

Puerto Rico

*I am going to start by asking you some questions about your child's health.*

*[If child reported to have Autism, ASD, Asperger's Disorder or PDD in core, continue to PR1, else go to PR2.]*

**PR1. How old was this child when a doctor or other health care provider FIRST told you that he or she had Autism, ASD, Asperger's Disorder or PDD?**

Age in Years

- 1  Do not have a health specialist  
77  Don't know  
99  Prefer not to answer

**PR2. Has your child ever been diagnosed with spina bifida, anencephaly, or any other neural tube defect?**

- 1  Yes  
2  No  
77  Don't know  
99  Prefer not to answer

*The next few questions are going to ask about your experiences after Hurricanes Irma and Maria.*

**PR3. Did your child stop receiving health care services due to Hurricanes Irma or Maria?**

- 1  Yes  
2  No  
77  Don't know  
99  Prefer not to answer

**PR4. Did your family move to a different town, city, or country due to Hurricanes Irma or Maria?**

- 1  Yes  
2  No  
77  Don't know  
99  Prefer not to answer

**PR5. Did your family move to a shelter or other place due to Hurricanes Irma or Maria?**

- 1  Yes  
2  No [Go to PR6]  
77  Don't know [Go to PR6]  
99  Prefer not to answer [Go to PR6]

**[If yes] Were you able to return to your home after Hurricane Irma or Maria?**

- 1  Yes  
2  No  
77  Don't know  
99  Prefer not to answer

*[ONLY ASK THIS QUESTION IF CHILD IS CSHCN]*

Now we are going to ask you some questions about services this child may receive.

**PR6. DURING THE PAST 12 MONTHS, did this child see a specialist other than a mental health professional? Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.**

- 1  Yes
- 2  No, but this child needed to see a specialist
- 3  No, this child did not need to see a specialist
- 77  Don't know
- 99  Prefer not to answer

**PR7. *[ONLY ASK THIS QUESTION IF CHILD IS CSHCN]***

**DURING THE PAST 12 MONTHS, how often were you frustrated in your efforts to get services for this child?**

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always
- 77  Don't know
- 99  Prefer not to answer

**PR8. *[ONLY ASK THIS QUESTION IF CHILD IS CSHCN]***

**Has this child EVER received special services to meet his or her developmental needs such as speech, occupational, or behavioral therapy?**

- 1  Yes
- 2  No
- 77  Don't know
- 99  Prefer not to answer

**PR9. *[ONLY ASK THIS QUESTION IF CHILD IS CSHCN]***

**Does this child receive services from a program called Early Intervention Services? Children receiving these services often have an Individualized Family Service Plan.**

***Early Intervention Services are defined as: family training, counseling, and home visits; health services; medicine; nursing; nutrition; occupational therapy; physical therapy; psychological services; service coordination services; social work services; special instruction; speech-language therapy; transportation, communication or mobility devices; and vision and hearing services.***

- 1  Yes
- 2  No
- 77  Don't know
- 99  Prefer not to answer

**PR10. [ONLY ASK THIS QUESTION IF CHILD IS CSHCN]**

Does this child receive services from a program called Special Educational Services?  
Children receiving these services often have an Individualized Education Plan.

Special Education is any kind of special school, classes or tutoring.

- 1  Yes
- 2  No
- 77  Don't know
- 99  Prefer not to answer

Now we are going to ask you some questions about your health insurance and health care.

**PR11. DURING THE PAST 12 MONTHS, were you EVER covered by ANY kind of health insurance or health coverage plan?**

- 1  Yes, I was covered all 12 months
- 2  Yes, but I had a gap in coverage
- 3  No
- 77  Don't know
- 99  Prefer not to answer

**PR12. Are you CURRENTLY covered by ANY kind of health insurance or health coverage plan?**

- 1  Yes
- 2  No
- 77  Don't know
- 99  Prefer not to answer

**[If yes] Are you covered by any of the following types of health insurance or health coverage plans?**

	Yes	No	Don't Know	Prefer not to answer
Insurance through a current or former employer or union	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>	99 <input type="checkbox"/>
Insurance purchased directly from an insurance company	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>	99 <input type="checkbox"/>
Medicaid, Medical Assistance, or any kind of government assistance plan for those with low incomes or a disability	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>	99 <input type="checkbox"/>
TRICARE or other military health care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>	99 <input type="checkbox"/>
Another type, <i>please specify</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>	99 <input type="checkbox"/>
<input style="width: 400px; height: 20px;" type="text"/>				