

Appendix D.1. Web-based Household Survey Instrument in English

INTRO1



Puerto Rico Health and Well-Being Survey

OMB Approval No. ####-####
Expiration Date: ##/##/20##

Your household has been selected to participate in an important study about health and well-being in Puerto Rico. The purpose of this study is to learn more about the kinds of resources that households have and additional resources they may need to lead healthy lives. The survey includes questions about shopping and eating habits, community programs available in your neighborhood, and coping with natural disasters.

Who should complete this survey? A household member who is—

- At least 18 years of age
- Able to answer questions about household grocery shopping, food, and expenses

Risks and privacy

Some of the questions in the survey are potentially sensitive, but your answers will be kept private. We will combine all responses and report them as overall findings. These findings may be shared with the research community at large to advance science and health. We will remove any personal information so that no survey respondents can be identified from the information we share.

Study costs and compensation

There is no cost to you to participate, apart from the time you spend responding to the survey. We expect this survey to take about 40 minutes.

When we receive your survey, we will send you a \$40 gift card to thank you for your time.

Your participation can help improve programs designed to promote health and well-being among Puerto Rico residents.

Voluntary participation

Your participation is entirely voluntary. We hope you will respond, but you may skip a question or discontinue the survey at any time.

Participation in the survey will not affect any benefits you might receive from Administración de Desarrollo Socioeconómico de la Familia.

Questions

If you have questions about the study or your rights as a research participant, please call [local number for Estudios Técnicos].

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INTRO2



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Public Burden Statement

This information is being collected to assist the Food and Nutrition Service (FNS) in understanding food security status and economic well-being among Puerto Rico residents. This is a voluntary collection. FNS will use the information as a baseline for future assessments of food security and the Nutrition Assistance Program, particularly in the context of natural disasters. This collection requests personally identifiable information under the Privacy Act of 1974. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-XXXX. The time required to complete this information collection is estimated to average 40 minutes per response, including the time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, Alexandria, VA 22314. ATTN: PRA (0584-XXXX). Do not return the completed form to this address.

Privacy Act Statement

Authority: Section 105 of the Additional Supplemental Appropriations for Disaster Relief Act, 2019, P.L. 116-20, authorizes collection of the information on this application.

Purpose: Information is collected primarily for use by the Food and Nutrition Service in the administration of the Nutrition Assistance Program.

Routine Use: Information may be disclosed for any of the routine uses listed in the published System of Record notice titled FNS-8 USDA/FNS Studies and Reports published in the *Federal Register* April 25, 1991, Volume 56, Number 80 (pages 19078-19080).

Disclosure: Furnishing the information on this form is voluntary. There are no penalties for nonresponse.

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When answering these questions, please think about your household. By household, we mean people who live with you and with whom you purchase and prepare food.

If you purchase foods and prepare meals for yourself only, please answer only for yourself.

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A_1_



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Are you the primary shopper for your household, that is, are you the person who usually buys most of the groceries?

- Yes
- No

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Where do you (or the primary shopper) buy most of your groceries?

MARK ONE

- Supermarket (e.g., Pueblo, Econo, Amigo, Selectos)
- Super store (e.g., Walmart)
- Warehouse club store (e.g., Sam's Club, Costco)
- Colmado, local or independent grocery store
- Convenience store, corner store, or dollar store
- Local street markets or street vendors
- Online retailers
- Other store
- Don't know

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In a typical month, how often do you (or the primary shopper) shop for food at this store?

- More than once a week
- Once a week
- Once every 2 weeks
- About once a month or less
- Don't know

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How much time does it usually take you (or the primary shopper) to get to this store?

- Less than 10 minutes
- 10 to 20 minutes
- 21 to 30 minutes
- More than 30 minutes
- Don't know

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How do you (or the primary shopper) usually get to this store?

MARK ONE

- In my (or the primary shopper's) car
- In a car that belongs to someone I (or the primary shopper) live with
- In a car that belongs to someone who lives elsewhere
- Walk
- Ride bicycle
- Bus, subway, or other public transit
- Taxi or other paid driver
- Someone else delivers groceries
- Some other way
- Don't know

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How often do you (or the primary shopper) usually buy groceries at any other stores?

- Do not usually buy groceries at other stores
- More than once a week
- Once a week
- Once every 2 weeks
- About once a month or less
- Don't know

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Thinking about **all the stores** where you (or the primary shopper) shop for groceries, how would you describe the selection of foods in each category listed below?

