

2020 Household Pulse Survey

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.

Q1 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

Q2 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

Q3 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

Q4 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

Q5 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

Q6 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"/>

Q7 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

Q8 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

Originally Q31-Q38