

Non-Substantive Change Request to OMB Control Number 0920-1114 Emergency Zika Package IV: Assessment of Contraceptive Use and Needs, Puerto Rico, 2016

Program Contact

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Circumstances of Change Request for OMB 0920-1101

CDC requests approval for a non-substantive change to OMB Control No. 0920-1114: Emergency Zika Package IV: Assessment of Contraceptive Use and Needs, Puerto Rico, 2016

All of the proposed changes are being made to the information collection instrument associated with the Assessment of Contraceptive Use and Needs, Puerto Rico, 2016. These changes are being made to improve comprehension of questions and flow of the interview, based on feedback from interviewers and subject matter experts.

NCCDPHP's human subjects advisor is reviewing the proposed changes to the project. No change in the non-research status of this project is expected. (Attachment D). IRB review is not required.

Estimates of annualized burden hours for this change request remain the same. The burden estimate for the forms included in OMB Control No. 0920-1114 is 825 hours.

Attachments

- A. Public Health Service Act (42 USC 241)
- B. Draft 60-Day FRN
- C. Assessment of Contraceptive Use and Needs Questionnaire

D. IRB Non-Research Determination

Description and Justification of Changes

Attachment C: Assessment of Contraceptive Use and Needs Questionnaire

Changes to the questionnaire were based on pilot testing in the target population. We received feedback from the interviewers administering the question. Additionally, we received feedback from experts in vector control and colleagues at the Puerto Rico Department of Health.

Below we describe changes to the questionnaire and provide the rationale for changes. Additionally, a table is provided which shows the old version of questions side by side with the new version.

Introduction (1): The introduction has been shortened based on pilot testing in the target population. The following text has been removed: “Your answers will help us better understand contraceptive use in Puerto Rico and if the spread of Zika virus has affected decisions and behaviors related to contraception and pregnancy,” “Only females aged 18-49 years are eligible to participate,” and “We will not ask you for any personally identifying information, such as your name or address.” We have also changed the time estimate to “about 10 minutes” from “less than 15 minutes,” based on results of our recent pretest. At the end of the intro a sentence has been added saying “First, I’d like to ask you a few questions to see if you qualify for this survey.” This prepares the respondent for the initial questions that do not seem to relate to health or Zika.

Introduction (2): The introduction has also been split into two parts. After the first part of the introduction we will ask the question about whether this is the intended phone number (former S3, now S1). This will terminate the interview sooner for people whose number was not supposed to be called (misdialed) and are not potential respondents, so they don’t have to stay on the phone for as long as they would if this question were asked later.

Former Q3 (date of birth) deleted; considered unnecessary.

Former Q7 (language spoken at home) deleted. Replaced with Q6 (where born), considered more useful for defining populations in potential need of contraception.

Former Q11 (marital status): wording revised to reflect that only women are being interviewed.

Former Q34 and Q39-Q50 were moved to an earlier point in the questionnaire, to Q11-Q24. Since we tell people this is a Zika survey, it was determined it would be better to have these questions in the beginning rather than starting with other parts of the interview. In addition, these are mostly short, easily answered questions that we felt were better early in the interview.

Former Q40 “At any time, have you talked with a doctor, nurse, or other healthcare worker about Zika virus?” split into 2 questions (12A & 12&B) to determine whether respondent or healthcare provider initiated the conversation.

New Q16 added, “From what source have you received the most information about Zika virus?” to go along with Q17 on the most trusted source.

Q18F on whether respondent sleeps under a mosquito bed net, now has several possible responses, rather than just yes-no.

Old Q46 (new Q20) changes from “When you use mosquito repellent on your skin, how many times a day do you apply it?” to “On days when you use mosquito repellent on your skin, do you usually apply it more than once?”. Whether >1 time is sufficient.

Old Q47 (new Q21) additional item on reasons for not wearing repellent: “When you do not wear mosquito repellent is it because you forget to apply it?”

Former Q12 (whether ever had sexual intercourse) has been deleted & has been incorporated into new Q26 asking how long since last had sex with a man. One possible response is “never had sex.”

New question Q31B added, “Have you had an operation to prevent pregnancy or has your male partner had a vasectomy?”. This was added to ensure that sterilization is fully reported because of the strong possibility that women will not report sterilization as a current contraceptive method when asked a general question on whether currently using a method.

New question Q32B added, “What type of IUD do you have?” It is expected that the Zika response will include wide distribution of hormonal IUDs. This question will allow us to know the extent of use of that method.

Changes in the “Circumstances of Pregnancy” section (formerly Q30-33, now Q42-44). This section has been revised to be more consistent with other surveys on planning status of the most recent pregnancy (new Q44) rather than a more innovative set of questions (old Q30-33) that we planned to use but would not have been comparable to data collected in other surveys and would have taken considerably longer to administer. In addition, new Qs 42-43, give important information on contraceptive use at the time they became pregnant. This information will provide better data of the intendedness of recent pregnancies, an important indicator produced by this survey.

Closing statement added to thank respondent.