FOR EACH ITEM BELOW, MARK ONE

	Poor	Average	Good	Don't know/don't buy
Fresh fruits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frozen fruits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Canned fruits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dried fruits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fresh vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frozen vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Canned vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dried or canned beans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breads, rice, or other grains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dairy products such as milk, cheese, or yogurt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meats, such as beef, chicken, or pork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seafood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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A_8_MATRIX



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Thinking about **all the stores** where you (or the primary shopper) shop for groceries, how easy is it to buy these foods on your budget?

FOR EACH ITEM BELOW, MARK ONE

	Very easy	Easy	Difficult	Very difficult	Don't know/don't buy
Fresh fruits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frozen fruits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Canned fruits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dried fruits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fresh vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frozen vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Canned vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dried or canned beans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breads, rice, or other grains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dairy products such as milk, cheese, or yogurt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meat, such as beef, chicken, or pork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seafood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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A_9_MATRIX



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Is shopping for groceries for your household difficult for any of the following reasons?
FOR EACH ITEM BELOW, MARK ONE

	Yes	No
Distance to the store	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>
Store hours	<input type="radio"/>	<input type="radio"/>
Affordability (food prices)	<input type="radio"/>	<input type="radio"/>
Physical disability	<input type="radio"/>	<input type="radio"/>
Amount of time available to shop at the store	<input type="radio"/>	<input type="radio"/>
Safety concerns (in and around the stores)	<input type="radio"/>	<input type="radio"/>

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In the past 30 days, about how much money did you/your household spend on food at supermarkets, grocery stores, or other stores that sell food products?

Include in your estimate food purchased with Nutrition Assistance Program (NAP) benefits.

\$

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Next are several statements people have made about their food situation. For these statements, please answer whether the statement was often true, sometimes true, or never true for your household **in the last 12 months**.

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B_1_



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In the last 12 months, we worried whether our food would run out before we got money to buy more. Was that...

- Often true
- Sometimes true
- Never true

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B_2_



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In the last 12 months, the food that we bought just didn't last, and we didn't have money to get more. Was that...

- Often true
- Sometimes true
- Never true

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Puerto Rico Health and Well-Being Survey

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In the last 12 months, we couldn't afford to eat balanced meals. Was that...

- Often true
- Sometimes true
- Never true

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B_4_INTRO



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For the following questions, please continue to answer for your household **in the last 12 months**.

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B_4_



Puerto Rico Health and Well-Being Survey

OMB Approval No. ####-####
Expiration Date: ##/##/20##

In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

- Yes, almost every month
- Yes, some months but not every month
- Yes, only 1 or 2 months
- No

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B_5_



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OMB Approval No. ###-###-###
Expiration Date: ##/##/20##

In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?

- Yes
- No

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B_6_



Puerto Rico Health and Well-Being Survey

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Expiration Date: ##/##/20##

In the last 12 months, were you ever hungry but didn't eat because there wasn't enough money for food?

- Yes
- No

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Puerto Rico Health and Well-Being Survey

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In the last 12 months, did you lose weight because there wasn't enough money for food?

- Yes
- No

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B_8_



Puerto Rico Health and Well-Being Survey

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In the last 12 months, did you or other adults in your household ever not eat for a whole day because there wasn't enough money for food?

- Yes, almost every month
- Yes, some months but not every month
- Yes, only 1 or 2 months
- No

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Puerto Rico Health and Well-Being Survey

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Following are several statements people have made about the food situation of their children. For these statements, please answer whether the statement was often true, sometimes true, or never true **in the last 12 months** for children under 18 years old living in the household.

Some people may find these questions sensitive. Your answers are private and can help us understand the needs of families in Puerto Rico. We will not share any personal information about you with any agencies, and your answers will not have any impact on assistance you may receive from ADSEF.

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In the last 12 months, we relied on only a few kinds of low-cost food to feed the children because we were running out of money to buy food. Was that...

- Often true
- Sometimes true
- Never true

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B_10_



Puerto Rico Health and Well-Being Survey

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In the last 12 months, we couldn't feed the children a balanced meal because we couldn't afford it. Was that...

- Often true
- Sometimes true
- Never true

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Puerto Rico Health and Well-Being Survey

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In the last 12 months, the children were not eating enough because we just couldn't afford enough food. Was that...

