

ZPER 2.0 Telephone Follow-up Questionnaire – English phone version

Form Approved

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We would like to ask you some questions about your health and experiences since the birth of your recent baby.

1. Since your new baby was born, have you had a postpartum checkup for yourself? A postpartum checkup is the regular checkup a woman has about 4 to 6 weeks after she gives birth.

- (Don't read)**
- 1 No
 - 2 Yes → **Go to Question 3**
 - 8 Refused → **Go to Question 4**
 - 9 Don't know/don't remember → **Go to Question 4**

2. I'm going to read a list of reasons why some women may not have a postpartum checkup. For each one, please tell me if it was a reason for you. Would you say that you did not have a postpartum checkup because _____?

Reason	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. You didn't have health insurance to cover the cost of the visit				
b. You felt fine and did not think you needed to have a visit				
c. You couldn't get an appointment when you wanted one				
d. You didn't have any transportation to get to the clinic or doctor's office				
e. You had too many things going on				
f. You couldn't take time off from work				
g. Road conditions made it unsafe to travel after Hurricanes Irma and Maria				

h. You weren't able to get enough gasoline or diesel to drive after Hurricanes Irma and Maria				
i. You were afraid to leave where you were staying after Hurricanes Irma and Maria				
j. Services were not available due to damage to the clinics from the hurricanes				
k. Did you have some other reason?				
l. IF YES, ASK: What kept you from having a postpartum checkup? <hr/> <hr/>				

INTERVIEWER: If the respondent did not have a postpartum check-up, go to Question 4.

3. During your postpartum checkup, did your doctor, nurse, or other health care worker **do any of the following things? I am going to read a list of things. Did they _____?**

(PROBE: Did a doctor, nurse, or other health care worker _____ during your postpartum checkup?)

Subject	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Talk to you about clothes to wear to prevent mosquito bites				
b. Talk to you about using mosquito repellent on your skin or clothing				
c. Talk to you about using condoms during sex to prevent Zika infection				
d. Talk to you about birth control methods you can use after giving birth				
e. Give or prescribe you a contraceptive method such as the pill, patch, shot or Depo-Provera®, NuvaRing®, or condoms				
f. Insert an IUD such as Mirena®, ParaGard®, Liletta®, or Skyla® or a contraceptive implant such as Nexplanon® or Implanon®				

4. I'm going to read a list of health conditions. For each one, please tell me if a doctor, nurse or other health care worker told you that you have the condition **since your new baby was born**. Have you been told that you have _____?

(PROBE: **Since your new baby was born**, has a doctor, nurse or other health care worker told you that you had _____?)

Condition	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Diabetes				
b. High blood pressure or hypertension				
c. Depression				
d. Anxiety				
e. Zika virus infection				

5. **Since your new baby was born**, how often have you felt down, depressed, or hopeless? Would you say that it's been always, often, sometimes, rarely, or never?

- (Don't read)
- 1 Always
 - 2 Often
 - 3 Sometimes
 - 4 Rarely
 - 5 Never

 - 8 Refused
 - 9 Don't know/don't remember

6. **Since your new baby was born**, how often have you had little interest or little pleasure in doing things you usually enjoyed? Would you say that it's been always, often, sometimes, rarely, or never?

- (Don't read)
- 1 Always
 - 2 Often
 - 3 Sometimes
 - 4 Rarely
 - 5 Never

- 8 Refused
- 9 Don't know/don't remember

7. **Since the hurricanes or disaster**, have you felt that you have needed mental health services such as counseling, medications, or support groups to help with feelings of anxiety, depression, grief, or other issues?

- (Don't read)**
- 1 No → **Go to Question 9**
 - 2 Yes
 - 8 Refused → **Go to Question 9**
 - 9 Don't know/don't remember → **Go to Question 9**

8. Were you able to get the mental health services that you needed?

- (Don't read)**
- 1 No
 - 2 Yes
 - 8 Refused
 - 9 Don't know/don't remember

These next questions are about your new baby.