Current Question	Requested Changes - 06/27/2016
<p>Script: HELLO, I am calling for the Puerto Rico Department of Health. My name is (name) . We are gathering information about the health of Puerto Rico residents. This project is conducted by the Health Department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly. If you fit the profile of people we are interviewing, I would like to ask some questions about contraception and health practices related to the Zika virus in Puerto Rico. Your answers will help us better understand contraceptive use in Puerto Rico and if the spread of Zika virus has affected decisions and behaviors related to contraception and pregnancy. Participation in this survey is voluntary. Only females aged 18-49 years are eligible to participate. You may skip any questions and you may end your participation at any time without consequence. We will not ask you for any personally identifying information, such as your name or address. No personal identifiers will be used in the reporting of data from this survey. The survey normally takes less than 15 minutes to complete. We greatly appreciate your time and cooperation.</p>	<p>Script: HELLO, I am calling for the Puerto Rico Department of Health. My name is (name) . We are gathering information about the health of Puerto Rico residents. This project is conducted by the Health Department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly. I would like to ask some questions about contraception and health practices related to the Zika virus in Puerto Rico. Participation in this survey is voluntary. You may skip any questions and you may end your participation at any time. We will not ask you for any personally identifying information, such as your name or address. No personal identifiers will be used in the reporting of data from this survey. The survey normally takes about 10 minutes to complete. We greatly appreciate your time and cooperation.</p>
<p>Q1. First, I'd like to know if you are male or female: 1 Male → END INTERVIEW. Thank him and inform him that only females are being interviewed 2 Female</p>	<p>Q1. I'd like to know if you are male or female: 1 Male → END INTERVIEW. Thank him and inform him that only females are being interviewed 2 Female 7 Don't Know/Not sure → END INTERVIEW. Thank them and inform them that only females are being interviewed 9 Refused to answer → END INTERVIEW. Thank them and inform them that only females are being interviewed</p>
<p>Q3 What was the date of your birth? MONTH ____ DAY ____ YEAR ____ IF RESPONDENT IS NOT BETWEEN 18 AND 49 YEARS OF AGE, END INTERVIEW. Thank respondent and say that only women between ages 18 and 49 are being interviewed.</p>	<p>Q3 Removed IF RESPONDENT IS NOT 18 To 49 YEARS OF AGE, END INTERVIEW. Thank respondent and say that only women ages 18 to 49 are being interviewed.</p>
<p>Q5. In which municipality do you live? (SELECT FROM LIST)</p>	<p>Q4. In which municipality do you live? Enter FIPS code _____</p>
<p>Q6. Are you Hispanic or Latina, or of Spanish origin? 1 Yes 2 No</p>	<p>Q5. Are you Hispanic or Latina, or of Spanish origin? 1 Yes 2 No 7 Don't Know/Not sure</p>

	9 Refused to answer
Q7. What language(s) do you most often speak at home? 1 Spanish 2 English 3 Other	Question Removed
Question added based on input from colleagues at the Puerto Rico Department of Health.	Q6. Where were you born? (SELECT FROM LIST – DO NOT READ) 1 Puerto Rico 2 United States (not Puerto Rico) 3 Cuba 4 Dominican Republic 5 Mexico 6 Other Latin America/Caribbean 7 Other not Latin America/Caribbean 77 Don't Know/Not sure 99 Refused to answer
Q8. What is the highest grade or year of school you completed? (DO NOT READ CHOICES) 1 Never attended school or only attended kindergarten 2 Grades 1 through 8 (Elementary) 3 Grades 9 through 11 (Some high school) 4 Grade 12 or GED (High school graduate) 5 College 1 year to 3 years (Some college or technical school) 6 College 4 years or more (College graduate)	Q7. What is the highest grade or year of school you completed? (DO NOT READ CHOICES) 1 Never attended school or only attended kindergarten 2 Grades 1 through 8 (Elementary) 3 Grades 9 through 11 (Some high school) 4 Grade 12 or GED (High school graduate) 5 College 1 year to 3 years (Some college or technical school) 6 College 4 years or more (College graduate) 7 Don't know 9 Refused
Q9. Are you still attending school? 1 Yes 2 No	Q8. Are you still attending school? 1 Yes 2 No 7 Don't know/Not sure 9 Refused
Q10. What is the primary source of your health care coverage? (READ CHOICES) 1 A plan purchased through an employer or union (includes plans purchased through another person's employer) 2 A plan that you or a family member buys on their own 3 Medicaid or other state or federal program 4 TRICARE 5 Some other	Q9. What is the primary source of your health care coverage? (READ CHOICES) 1 A plan purchased through an employer or union (includes plans purchased through another person's employer) 2 A plan that you or a family member buys on their own 3 Medicaid or other state or federal program 4 TRICARE 5 Some other source