- Often true
- Sometimes true
- Never true

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B_12_INTRO



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For the following questions, please continue to answer about **the last 12 months** for any child(ren) under 18 living in the household.

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B_12_



Puerto Rico Health and Well-Being Survey

OMB Approval No. ###-###-###
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In the last 12 months, did you ever cut the size of any of the children's meals because there wasn't enough money for food?

- Yes
- No

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Puerto Rico Health and Well-Being Survey

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In the last 12 months, did any of the children ever skip meals because there wasn't enough money for food?

- Yes, almost every month
- Yes, some months but not every month
- Yes, only 1 or 2 months
- No

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B_14_



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In the last 12 months, were the children ever hungry, but you just couldn't afford more food?

- Yes
- No

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In the last 12 months, did any of the children ever not eat for a whole day because there wasn't enough money for food?

- Yes
- No

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C_1_MATRIX



Puerto Rico Health and Well-Being Survey

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In the last 12 months, how often did you or people in your household have to do any of the following things to make your food money go further?

FOR EACH ITEM BELOW, MARK ONE

	Often	Once in a while	Hardly at all	Never/not an option
Get food you have to replace from family or friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Borrow money you have to repay from family or friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carry or increase credit card debt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Send household members to eat elsewhere	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exchange labor for food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Buy groceries using money set aside for other purposes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get food from a pantry or soup kitchen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skip buying medicine or seeking medical care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delay paying rent/mortgage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delay paying other bills (utilities, car, credit cards, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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C_2_MATRIX



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Does your neighborhood have any of the following places or programs for households that may need help with food or meals?

FOR EACH ITEM BELOW, MARK ONE

	Yes	No	Don't know
Food bank or pantry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Free meals served at a shelter, food kitchen, or soup kitchen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Free meals served at a church, community, or senior center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meals on Wheels or other home delivery meal programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food Boxes (e.g., Alimentos para Mi Gente)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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C_3_



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In the last 12 months, have you or anyone in your household visited a food bank, pantry, or similar place to get food for you or your household?

- Yes
- No

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Please indicate how much you agree or disagree with each of the following statements. Overall, places in my neighborhood that offer help with foods or meals...

FOR EACH ITEM BELOW, MARK ONE

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Are easy to get to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have healthy food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have staff who treat customers well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have enough food for all who show up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Please indicate how much you agree or disagree with the following statements about the neighborhood where you live and the people around you.

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C_4_



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People around here are willing to help their neighbors.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

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This is a close-knit or "tight" neighborhood where people generally know one another.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

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C_6_



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If I had to borrow \$30 in an emergency, I could borrow it from a neighbor.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

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C_7_



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People in this neighborhood generally don't get along with one another.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

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C_8_



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People in this neighborhood can be trusted.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

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C_9_



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If I were sick, I could count on my neighbors to shop for groceries for me.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

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C_10_



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People in this neighborhood do not share the same values.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

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The next questions are about strategies households may use to meet their basic needs after a natural disaster. Natural disasters may include hurricanes, tropical storms, drought, wildfires, and earthquakes.

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Have you experienced a natural disaster in Puerto Rico in the last 5 years?

- Yes
- No

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Please indicate which disaster you most **recently** experienced.

If you experienced more than one, pick the most recent disaster

- Earthquakes (2020)
- Hurricane María (September 20, 2017)
- Hurricane Irma (September 7, 2017)
- Other natural disaster (specify: _____)

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C_12_MATRIX



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Thinking about **the most recent natural disaster you experienced**, did your household do any of the following to obtain needed resources?

FOR EACH ITEM BELOW, MARK ONE

	Yes	No
Rely on support from a nonprofit (e.g., Red Cross)	<input type="radio"/>	<input type="radio"/>
Apply for NAP benefits	<input type="radio"/>	<input type="radio"/>
Apply for other forms of government assistance	<input type="radio"/>	<input type="radio"/>
Borrow money from family or friends	<input type="radio"/>	<input type="radio"/>
Carry or increase credit card debt	<input type="radio"/>	<input type="radio"/>
Sell or pawn items	<input type="radio"/>	<input type="radio"/>
Look for additional sources of income	<input type="radio"/>	<input type="radio"/>
Get a payday loan	<input type="radio"/>	<input type="radio"/>
Reduce expenses	<input type="radio"/>	<input type="radio"/>
Use savings	<input type="radio"/>	<input type="radio"/>

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The next question is about how your household coped with any financial challenges that resulted from the **Coronavirus pandemic (COVID-19)**.