9. Is your baby alive now?

- (Don't read)**
- 1 No → **INTERVIEWER: "We are very sorry for your loss." and Go to Question 26**
 - 2 Yes
 - 8 Refused → **Go to Question 26**
 - 9 Don't know/don't remember → **Go to Question 26**

10. Is your baby living with you now?

- (Don't read)**
- 1 No → **Go to Question 26**
 - 2 Yes
 - 8 Refused → **Go to Question 26**
 - 9 Don't know/don't remember → **Go to Question 26**

11. Did you ever breastfeed or pump breast milk to feed your new baby, even for a short period of time?

- (Don't read)**
- 1 No → **Go to Question 14**
 - 2 Yes

- 8 Refused → **Go to Question 14**
- 9 Don't know/don't remember → **Go to Question 14**

12. Are you currently breastfeeding or feeding pumped milk to your new baby?

- (Don't read)**
- 1 No
 - 2 Yes → **Go to Question 14**
 - 8 Refused → **Go to Question 14**
 - 9 Don't know/don't remember → **Go to Question 14**

13. How many weeks or months did you breastfeed or pump milk to feed your baby?

(PROBE: About how many weeks or months?)

- (Don't read)**
- 1 Less than 1 week
 - 2 Number of weeks _____ (Range: 1-40)
OR
 - 3 Number of months _____ (Range: 1-9)
 - 8 Refused
 - 9 Don't know/don't remember

14. In the month after your baby was born, did you experienced any of the following problems caring for your baby due to the situation caused by the hurricanes? I'm going to read a list of problems. For each one, please tell me if you experienced it. Did you have problems _____?

Problem	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Getting the medical attention your baby needed				
b. Getting medical attention for yourself				
c. Feeding your baby				
d. Getting enough money to take care of your baby				
e. Getting clean water to bathe your baby				
f. Providing a safe place for your baby to sleep				
g. Protecting your baby from mosquito-borne infections				
i. Paying your bills				
j. Getting money out of the bank				

15. Has your new baby had any health care visits with a doctor, nurse, or other health care worker since you left the hospital when your baby was born?

- (Don't read)** 1 No
 2 Yes → **Go to Question 17**
 8 Refused → **Go to Question 18**
 9 Don't know/don't remember → **Go to Question 18**

16. I'm going to read a list of things that can keep babies from having a health care visit. For each one, please tell me if it applied to you or your new baby.

(PROBE: Would you say that your baby did not get a health care visit because _____)

Reason	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. You don't have health insurance for your baby				
b. You don't have enough money to pay for the visit				
c. You don't have a way to get your baby to the clinic or doctor's office				
d. You don't have anyone to take care of your other children				
e. You can't get an appointment				
f. You don't think your new baby needs a health care visit				
g. Road conditions made it unsafe to travel after Hurricanes Irma and Maria				
h. You weren't able to get enough gasoline or diesel to drive after Hurricanes Irma and Maria				
i. You were afraid to leave where you were staying after Hurricanes Irma and Maria				
j. Services were not available due to damage to the clinics from the hurricanes				
k. Did anything else keep your baby from having a health care visit?				
l. IF YES, ASK: What else kept your baby from having a health care visit? <hr/> <hr/>				

INTERVIEWER: If the baby has never had a health care visit after leaving the hospital, got to Question 18.

17. Please tell me which **one** of the following best describes where you **usually** take your new baby for health care visits? Is it _____?

(PROBE: Where do you **usually** take your baby for his or her health care visits?)

- 1 A private doctor's office
- 2 A Health Department Clinic such as a IPA Clinic
- 3 A Community Health Center such as a 330 Clinic
- 4 The Regional Pediatric Center
- 5 The Hospital Emergency Room
- 6 A Hospital Outpatient Clinic
- 7 Do you take your baby to some other place?

➔ IF YES, ASK: Where else do you usually take your baby for his or her health care visits? _____

- (Don't read)
- 8 Refused
 - 9 Don't know/don't remember

18. Do you have someone you think of as your baby's personal doctor or nurse? *A personal doctor or nurse is a health professional who knows your baby well and is familiar with your baby's health history. This can be a family doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician assistant.*

(PROBE: Does your baby have one or more than one person you consider their personal doctor or nurse?)