<p>source _____ 6 None/Self-pay</p>	<p>6 None 7 Don't Know/Not sure 9 Refused</p>
<p>Q11. What is your current marital or cohabiting status? (READ CHOICES): 1 Married to a person of the opposite sex 2 Not married, but living with, or in a long-term relationship with a partner of the opposite sex 3 Widowed 4 Divorced or annulled 5 Separated 6 Married, living with, or in a long-term relationship with a partner of the same sex 7 Never married and not in a long-term relationship</p>	<p>Q10. Are you (READ CHOICES 1-7, DO NOT READ 77/99): 1 Married to a man 2 Not married, but living with, or in a long-term relationship with a man 3 Widowed 4 Divorced or annulled 5 Separated 6 Married, living with, or in a long-term relationship with a woman 7 Never married and not in a long-term relationship 77 Don't Know/Not sure 99 refused</p>
<p>Zika-related attitudes and behaviors</p> <p>Q34. How worried are you about getting infected with the Zika virus? (READ CHOICES AND SELECT ONE) 1 Very worried 2 Somewhat worried 3 A little worried 4 Not at all worried 5 Have already had Zika virus 6 Have never heard of Zika virus</p>	<p>Zika-related attitudes and behaviors</p> <p>Q11. How worried are you about getting infected with the Zika virus? (READ CHOICES 1-6, DO NOT READ 7/9, AND SELECT ONE) 1 Very worried 2 Somewhat worried 3 A little worried 4 Not at all worried 5 Have already had Zika virus 6 Have never heard of Zika virus 7 Don't Know/Not sure 9 Refused</p>
<p>Q40. At any time, have you talked with a doctor, nurse, or other healthcare worker about Zika virus? 1 Yes, a healthcare worker talked with me without my asking about it 2 Yes, a healthcare worker talked with me, but only AFTER I asked about it 3 No</p>	<p>Q12A. At any time, has a doctor, nurse, or other healthcare worker talked to you about Zika? 1 Yes 2 No → Go to Question 13 7 Don't Know/Not sure → Go to Question 13 9 Refused → Go to Question 13</p>
<p>Question added for clarification</p>	<p>Q12B. Did you ask him/her about Zika before that discussion 1 Yes 2 No 7 Don't Know/Not sure</p>

	9 Refused
Q41. Has a doctor, nurse, or other healthcare worker offered you a test for Zika virus? 1 Yes 2 No	Q13. Has a doctor, nurse, or other healthcare worker offered you a test for Zika? 1 Yes 2 No 7 Don't Know/Not sure 9 Refused
Q42. Have you been tested for Zika virus? 1 Yes 2 No	Q14. Have you been tested for Zika virus? 1 Yes 2 No 7 Don't Know/Not sure 9 Refused
Q43. Has a doctor, nurse, or other healthcare worker <i>told</i> you that you <i>had</i> Zika virus infection? 1 Yes 2 No	Q15. Has a doctor, nurse, or other healthcare worker <i>told</i> you that you <i>had</i> Zika virus infection? 1 Yes 2 No 7 Don't Know/Not sure 9 Refused
Question added.	Q16. From what source have you received the most information about Zika virus? (DO NOT READ CHOICES AND SELECT ONE, PROBE IF NECESSARY) 1 Healthcare worker (for example, a family doctor, OB/GYN, midwife, nurse, other medical professionals) 2 Family or friends 3 The Centers for Disease Control and Prevention's (CDC) 4 Health Department (either Puerto Rico Department or local) 5 Television 6 Radio

	<p>7 Social network sites like Facebook R8 Newspaper 9 Other website 10 Some other source 11 Have not received information 77 Don't Know/Not sure 99 Refused to answer</p>															
<p>Q39. Which ONE of these sources do you trust the <i>most</i> for receiving information about Zika virus? (READ CHOICES AND SELECT ONE)</p> <p>1 Healthcare worker (for example, a family doctor, OB/GYN, midwife, nurse, other medical professionals) 2 Family or friends 3 The Centers for Disease Control and Prevention's (CDC) telephone line or website 4 Health Department (either Puerto Rico Department or local) 5 Television 6 radio 7 Social network sites like Facebook 8 Other website → _____ 9 Some other source → _____ 10 Not sure/Don't know</p>	<p>Q17. What source would you trust the <i>most</i> for receiving information about Zika virus? (READ CHOICES 1-8, DO NOT READ CHOICES 9, 10, OR 77, AND SELECT ONE)</p> <p>READ:</p> <p>1 Healthcare worker (for example, a family doctor, OB/GYN, midwife, nurse, other medical professionals) 2 Family or friends 3 The Centers for Disease Control and Prevention's (CDC) 4 Health Department (either Puerto Rico Department or local) 5 Television 6 Radio 7 Social network sites like Facebook 8 Newspaper 9 Other website</p> <p>Don't Read:</p> <p>10 Some other source 11 Have not received information 77 Don't Know/Not sure 99 Refused to answer</p>															
<p>Q44. Currently, do you do any of the following to avoid mosquito bites in your home? (READ EACH ITEM)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>A Always use screens on open doors</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>B Always use screens on open windows</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>C Always keep unscreened doors and windows closed</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>D Use fans or air conditioning</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	A Always use screens on open doors	<input type="checkbox"/>	<input type="checkbox"/>	B Always use screens on open windows	<input type="checkbox"/>	<input type="checkbox"/>	C Always keep unscreened doors and windows closed	<input type="checkbox"/>	<input type="checkbox"/>	D Use fans or air conditioning	<input type="checkbox"/>	<input type="checkbox"/>	<p>Q18A. Do you always use screens on open doors to avoid mosquito bites in your home?</p> <p>1 Yes 2 No 7 Don't Know/Not sure 9 Refused to answer</p>
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A Always use screens on open doors	<input type="checkbox"/>	<input type="checkbox"/>														
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<p>E At least weekly, eliminate accumulated water from my house and yard <input type="checkbox"/> <input type="checkbox"/></p> <p>F Always sleep under a mosquito bed net <input type="checkbox"/> <input type="checkbox"/></p>	
<p>Original question separated into individual questions for clarity.</p>	<p>Q18B. Do you always use screens on open windows to avoid mosquito bites in your home?</p> <p>1 Yes 2 No 7 Don't Know/Not sure 9 Refused to answer</p> <p>Interviewer note: Answer Q18B and IF 18A=1 AND 18B=1 THEN GO TO 18D</p>
<p>Original question separated into individual questions for clarity.</p>	<p>Q18C. Do you keep unscreened doors and windows closed to avoid mosquito bites in your home?</p> <p>1 Yes 2 No</p> <p>7 Don't Know/Not sure 9 Refused to answer</p>
<p>Original question separated into individual questions for clarity.</p>	<p>Q18D. Do you use fans or air conditioning in your home?</p> <p>1 Yes 2 No 7 Don't Know/Not sure 9 Refused to answer</p>
<p>Original question separated into individual questions for clarity.</p>	<p>Q18E. Do you, at least once a week, eliminate standing water in around your house and yard?</p> <p>1 Yes 2 No 7 Don't Know/Not sure 9 Refused to answer</p>
<p>Original question separated into individual questions for clarity.</p>	<p>Q18F. Do you sleep under a mosquito bed net?</p> <p>1 Yes</p>