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C_13_MATRIX



Puerto Rico Health and Well-Being Survey

OMB Approval No. ####-####
Expiration Date: ##/##/20##

As a result of the Coronavirus pandemic (COVID-19), did your household do any of the following to obtain needed resources?

FOR EACH ITEM BELOW, MARK ONE

	Yes	No
Rely on support from a nonprofit (e.g., Red Cross)	<input type="radio"/>	<input type="radio"/>
Apply for NAP benefits	<input type="radio"/>	<input type="radio"/>
Apply for other forms of government assistance	<input type="radio"/>	<input type="radio"/>
Borrow money from family or friends	<input type="radio"/>	<input type="radio"/>
Carry or increase credit card debt	<input type="radio"/>	<input type="radio"/>
Sell or pawn items	<input type="radio"/>	<input type="radio"/>
Look for additional sources of income	<input type="radio"/>	<input type="radio"/>
Get a payday loan	<input type="radio"/>	<input type="radio"/>
Reduce expenses	<input type="radio"/>	<input type="radio"/>
Use savings	<input type="radio"/>	<input type="radio"/>

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D_1_1



Puerto Rico Health and Well-Being Survey

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Expiration Date: ##/##/20##

Including you, how many people currently living in your household are:
Aged 17 years or younger

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D_1_2



Puerto Rico Health and Well-Being Survey

OMB Approval No. ###-####
Expiration Date: ##/##/20##

Including you, how many people currently living in your household are:
Between 18 and 59 years

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D_1_3



Puerto Rico Health and Well-Being Survey

OMB Approval No. ###-###
Expiration Date: ##/##/20##

Including you, how many people currently living in your household are:
Aged 60 years and older

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D_2_



Puerto Rico Health and Well-Being Survey

OMB Approval No. ###-####
Expiration Date: ##/##/20##

In the last 12 months, has there been a change in the number of people living in your household?

- Yes
- No

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D_2A_



Puerto Rico Health and Well-Being Survey

OMB Approval No. ###-####
Expiration Date: ##/##/20##

What caused this change?

MARK ALL THAT APPLY

- Birth of child
- New step, foster, or adopted child
- Marriage, new partner
- Separation or divorce
- Death of a household member
- Boarder moving in
- Family or boarder moving out
- Other

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D_3_



Puerto Rico Health and Well-Being Survey

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Expiration Date: ##/##/20##

Which best describes the place where you live?

MARK ONE

- A mobile home (e.g., RV, trailer)
- A one-family house detached from any other house
- A one-family house attached to one or more houses
- A building with two or more apartments
- Other

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D_4_



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Expiration Date: ##/##/20##

Is the place where you live...

MARK ONE

- Owned by you or someone in this household with a mortgage or loan?
- Owned by you or someone in this household free and clear (without a mortgage or loan)?
- Rented?
- Occupied without payment of rent?

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D_5_



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Expiration Date: ##/##/20##

Are there any other households living at your same mailing address? This might include households living in garage or multi-family homes.

- Yes
- No

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D_5_A1



Puerto Rico Health and Well-Being Survey

OMB Approval No. ###-###
Expiration Date: ##/##/20##

How many households live at your mailing address?

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D_6_MATRIX



Puerto Rico Health and Well-Being Survey

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Do you or any member of your household have access to the internet using a...
FOR EACH ITEM BELOW, MARK ONE

	Yes	No
Cellular data plan for a smartphone or other mobile device?	<input type="radio"/>	<input type="radio"/>
Broadband (high-speed) internet service such as cable, fiber optic, or DSL service installed in this household?	<input type="radio"/>	<input type="radio"/>
Satellite internet service installed in this household?	<input type="radio"/>	<input type="radio"/>
Dial-up internet service installed in this household?	<input type="radio"/>	<input type="radio"/>
Some other service?	<input type="radio"/>	<input type="radio"/>

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D_7_



Puerto Rico Health and Well-Being Survey

OMB Approval No. ####-####
Expiration Date: ##/##/20##

What language is most commonly spoken in your home?