- 1 No
- 2 Yes, one person
- 3 Yes, more than one person

- (Don't read)
- 8 Refused
 - 9 Don't know/don't remember

19. **Since your new baby was born**, has a doctor, nurse, or other health care worker talked with you about any of the following things? I am going to read a short list. For each topic, please tell me if they talked to you about it or not.

(PROBE: Did a doctor, nurse, or other health care worker talk to you about _____?)

Topic	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Dressing your baby in long sleeves and long pants to avoid mosquito bites				
b. Using mosquito repellent on your baby's exposed skin or clothing				
c. Putting a mosquito net over your baby's crib or bed				
d. What the signs and symptoms of Zika virus infection are in a baby				

20. *Since your new baby was born*, has a doctor, nurse, or other health care worker told you that your new baby was infected with Zika virus during your pregnancy?

- (Don't read)
- 1 No
 - 2 Yes
 - 8 Refused
 - 9 Don't know/don't remember

21. I'm going to read a list of health conditions. For each one, please tell me if your new baby has the condition. Does your baby have _____?

	Condition	No (1)	Yes (2)	Refused (8)	Don't know (9)
a.	Hearing problems				
b.	Vision problems				
c.	Poor weight gain				
d.	Difficulties feeding				
e.	Smaller than normal head size				
f.	Muscle weakness				
g.	Deformity of the feet				
h.	Convulsions				

INTERVIEWER: If the baby does not have any of the health conditions listed above, go to Question 24.

22. Has your new baby’s regular doctor suggested that you take your baby to see a *specialist doctor* for help with his or her health conditions?

- (Don’t read)**
- 1 No
 - 2 Yes
 - 8 Refused
 - 9 Don’t know/don’t remember

23. Have you been asked if you would like to talk to other families who have had babies with health conditions similar to those of your new baby?

- (Don’t read)**
- 1 No
 - 2 Yes
 - 8 Refused
 - 9 Don’t know/don’t remember

24. I’m going to read a list of services some babies receive. For each one, please tell me if your new baby received the service. Has your new baby received _____ ?

	Services	No (1)	Yes (2)	Refused (8)	Don’t know (9)
a.	A scan or ultrasound of his or her head, for example a CT Scan or MRI				
b.	A hearing test				
c.	An eye exam				
d.	An assessment of how your baby is developing				
e.	An evaluation by a specialists for physical therapy				
f.	Assistance from a nutritionist				

25. Would you say that you have someone that you can turn to for day-to-day emotional support with taking care of your new baby?

- (Don't read)
- 1 No
 - 2 Yes
 - 8 Refused
 - 9 Don't know/don't remember

The next questions are about the use of contraception.

26. How do you feel about having a child sometime in the future?

(PROBE: Would you say that _____?)

- (1) You do not want to have any more children
- (2) You would like to have another child in the next 1-2 years
- (3) You would like to have another child in the next 3-5 years
- (4) You would like to have another child after 5 or more years
- (5) You would like to have another child, but you are not sure when

- Don't Read**
- (8) Refused
 - (9) Don't Know / Don't Remember

27. Are you or your husband or partner doing anything **now** to keep from getting pregnant? Some things people do to keep from getting pregnant include having their tubes tied, using birth control pills, condoms, withdrawal, or natural family planning.

- (Don't read)
- 1 No
 - 2 Yes → Go to Question 29
 - 8 Refused → Go to Question 30
 - 9 Don't know/don't remember → Go to Question 30

28. I'm going to read a list of reasons some women or their husbands or partners have for not doing anything to keep from getting pregnant. For each one, please tell me if it is one of the reasons for you or your husband or partner **now**. Is it because _____?

(PROBE: You aren't doing anything to keep from getting pregnant **now** because _____?)

Reason	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. You want to get pregnant				
b. You are pregnant now				
c. You had your tubes tied or blocked				
d. You don't want to use birth control				

e. You are worried about side effects from birth control				
f. You are not having sex				
g. Your husband or partner doesn't want to use anything				
h. You have problems paying for birth control				
i. You had problems getting contraception due to the hurricane (doctor office closed, pharmacies closed, etc.)				
j. Is there any other reason you're not doing anything to keep from getting pregnant now?				
k. IF YES, ASK: What is the reason you are not doing anything to keep from getting pregnant now? _____				

INTERVIEWER: If the respondent or her husband or partner are not doing anything to keep from getting pregnant *now*, go to Question 30.