	<p>2 No 7 Don't Know/Not sure 9 Refused to answer</p>																								
<p>Q45. How often do you use a mosquito repellent on your skin when you go outside? (READ CHOICES AND SELECT ONE)</p> <p>1 Every day 2 Most days 3 Some days 4 Rarely 5 Never → GO TO 47</p>	<p>Q19. How often do you use mosquito repellent on your skin when you go outside? (READ CHOICES AND SELECT ONE)</p> <p>1 Every day 2 Most days 3 Some days 4 Rarely 5 Never → GO TO 21 7 Don't Know/Not sure → GO TO 21 9 Refused to answer → GO TO 21</p>																								
<p>Q46. When you use mosquito repellent on your skin, how many times a day do you apply it?</p> <p>1 More than once a day 2 Once a day</p>	<p>Q20. On days when you use mosquito repellent on your skin, do you usually apply it more than once?</p> <p>1 Yes 2 No 7 Don't Know/Not sure 9 Refused to answer</p> <p>Interviewer Note: Answer Q20 and IF QUESTION 19=1, THEN GO TO QUESTION 22</p>																								
<p>Q47. When you do <u>not</u> wear mosquito repellent, what are your reasons for not wearing it? (DO NOT READ ITEM, CHECK "YES" FOR EACH MENTIONED AND "NO" FOR ALL OTHERS)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>I always use it</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>I do not like the way it smells</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>I do not like the way it makes my skin feel</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>I worry about the chemicals in the repellent harming my baby</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>I worry about the chemicals in the repellent harming me</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Mosquito repellent is too expensive</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Any other reason? → _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	I always use it	<input type="checkbox"/>	<input type="checkbox"/>	I do not like the way it smells	<input type="checkbox"/>	<input type="checkbox"/>	I do not like the way it makes my skin feel	<input type="checkbox"/>	<input type="checkbox"/>	I worry about the chemicals in the repellent harming my baby	<input type="checkbox"/>	<input type="checkbox"/>	I worry about the chemicals in the repellent harming me	<input type="checkbox"/>	<input type="checkbox"/>	Mosquito repellent is too expensive	<input type="checkbox"/>	<input type="checkbox"/>	Any other reason? → _____	<input type="checkbox"/>	<input type="checkbox"/>	<p>Q21A. When you do <u>not</u> wear mosquito repellent is it because you do not like the way it smells?</p> <p>1 Yes 2 No</p> <p>7 Don't Know/Not sure 9 Refused to answer</p>
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<p>Original question separated into individual questions for clarity.</p>	<p>Q21B When you do <u>not</u> wear mosquito repellent is it because you do not like it makes your skin feel?</p>																								