- Spanish
- English
- Spanish and English are spoken about equally
- A language other than Spanish or English

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D_8_



Puerto Rico Health and Well-Being Survey

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Expiration Date: ##/##/20##

Thinking about the person in your household who has completed the most schooling, what is the highest degree or level of school that person completed?

- Less than 12th grade (no high school diploma)
- Regular high school diploma or GED
- 1 or more years of college credit, no degree
- Associate's degree
- Technical or vocational certificate or diploma
- Bachelor's degree
- Graduate degree

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D_9_



Puerto Rico Health and Well-Being Survey

OMB Approval No. ####-####
Expiration Date: ##/##/20##

Has anyone in your household ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?

- No
- Yes, on active duty now or training in the Reserves or National Guard
- On active duty in the past but not now

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E_1_INTRO



Puerto Rico Health and Well-Being Survey

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Expiration Date: ##/##/20##

The following questions ask about the participation of your household in various Federal programs.

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E_1_



Puerto Rico Health and Well-Being Survey

OMB Approval No. ###-####
Expiration Date: ##/##/20##

Have you or anyone in your household received benefits from the Nutrition Assistance Program (NAP) **in the last 12 months?**

NAP benefits are provided on an electronic debit card called the Tarjeta de la Familia.

- Yes
- No

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E_1_A_1



Puerto Rico Health and Well-Being Survey

OMB Approval No. ###-###
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During the past 12 months, for how many months did you or anyone in your household get NAP benefits?

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E_1_B_



Puerto Rico Health and Well-Being Survey

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Expiration Date: ##/##/20##

Did you or anyone in your household receive benefits from NAP in **CURRENT MONTH AND YEAR**?

- Yes
- No

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E_1_C_



Puerto Rico Health and Well-Being Survey

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Expiration Date: ##/##/20##

Do you or anyone in your household **currently** receive benefits from NAP?

- Yes
- No

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E_1_D_



Puerto Rico Health and Well-Being Survey

OMB Approval No. ###-###
Expiration Date: ##/##/20##

Thinking about the **last time you received NAP benefits**, how much did you or anyone in your household receive in benefits?

\$

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E_1_E_



Puerto Rico Health and Well-Being Survey

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How many **weeks** do your or your household's monthly NAP benefits usually last?

- 1 week or less
- 2 weeks
- 3 weeks
- 4 weeks
- More than 4 weeks

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E_2_MATRIX



Puerto Rico Health and Well-Being Survey

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Expiration Date: ##/##/20##

In the past 12 months, did anyone in your household receive...
FOR EACH ITEM BELOW, MARK ONE

	Yes	No
Help from a Government program to pay rent or housing costs	<input type="radio"/>	<input type="radio"/>
Help from the Low-Income Home Energy Assistance Program to pay electric, gas, or utility bills (LIHEAP)	<input type="radio"/>	<input type="radio"/>
Aid to the Aged, Blind, and Disabled (AABD)	<input type="radio"/>	<input type="radio"/>
Social Security Disability Insurance (SSDI)	<input type="radio"/>	<input type="radio"/>
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	<input type="radio"/>	<input type="radio"/>
Temporary Assistance for Needy Families (TANF)	<input type="radio"/>	<input type="radio"/>
Help paying for childcare from a Government agency	<input type="radio"/>	<input type="radio"/>
Free or reduced-cost food at a daycare or Head Start program?	<input type="radio"/>	<input type="radio"/>
Free or reduced-cost lunches at school? (Includes grab-and-go meals students could pick up and take home if schools were closed due to a disaster or public health crisis.)	<input type="radio"/>	<input type="radio"/>
Free or reduced-cost breakfasts at school? (Includes grab-and-go meals students could pick up and take home if schools were closed due to a disaster or public health crisis.)	<input type="radio"/>	<input type="radio"/>

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Puerto Rico Health and Well-Being Survey

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The following questions ask about household employment and finances. These responses will only be reported in summary format and will not affect your receipt of any public benefits.

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F_1_1



Puerto Rico Health and Well-Being Survey

OMB Approval No. ###-###-###
Expiration Date: ##/##/20##

Including yourself, how many adults aged 18 and older in the household were employed in the last 30 days?

Number of adults employed **full time**

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F_1_2



Puerto Rico Health and Well-Being Survey

OMB Approval No. ###-###
Expiration Date: ##/##/20##

Including yourself, how many adults aged 18 and older in the household were employed in the last 30 days?