INTERVIEWER: If the respondent is pregnant *now*, go to Question 30.

29. I'm going to read a list of birth control methods. For each one, please tell me if you or your husband or partner are using this method *now*.

(PROBE: What are you, your husband, or partner using *now* to keep from getting pregnant?)

Method	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Tubes tied or blocked, female sterilization, or Essure®				
b. Vasectomy or male sterilization				
c. Birth control pills				
d. Condoms				
e. Shots, injections or Depo-Provera®				
f. Contraceptive patch or OrthoEvra® or vaginal ring or NuvaRing®				
g. IUD, including Mirena® or ParaGard®, Liletta®, or Skyla®				

h. Contraceptive implant in the arm, including Nexplanon® or Implanon®				
i. Natural family planning including rhythm method				
j. Withdrawal or pulling out				
k. Not having sex or abstinence				
l. Are you or your husband or partner using anything else to keep from getting pregnant <i>now</i> ?				
m. IF YES, ASK: What other birth control method are you or your husband or partner using now to keep from getting pregnant?				

The following questions are about your experiences during and after Hurricanes Irma and Maria. We understand that the time after the hurricanes could have been difficult. We would appreciate your support answering the following questions since they could help us understand the challenges pregnant women face during and after a disaster.

30. I'm going to read a list of things that could happen because of a hurricane or disaster. For each one, please tell me if you experienced it *due to the hurricanes*? Would you say that _____?

(PROBE: Did you experience any of the following *because of the hurricanes*?)

Experience	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. You felt like your life was in danger when the disaster struck				
b. You were injured or became ill				
c. A member of your household was injured or became ill				
d. You walked through debris or floodwater				
e. You were without electricity for one week or longer				
f. Someone close to you died in the disaster				
g. You were living in temporary housing or in conditions that you were not accustomed to				
h. You lost personal belongings				

i. You were separated from loved ones who you feel close to				
j. You had trouble getting services or aid from the government				
k. You had trouble dealing with insurance or disaster relief agencies				
l. You had trouble getting clean drinking water				
m. You had trouble getting enough food to eat				
n. You felt unsafe because of the lack of order and security after the disaster				
o. You had to move to another municipality				

31. How would you describe any damage to your home from the hurricanes? I'm going to read a list of options. Please tell me which ONE best describes your situation.

- 1 Your home was not damaged
- 2 Your home had minor damage, but the living areas were still livable
- 3 Your home had major damage
- 4 Your home was destroyed

- 8 Refused
- 9 Don't Know

INTERVIEWER: If the mother is younger than 21 years of age, skip Question 32 and Question 33.

32. *Since the hurricanes*, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way?

Person	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Your husband or partner				
b. Your ex-husband or ex-partner				
c. Another family member				
d. Someone else				

33. *Since the hurricanes*, has anyone forced you to have sex or to take part in touching or any sexual activity when you did not want to?

- (Don't read)**
- 1 No
 - 2 Yes
 - 8 Refused
 - 9 Don't know/Don't remember

34. I'm going to read a list of health services that you may have needed since the hurricanes. For each service, please tell me if you needed the service and if you received the service since the hurricanes. Have you needed _____? Did you receive _____?

(PROBE: Since the hurricanes, have you needed _____? Did you receive them?)

Service	(Don't Read)					
	Needed		Received		Refused (8)	Don't Know (9)
	No (1)	Yes (2)	No (3)	Yes (4)		
a. Health services for an illness	No	Yes	No	Yes		
b. Health services for a chronic condition	No	Yes	No	Yes		
c. Health services for an injury	No	Yes	No	Yes		
d. Dental health services	No	Yes	No	Yes		
e. Supply of medications	No	Yes	No	Yes		
f. Health services for Zika virus infection	No	Yes	No	Yes		

INTERVIEWER: If the mother did NOT need any of the services OR If the mother DID need a service but DID receive it, go to Question 36.