	<p>1 Yes</p> <p>2 No</p> <p>7 Not sure/Don't know</p> <p>9 Refused to answer</p>
Original question separated into individual questions for clarity.	<p>Q21C When you do <u>not</u> wear mosquito repellent is it because you worry about the chemicals in the repellent being harmful?</p> <p>1 Yes</p> <p>2 No</p> <p>7 Don't Know/Not sure</p> <p>9 Refused to answer</p>
Original question separated into individual questions for clarity.	<p>Q21D When you do <u>not</u> wear mosquito repellent is it because it is too expensive?</p> <p>1 Yes</p> <p>2 No</p> <p>7 Don't Know/Not sure</p> <p>9 Refused to answer</p>
Original question separated into individual questions for clarity.	<p>Q21E When you do <u>not</u> wear mosquito repellent is it because you forget to apply it?</p> <p>1 Yes</p> <p>2 No</p> <p>7 Don't Know/Not sure</p> <p>9 Refused to answer</p>
<p>Q48. During the past month, how often did you wear long sleeves and long pants when you went outside? (READ CHOICES AND SELECT ONE)</p> <p>1 Every day→GO TO Q50</p> <p>2 Most days</p> <p>3 Some days</p> <p>4 Rarely</p> <p>5 Never</p>	<p>Q22 During the past month, how often did you wear long sleeves and long pants when you went outside? (READ CHOICES AND SELECT ONE)</p> <p>1 Every day→GO TO 24A</p> <p>2 Most days</p> <p>3 Some days</p> <p>4 Rarely</p> <p>5 Never</p> <p>7 Don't Know/Not sure</p> <p>9 Refused to answer</p>
<p>Q49. When you did <u>not</u> wear long sleeves and long pants what was your main reasons? (DO NOT READ ANSWERS; ENTER ONE REASON</p>	<p>Q23 When you did <u>not</u> wear long sleeves and long pants what was your main reason? (DO NOT READ ANSWERS; ENTER ONE REASON</p>

<p>ONLY)</p> <p>1 I did not have clothes with long sleeves or long pants 2 It was too hot to wear long sleeves or long pants 3 Other reason → _____</p>	<p>ONLY)</p> <p>1 I did not have (enough/many) clothes with long sleeves or long pants 2 It was too hot to wear long sleeves or long pants 3 I don't like to wear long sleeves or long pants 4 Other reason 7 Don't Know/Not sure 9 Refused to answer</p>												
<p>Q50. During the last 3 months, did you receive any of the following services for mosquito control? (READ LIST)</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>A. Indoor spraying of my house for mosquitos</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>B. Outdoor spraying around my house and in my yard for mosquitos</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>C. Application of larvicides around the outside of my house</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	A. Indoor spraying of my house for mosquitos	<input type="checkbox"/>	<input type="checkbox"/>	B. Outdoor spraying around my house and in my yard for mosquitos	<input type="checkbox"/>	<input type="checkbox"/>	C. Application of larvicides around the outside of my house	<input type="checkbox"/>	<input type="checkbox"/>	<p>Q24A. During the last 3 months, did you receive professional indoor spraying of your home for mosquito control?</p> <p>1 Yes 2 No 7 Don't Know/Not sure 9 Refused to answer</p>
	Yes	No											
A. Indoor spraying of my house for mosquitos	<input type="checkbox"/>	<input type="checkbox"/>											
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C. Application of larvicides around the outside of my house	<input type="checkbox"/>	<input type="checkbox"/>											
<p>Original question separated into individual questions for clarity.</p>	<p>Q24B. During the last 3 months, did you receive professional outdoor spraying around your house or in your yard for mosquito control?</p> <p>1 Yes 1 No 2 Not Applicable (lives in an apartment or other type of housing) 7 Don't Know/Not sure 9 Refused to answer</p>												
<p>Original question separated into individual questions for clarity.</p>	<p>Q24C. During the last 3 months, did you receive application of larvicides service around the outside of your home?</p> <p>1 Yes 2 No 3 Not Applicable (lives in an apartment or other type of housing) 7 Don't Know/Not sure 9 Refused to answer</p>												