Number of adults employed **part time**

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F_1_3



Puerto Rico Health and Well-Being Survey

OMB Approval No. ###-####
Expiration Date: ##/##/20##

Including yourself, how many adults aged 18 and older in the household were unemployed in the last 30 days?

Number of adults **unemployed**

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F_2_



Puerto Rico Health and Well-Being Survey

OMB Approval No. ###-###-###
Expiration Date: ##/##/20##

Has anyone in your household had a change in employment or a change in pay or hours worked at a job in the past 12 months?

- Yes
- No

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F_2A_



Puerto Rico Health and Well-Being Survey

OMB Approval No. ####-####
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Was that change because of...

MARK ALL THAT APPLY

- Getting a job
- Losing a job or leaving a job
- Increase in pay or hours
- Decrease in pay or hours

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F_3_



Puerto Rico Health and Well-Being Survey

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Expiration Date: ##/##/20##

Are there any 16- or 17-year-old youths in your household?

- Yes
- No

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F_3A_1



Puerto Rico Health and Well-Being Survey

OMB Approval No. ###-###
Expiration Date: ##/##/20##

How many youths aged 16 and 17 were employed in the last 30 days?
Number of youths employed **full time**

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F_3A_2



Puerto Rico Health and Well-Being Survey

OMB Approval No. ###-###
Expiration Date: ##/##/20##

How many youths aged 16 and 17 were employed in the last 30 days?
Number of youths employed **part time**

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F_3A_3



Puerto Rico Health and Well-Being Survey

OMB Approval No. ###-###
Expiration Date: ##/##/20##

How many youths aged 16 and 17 were unemployed in the last 30 days?
Number of youths **unemployed**

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F_5_



Puerto Rico Health and Well-Being Survey

OMB Approval No. ####-####
Expiration Date: ##/##/20##

Which category best describes your **total household income last year** before taxes or other deductions?

- No income
- \$1--\$17,000
- \$17,001--\$29,999
- \$30,000--\$39,999
- \$40,000--\$49,999
- \$50,000--\$59,999
- \$60,000 or more

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Puerto Rico Health and Well-Being Survey

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Expiration Date: ##/##/20##

Please indicate whether you or anyone in your household received **income in the last 12 months** from any of the following:

MARK ALL THAT APPLY

- Wages, salary, commissions, bonuses, or tips
- Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships
- Interest, dividends, net rental income, royalty income, or income from estates and trusts
- Social Security or Railroad Retirement
- Any public assistance or welfare payments from the State or local welfare office
- Retirement income, pensions, survivor, or disability income
- Any other sources of income received regularly, such as Veterans (VA) payments, unemployment compensation, child support, or alimony

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F_6_



Puerto Rico Health and Well-Being Survey

OMB Approval No. ####-####
Expiration Date: ##/##/20##

Which of the following best describes your household's **current** financial condition?

- Very comfortable and secure
- Able to make ends meet without much difficulty
- Occasionally have some difficulty making ends meet
- Tough to make ends meet but keeping your head above water
- In over our head

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Puerto Rico Health and Well-Being Survey

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Expiration Date: ##/##/20##

Please rate the extent to which each of the problems below was a concern for your household in the past 12 months.

FOR EACH ITEM BELOW, MARK ONE

	Not a problem	Mild problem	Moderate problem	Severe problem
Ability to pay for utilities (heating/cooling/water)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to pay rent or mortgage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to pay for cellular or internet service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting someone to watch over children or other dependents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having reliable, convenient transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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G_1_MATRIX



Puerto Rico Health and Well-Being Survey

OMB Approval No. ####-####
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Please indicate if **you or anyone in your household** has difficulty with the following activities.
FOR EACH ITEM BELOW, MARK ONE

	No difficulty	Some difficulty	A lot of difficulty	Cannot do at all	Don't know
Seeing, even if wearing glasses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing, even if using hearing aid(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking or climbing steps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Remembering or concentrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-care, such as washing all over or dressing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicating using the language most commonly spoken at home; for example, understanding or being understood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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G_2_



Puerto Rico Health and Well-Being Survey

OMB Approval No. ###-###
Expiration Date: ##/##/20##

Are you or is anyone in your household limited in the kind OR amount of work you (they) can do because of a physical, mental, or emotional condition?