35. I'm going to read a list of reasons that some people may have for not receiving health services since the hurricanes. For each one, please tell me if it was a reason that you did not receive one or more of the health services you needed since the hurricanes. Was it because _____?

(PROBE: Was a reason you did not receive the health care service you needed since the hurricanes because _____?)

Reason	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Road conditions made it unsafe to travel				
b. You weren't able to get enough gasoline or diesel to drive				
c. You didn't have enough money or insurance to pay for your visits				
d. You were sick or injured and could not travel				
e. You were afraid to leave where you were staying				
f. You did not know where to go to get the services				
g. Services were not available due to damage to the clinics from the disaster				
h. You couldn't get an appointment when you wanted one				
i. You couldn't take time off from work or school				
j. You had no one to take care of your children or other family members				

k. You had too many other things going on				
l. Some other reason?				
m. If "Yes" ASK: What was the reason? _____ _____ _____				

36. Among the following means of communication, where did you look **first** for reliable information regarding the hurricanes and cleaning up or recovery efforts after the disaster? I'm going to read a list of means of communication. Was it ___?

(PROBE: Where did you look **first** for reliable information after the hurricanes? Was it _____?)

- 1 TV
- 2 Radio
- 3 Neighbor or word of mouth
- 4 Announcements placed in public places
- 5 Local Newspaper
- 6 Social media like Facebook
- 7 Internet → Please specify the site: _____
- 10 Other → Please tell us: _____

- (Don't read)
- 8 Refused
 - 9 Don't know

37. I'm going to read a list of kinds of help people may receive after a hurricane. For each one, please tell me if you or any other member of your household received this type of aid as part of disaster relief efforts. Did you receive _____?

(PROBE: Did you or any other member of your household receive _____?)

Kind of help	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Food				
b. Water				
c. Shelter or a place to stay				
d. Clothing				
e. Medications				
f. Financial assistance				

g. Transportation services				
h. Alternate sources of electricity such as flashlights, generators, converters, batteries, solar panels.				

38. I'm going to read a list of things some women **may worry about**. For each one, please tell me if it was something you worried about **after the hurricanes, but while you were still pregnant** with your new baby. Would you say that _____?

(**PROBE:** After the hurricanes, but while you were still pregnant, did you worry about any of the following things?)

Worries	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. You worried about your baby's health				
b. You worried about missing prenatal care appointments				
c. You worried about not being able to contact your doctor in the event of an emergency				
d. You worried your regular obstetrician/gynecologist would not be available at the time of your baby's birth				
e. You worried about reaching the hospital in time for your baby's birth				
f. You worried you would not be able to give birth where you wanted				
g. You worried about your health				
h. You worried about not being able to prevent Zika virus infection during your pregnancy				
i. You worried about getting an infection from other people around you who were sick				
j. You worried about getting sick from drinking bad water				
k. You worried about getting sick from eating bad food				
l. You worried about getting an infection from mosquitos				

39. Around the **time of your baby's birth**, did any of the following things happen due to the situation caused by the hurricanes? I'm going to read a list of things. For each one, please tell me if it happened to you. Would you say that because of the hurricanes _____?

Thing	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)

a. You missed one or more prenatal care appointments				
b. You had to change doctors, for example your obstetrician/gynecologist, because your regular doctor was not available due to the hurricane				
c. A doctor was not present for the birth of your baby				
d. You had to deliver your baby in a different hospital than you originally planned				

40. During your **time in the hospital after the birth of your baby**, did you receive any of the following things? I'm going to read a list. For each one, please tell me if you received it in the hospital after your baby was born. Did you receive _____?

Thing	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Enough drinking water				
b. A place to bathe				
c. Electricity in your hospital room				
d. Enough food				
e. A visit from a lactation specialist				
f. Help learning how to take care of your newborn				

41. I'm going to read a list of kinds of help people might need. For each one, please tell me if you would have that kind of help if you needed it **since the hurricanes**. Would you have _____?

(PROBE: Since the hurricanes, would you have _____ if you needed it?)