<p>Added introduction into reproductive health questions.</p>	<p>Now we are going to ask you some questions about reproductive health. Please remember that all your answers are confidential.</p>
<p>Q17. To your knowledge, are you now pregnant? 1 Yes →GO TO Q24 2 No 3 Not sure</p>	<p>Q25. Are you pregnant? 1 Yes 2 No 7 Don't Know/Not sure 9 Refused to answer</p>
<p>Q13. About how long has it been since you last had sexual intercourse with a man? 1 Less than 3 months 2 3-6 months →GO TO Q17 3 7-12 months →GO TO Q17 4 More than a year →GO TO Q18 9 Refuse to answer→GO TO Q17</p>	<p>Q26. About how long has it been since you last had sexual intercourse with a man? (DO NOT READ CHOICES) 1 Less than 3 months 2 3-6 months →GO TO Q30 3 7-12 months →GO TO Q30 4 More than a year →GO TO Q30 5 Never had sexual intercourse with a man →GO TO Q30 7 Don't Know/Not sure →GO TO Q30 9 Refuse to answer→GO TO Q30</p>
<p>Q14. When you had sex during the last 3 months, how often did you and your partner use a condom? Was it (READ CHOICES AND SELECT ONE): 1 Every time you had sex? 2 Most of the times you had sex? 3 Some of the times you had sex? 4 You never used a condom when you had sex during the last 3 months?→GO TO Q16</p>	<p>Q27. When you had sex during the last 3 months, how often did you and your partner use a condom? Was it (READ CHOICES 1-4, DO NOT READ 7/9, AND SELECT ONE): 1 Every time you had sex? 2 Most of the times you had sex? 3 Some of the times you had sex? 4 Not at all?→GO TO Q29 7 Don't Know/Not sure→GO TO Q30 9 Refused to answer→GO TO Q30</p>
<p>Q15. Where did you or your partner get your condoms? (IF MORE THAN ONE SOURCE, ASK WHERE MOST OFTEN GOT THEM) (DO NOT READ CHOICES) (IF RESPONDENT GIVES NAME OF SPECIFIC CLINIC OR FACILITY, PROBE TO DETERMINE WHETHER IT WAS A PUBLIC OR PRIVATE FACILITY) 1 Pharmacy 2 Other store or shop 3 Public health clinic/facility 4 Private doctor or clinic 5 Visiting nurse 6 Bar/Club 7 Somewhere else _____ 8 Don't know</p>	<p>Q28. Where did you or your partner get your condoms? (IF MORE THAN ONE SOURCE, ASK WHERE MOST OFTEN GOT THEM) (DO NOT READ CHOICES) (IF RESPONDENT GIVES NAME OF SPECIFIC CLINIC OR FACILITY, PROBE TO DETERMINE WHETHER IT WAS A PUBLIC OR PRIVATE FACILITY) 1 Pharmacy 2 Other store or shop (gas station) 3 Public health clinic/facility 4 Private doctor or clinic 5 Visiting nurse 6 Bar/Club/Restaurant 7 Somewhere else 77 Don't Know/Not sure</p>

<p>IF Q14 = 1(EVERY TIME YOU HAVE SEX) GO TO Q17</p>	<p>99 Refused to answer</p> <p>Interviewer Note: Ask After Q28 and IF Q27 = 1 (USE CONDOMS EVERY TIME HAS SEX) GO TO Q30</p>
<p>Q16. What was your most important reason for not using condoms every time you had sex during the last 3 months? (DO NOT READ CHOICES; SELECT ONE REASON)</p> <ol style="list-style-type: none"> 1 Already using another contraceptive method 2 Didn't think was going to have sex 3 Didn't think about it 4 Wanted to get pregnant/ Didn't mind if got pregnant 5 In a committed relationship 6 Didn't want to use condoms 7 Partner didn't want to use condoms 8 Couldn't pay for condoms 9 Had a problem getting condoms when needed/ Had no condoms available 10 Religious reasons 11 Menopause/ Infertile→GO TO Q26 12 Had a hysterectomy→GO TO Q26 13 Had tubes tied (sterilization)→CODE Q20=1 AND GO TO Q21 14 Partner had a vasectomy (sterilization) 15 Was breastfeeding at the time 16 Recently had a baby/Postpartum 17 Was currently pregnant 18 Same- sex partner 19 Forced to have sex 20 Under the influence of alcohol or drugs 21 Other reason _____ 22 Not Sure 	<p>Q29. What was your most important reason for not using condoms every time you had sex during the last 3 months? (DO NOT READ CHOICES; SELECT ONE REASON)</p> <ol style="list-style-type: none"> 1 Want to get pregnant 2 Don't care if get pregnant 3 Was pregnant 4 Didn't think about it/Forgot/In a hurry 5 Don't like condoms 6 Already using another contraceptive method this includes vasectomy and sterilization 7 In a committed relationship 8 Partner objects 9 Religious reasons 10 Couldn't pay for condoms 11 Had a problem getting condoms when needed/ No condoms available 12 Menopause/ Infertile→GO TO Q38 13 Had a hysterectomy→GO TO Q38 14 Don't think I can get pregnant 15 Was breastfeeding 16 Recently had a baby/Postpartum 17 Forced to have sex 18 Under the influence of alcohol or drugs 20 Other reason 77 Don't Know/Not sure 99 Refused to answer
<p>Q18. How do you feel about having a child now or sometime in the future? Would you say: (READ CHOICES)</p> <ol style="list-style-type: none"> 1 You don't want to have one/another 2 You want to have one, less than 12 months from now 3 You want to have one, between 1 to 2 years from now 4 You want to have one, between 2 and 5 years from now 5 You want to have one, at least 5 years from now 6 You want to have one, but not sure when or don't have a timeline 7 Not sure if want to have any/another 	<p>Q30. How do you feel about having a child now or sometime in the future? Would you say: (READ CHOICES)</p> <ol style="list-style-type: none"> 1 You don't want to have one/another 2 You want to have one, less than 12 months from now 3 You want to have one, between 1 to 2 years from now 4 You want to have one, between 2 and 5 years from now 5 You want to have one, at least 5 years from now 6 You want to have one, but not sure when

