade school, or other occupational school this fall, what type of program(s) are the classes a part of? *Select all that apply.*

- ☐ Certificate or diploma program from a school that provides occupational training (usually a 2-year program, often leading to a license, such as cosmetology) (1)
- ☐ Associate's degree program (usually a 2-year degree) (2)
- ☐ Bachelor's degree program (usually a 4-year degree) (3)
- ☐ Graduate degree program (for example, Master's, PhD, MD) (4)
- ☐ Another credential program not listed above (5)
- ☐ Classes that are not part of a credential program (6)

*<If QPS1 > 0 then display QPS3>*

QPS3 Thinking of all the members of your household who were planning to take classes from a college, university, community college, trade school, or other occupational school this fall, has the coronavirus pandemic resulted in any of the changes listed below? *Select all that apply.*

- ☐ Plans to take classes this fall have not changed. (1)
- ☐ All plans to take classes this fall have been canceled. (2)
- ☐ Classes will be in different formats in the fall (for example, change from in-person to online). (3)
- ☐ Fewer classes will be taken this fall. (4)
- ☐ More classes will be taken this fall. (5)
- ☐ Classes will be taken from a different institution. (6)
- ☐ Classes will be taken for a different kind of certificate or degree. (7)

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*<If QPS1 > 0* ***AND*** *QPS3 = 2,3,4,5,6 or 7 then display QPS4>*

QPS4 Why did household members' plans to take classes this fall change? *Select all that apply.*

- ☐ Had coronavirus or concerns about getting coronavirus (1)
- ☐ Caring for someone with coronavirus (2)
- ☐ Caring for others whose care arrangements are disrupted (e.g., loss of day care or adult care programs) (3)
- ☐ Institution changed content or format of classes (e.g., from in-person to online) (4)
- ☐ Changes to financial aid (5)
- ☐ Changes to campus life (6)
- ☐ Uncertainty about how classes/program might change (7)
- ☐ Not able to pay for classes/educational expenses because of changes to income from the pandemic (8)
- ☐ Some other reason related to the pandemic, please specify (9)
  _____

Q50 In 2019 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) _____

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.

_____

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

_____

Thank you.

Is there anything else related to the coronavirus pandemic 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 0607-1013, expiring on 10/31/2020.

If you need help during this time, here are some resources that may help:
General: https://www.coronavirus.gov/
Meal finder for kids: https://www.fns.usda.gov/meals4kids
Unemployment services: https://www.usa.gov/unemployment