Kind of help	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Someone to loan you \$50				
b. Someone to help you if you were sick and needed to be in bed				
c. Someone to talk with about your problems				

42. Were you working at a job for pay **at the time of the hurricanes**?

(PROBE: At the time of the hurricanes, were you _____?)

- 1 Yes, you were employed part time (30 hours or less)
- 2 Yes, you were employed full time (More than 30 hours)
- 3 Not employed → **Go to Question 45**

- (Don't read)**
- 8 Refused → **Go to Question 45**
 - 9 Don't know/don't remember → **Go to Question 45**

43. Was your job or employment affected by the hurricane?

- 1 Yes
- 2 No → **Go to Question 45**
- 3 No, I didn't have a job before the hurricane → **Go to Question 45**

- (Don't read)**
- 8 Refused → **Go to Question 45**
 - 9 Don't know/don't remember → **Go to Question 45**

44. I'm going to read a list of things that may have happened with the job that you had before the hurricanes. For each one, please tell me if it happened to you. Would you say _____?

Situations	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. You could not return to work for more than a week because of the hurricanes				
b. You were forced to take vacation or leave				
c. Your company closed or shut down				
d. Your hours were reduced because of the hurricanes				
e. You had to work extra hours or overtime after the hurricanes because other workers were out				
f. Your pay was delayed because of the hurricanes				
g. You lost your job because of the hurricanes				
h. You quit your job				

45. I'm going to read a list of people that might provide additional economic support such as money, food, or basic supplies and necessities to your household aside from yourself. For each one, please tell me if they provided additional economic support to your household before the hurricanes.

(PROBE: Aside from you, **before the hurricanes**, who provided additional economic support to your household?)

Persons	(Don't read)
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	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Your husband, partner or baby's father				
b. Your parents				
c. Another family member				
d. Someone else				
e. If "Yes" ASK: Who? _____				

46. Was the job or employment of anyone who contributed to your household affected by the hurricanes?

- 1 Yes, one person
- 2 Yes, more than one person
- 2 No → Go to Question 49

- (Don't read) 8 Refused → Go to Question 49
 9 Don't know/don't remember → Go to Question 49

47. I'm going to read a list of things that may have happened to someone's job after a disaster. For each thing, please tell me if it happened to one or more of the people who contributed money or economic support to your household besides yourself. ~~someone who contributed~~. Would you say ____?

Situations	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. They could not return to work for more than a week because of the hurricanes				
b. They were forced to take vacation or leave				
c. The company closed or shut down				
d. Their hours were reduced because of the hurricane				
e. They had to work extra hours or overtime after the hurricane because other workers were out				
f. Their pay was delayed because of the hurricane				
g. They lost their job because of the hurricane				
h. They quit their job				

48. Did you request Disaster Unemployment Assistance? *Disaster Unemployment Assistance is special assistance provided by the government to people who lost their jobs due to a natural disaster.*

- (Don't read) 1 No

- 2 Yes
- 8 Refused
- 9 Don't know/don't remember

49. I am going to read you a list of things that some people do to prepare for a disaster. For each one, please tell me if it was something you had done **before** the Hurricanes Irma and Maria to prepare for a disaster. Would you say that _____?

Things	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. You had an emergency meeting place for family members other than your home				
b. Your family and you had practiced what to do in case of a disaster				
c. You had a plan for how your family and you would keep in touch if you were separated				
d. You had an evacuation plan if you needed to leave your home or community				
e. You had an evacuation plan for your child or children in case of a disaster, for example permission for day care or school to release your child to another adult				
f. You had copies of important documents like birth certificates and insurance policies in a safe place outside your home				
g. You had emergency supplies in your home for your family, such as enough extra water, food, and medicine to last for at least three days				
h. You had emergency supplies prepared that you kept in your car, at work, or at home to take with you if you needed to leave quickly				

50. In appreciation for participating in this survey, we would like to give you a small gift. Can you please tell me what address we should send it to?

This finishes the interview. Is there anything you would like to say about your experiences around the time of your pregnancy or the health of mothers and babies in Puerto Rico?

INTERVIEWER: Record respondents verbatim comments below.