<p align="center">IF NEVER HAD SEX (Q11 = 2), GO TO Q34</p>	<p>7 Not sure if want to have any/another 9 Refused to answer</p> <p>Interviewer Note: Ask Q30 then IF CURRENTLY PREGNANT (Q25 = 1) OR NEVER HAD SEX (Q26=5) GO TO Q36</p>
<p>Q19. Did you or your spouse or partner do anything to keep you from getting pregnant the last time you had sex with a man?</p> <p>1 Yes 2 No →GO TO Q23 3 No male partner/Not sexually active→GO TO Q24</p>	<p>Q31A. Are you or your male partner doing anything or using anything to keep from getting pregnant? (</p> <p>1 Yes 2 No 7 Don't Know/Not sure 9 Refused to answer</p>
<p>Question added for clarification</p>	<p>Q31B. Have you had an operation to prevent pregnancy or has your male partner had a vasectomy? (DO NOT READ CHOICE)</p> <p>1 Yes, Female Sterilization →GO TO Q34 2 Yes, my male partner has had a vasectomy →GO TO Q34 3 No 7 Don't Know/Not sure 9 Refused to answer</p> <p>IF Q31A=NO (2) AND Q31B=NO (3) THEN SKIP TO Q35</p>
<p>Q20. What did you and your spouse do to keep you from getting pregnant the last time you had sex? (DO NOT READ CHOICES; IF MORE THAN 1 REASON GIVEN SELECT THE ONE WITH THE LOWER NUMBER)</p> <p>1 Female sterilization (tubal ligation, tubes tied, Essure, Adiana) 2 Male sterilization (vasectomy) 3 Contraceptive implant (Nexplanon) 4 Hormonal IUD (for example, Mirena, Skyla, Liletta) 5 Copper-bearing IUD (ParaGard) 6 IUD, type unknown 3 Shots/Injections (for example, Depo-Provera) 8 Birth control pills (daily pills, any kind) 9 Contraceptive patch (Xulane) 10 Contraceptive ring (NuvaRing) 11 Male condoms 12 Diaphragm 13 Female condoms 14 Foam, jelly, film, or cream</p>	<p>Q32A. What are you or your spouse or partner using or doing to keep you from getting pregnant? (DO NOT READ CHOICES; IF MORE THAN 1 REASON GIVEN, ENTER THE ONE WITH THE LOWEST NUMBER)</p> <p>1 Contraceptive implant (Nexplanon, Jadelle, Sino Implant, Implanon) →Go to Q33 2 IUD (for example, ParaGard, Mirena, Skyla, Liletta) →Go to Q32B 3 Shots/Injections (for example, Depo-Provera) →Go to Q33 4 Birth control pills (daily pills, any kind) →Go to Q33 5 Contraceptive patch (Ortho Evra, Xulane) →Go to Q33 6 Contraceptive ring (NuvaRing) →Go to Q33 7 Male condoms →Go to Q36 8 Diaphragm →Go to Q36 9 Female condoms →Go to Q36 10 Foam, jelly, film, or cream →Go to Q36 11 Emergency contraception (morning after pill) →Go to Q36 12 Not having sex at certain times (rhythm or natural family</p>

<p>15 Emergency contraception (morning after pill) 16 Not having sex at certain times (rhythm or natural family planning) 17 Withdrawal (pulling out) 18 Other method; Please specify _____</p>	<p>planning) → Go to Q36 13 Withdrawal (pulling out) → Go to Q36 14 Other method → Go to Q36 77 Don't Know/Not sure 99 Refused to answer</p>
<p>Question added for clarification</p>	<p>Q32B. What type of IUD do you have? 1 Copper IUD (ParaGard) 2 Hormonal IUD (Mirena, Skyla, Liletta) 7 Don't Know/Not sure 9 Refused to answer</p>
<p>Q22. Where did you obtain that method (most recently)? 1 Pharmacy 2 Other store or shop 3 Public hospital 4 Private hospital 5 Public health clinic 6 Private doctor's office or clinic 7 Visiting nurse 8 Bar/Club 9 Somewhere else _____ 10 Method does not require a source (e.g., rhythm or withdrawal) 11 Don't know</p>	<p>Q33. Where did you or your partner obtain that method (most recently)? 1 Pharmacy 2 Public hospital 3 Private hospital 4 Public health clinic 5 Private doctor's office or clinic 6 Visiting nurse 7 Somewhere else 77 Don't Know/Not sure 99 Refused to answer</p>
<p>Q21. As best you can remember, in what month and year did you start using that method of birth control?</p> <p>Month ____ Year ____</p>	<p>Q34. As best you can remember, since what month and year have you been start using that method of contraception?</p> <p>Month ____ Year ____ → GO TO QUESTION 36</p> <p>77/7777 Don't Know/Not sure → GO TO QUESTION 36 99/9999 Refused to answer → GO TO QUESTION 36</p>
<p>Q23. What was your most important reason for not doing anything to keep you from getting pregnant the last time you had sex? (DO NOT READ ANSWERS; ENTER ONE REASON ONLY)</p> <p>1 Didn't think was going to have sex 2 Didn't think about using anything 3 Didn't care if got pregnant</p>	<p>Q35. What is the most important reason for not doing anything to keep you from getting pregnant ? (DO NOT READ ANSWERS; ENTER ONE REASON ONLY)</p> <p>1 Want to get pregnant 2 Don't care if get pregnant</p>