- Yes
- No
- Don't know

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G_3_



Puerto Rico Health and Well-Being Survey

OMB Approval No. ####-####
Expiration Date: ##/##/20##

Do **you or does anyone in your household** have difficulty doing errands alone, such as visiting a doctor's office or shopping, because of a physical, mental, or emotional condition?

- Yes
- No
- Don't know

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G_4_MATRIX



Puerto Rico Health and Well-Being Survey

OMB Approval No. ###-###
Expiration Date: ##/##/20##

Including you, are any members of your household **currently** covered by any of the following types of health insurance or health coverage plans?

FOR EACH ITEM BELOW, MARK ONE

	Yes	No	Don't know
Insurance through a current or former employer or union	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicare, for people 65 and older or people with certain disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicaid, Medical Assistance, Children's Health Insurance Program (CHIP), or any kind of Puerto Rico-sponsored assistance plan based on income or a disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TRICARE or other military healthcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other type of health insurance or health coverage plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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G_5_



Puerto Rico Health and Well-Being Survey

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In the past 12 months, did anyone in your household have problems paying any medical bills?

- Yes
- No
- Don't Know

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G_6_



Puerto Rico Health and Well-Being Survey

OMB Approval No. ###-###
Expiration Date: ##/##/20##

Thinking about your healthcare experiences over the **past 12 months**, has medical care been delayed for anyone in the household because of worry about the cost?

- Yes
- No
- Don't Know

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G_7_



Puerto Rico Health and Well-Being Survey

OMB Approval No. ###-###
Expiration Date: ##/##/20##

In the past 12 months, was there any time when someone in the household needed medical care but did not get it because they couldn't afford it?

- Yes
- No
- Don't Know

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G_8_



Puerto Rico Health and Well-Being Survey

OMB Approval No. ####-####
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In the past 12 months, have you or any members of your household received treatment, counseling, or services because of a problem with alcohol, tobacco, or drug use?

- Yes
- No
- Don't Know

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H_1_



Puerto Rico Health and Well-Being Survey

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Expiration Date: ##/##/20##

Are you...

- Between 18--29 years
- Between 30--39 years
- Between 40--49 years
- Between 50--59 years
- 60 or older

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H_2_



Puerto Rico Health and Well-Being Survey

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Expiration Date: ##/##/20##

Do you currently describe yourself as...

- Male
- Female
- Transgender
- None of the above

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H_3_



Puerto Rico Health and Well-Being Survey

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Are you...

- Married
- Divorced
- Separated
- Widowed
- Never married

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H_4_



Puerto Rico Health and Well-Being Survey

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Are you of Hispanic or Latino origin?

- Yes, Puerto Rican
- Yes, other Hispanic or Latino origin
- No

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H_5_



Puerto Rico Health and Well-Being Survey

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Expiration Date: ##/##/20##

Are you...

MARK ALL THAT APPLY

- White
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native
- Other

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H_6_



Puerto Rico Health and Well-Being Survey

OMB Approval No. ###-###
Expiration Date: ##/##/20##

Are you a Puerto Rico resident?

- Yes
- No

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Puerto Rico Health and Well-Being Survey

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Expiration Date: ##/##/20##

Thank you for completing the survey. We will send you a \$40 gift card to thank you for your time. Please let us know where to send it.

Name:

Street address:

City:

State:

ZIP Code:

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I_4_



Puerto Rico Health and Well-Being Survey

OMB Approval No. ####-####
Expiration Date: ##/##/20##

Please let us know if you are willing to be contacted.

MARK ALL THAT APPLY

- I agree to be contacted for a follow-up interview in the next month or so if selected. (The interview will take about an hour, and you will receive \$50 as a thank-you.)
- I agree to be contacted for additional surveys in the future.

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Puerto Rico Health and Well-Being Survey

OMB Approval No. ####-####
Expiration Date: ##/##/20##

Please provide the following so we can contact you for a follow-up interview in the next month or so if selected.

Home phone number:

Cell phone number:

Email address:

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Puerto Rico Health and Well-Being Survey

OMB Approval No. ####-####
Expiration Date: ##/##/20##

Because phone numbers and email addresses change over time, please tell us the name and contact information of two people who will know how to find you.

Contact person 1:

Phone number for contact person 1:

Contact person 2:

Phone number for contact person 2:

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