<p>4 Wanted to get pregnant 5 Partner didn't want to use contraception 6 Didn't like birth control/Worry about side effects 7 Couldn't pay for birth control 8 Had a problem getting birth control when needed 9 Religious reasons 10 Lapse in use of a method 11 Menopause 12 Have not gotten pregnant in over 2 years without not using contraception 13 Didn't think could get pregnant 14 Had a hysterectomy 15 Was breastfeeding 16 Recently had a baby/Postpartum 17 Was pregnant at the time 18 No male partner 19 Forced to have sex 20 Under the influence of alcohol or drugs 21 Other reason _____</p> <p>97 Had tubes tied (sterilization) → GO BACK TO Q19 AND PROCEED FROM THERE 98 Partner had a vasectomy (sterilization) → GO BACK TO Q19 AND PROCEED FROM THERE</p>	<p>3 Haven't thought about using anything/Don't Like/Forgot 4 Partner objects 5 Worry about side effects 6 Religious reasons 7 Can't pay for contraception 8 Have a problem getting contraception when needed 9 Menopause 10 Have not gotten pregnant in over 2 years without using contraception 11 Had a hysterectomy 12 Don't think I can get pregnant 13 Was breastfeeding 14 Recently had a baby/Postpartum 15 No male partner/not sexually active 16 Other reason 77 Don't Know/Not sure 99 Refused to answer</p>
<p>Q24. In the last 12 months, was there a time when you wanted to see a provider for birth control but could not for any reason?</p> <p>1 Yes 2 No 3 Don't know/Not sure</p>	<p>Q36. In the last 12 months, was there a time when you wanted to see a provider for contraception but could not for any reason?</p> <p>1 Yes 2 No 7 Don't Know/Not sure 9 Refused to answer</p>
<p>Q25. Have you ever received contraceptives services as part of the Zika Contraception Access Network (Z-CAN) Project?</p> <p>1 Yes 2 No 3 Don't know</p>	<p>Q37. Have you ever received contraceptives services as part of the Zika Contraception Access Network (Z-CAN) Project?</p> <p>1 Yes 2 No 7 Don't Know/Not sure 9 Refused to answer</p>

	Interviewer Note: Ask Q37 then If Currently Pregnant (Q25=1) GO TO Q41
Q26. Have you ever been pregnant in the past (IF CURRENTLY PREGNANT ADD: not counting your current pregnancy)? 1 Yes 2 No →GO TO INSTRUCTIONS AFTER Q29 3 Not sure→GO TO INSTRUCTIONS AFTER Q29	Q38. Have you ever been pregnant? 1 Yes 2 No →GO TO INSTRUCTIONS BEFORE Q45 7 Don't Know/Not sure→GO TO INSTRUCTIONS BEFORE Q45 9 Refused to answer →GO TO INSTRUCTIONS BEFORE Q45
Q27. In what was the month and year did your most recent pregnancy end? MONTH: ___ YEAR: _____ IF RESPONDENT'S LAST PREGNANCY ENDED BEFORE 2011 GO TO Q29	Q39. In what month and year did your most recent pregnancy end? MONTH: ___ YEAR: _____ 77/7777 Don't Know/Not sure 99/9999 Refused to answer
Q28. How did your most recent pregnancy end? (READ CHOICES AND SELECT ONE) 1 Live birth 2 Stillbirth 3 Miscarriage 4 Ectopic pregnancy 5 Abortion	Q40. How did your most recent pregnancy end? (READ CHOICES 1-5, DO NOT READ 7/9, AND SELECT ONE) 1 Live birth 2 Stillbirth (after 20 weeks gestation) 3 Miscarriage (before 20 weeks gestation, also called spontaneous abortion) 4 Ectopic pregnancy 5 Induced Abortion 7 Don't know/Not sure 9 Refused
Q29. How many living children do you have? ___ Children IF RESPONDENT'S LAST PREGNANCY ENDED BEFORE 2011 AND SHE IS NOT CURRENTLY PREGNANT OR IF RESPONDENT HAS NEVER BEEN PREGNANT GO TO Q34 (ZIKA QUESTIONS)	Q41. How many children have you given birth to who are still alive, including any who do not live with you? ___ Children 77 Don't know/Not sure 88 None 99 Refused F RESPONDENT'S LAST PREGNANCY ENDED BEFORE 2011 (Q39 YEAR < 2011), AND SHE IS NOT CURRENTLY PREGNANT (Q25 NOT EQUAL TO 1) GO TO INSTRUCTIONS BEFORE Q45
Circumstances of Pregnancy IF RESPONDENT IS CURRENTLY PREGNANT, SAY: The next	Circumstances of Pregnancy IF RESPONDENT IS CURRENTLY PREGNANT, SAY: The next

<p>questions that ask about your circumstances and feelings around the time you became pregnant for your current pregnancy. Please think of your current pregnancy when answering the next questions.</p> <p>IF RESPONDENT IS NOT CURRENTLY PREGNANT, SAY: The next questions that ask about your circumstances and feelings around the time you became pregnant. Please think of your most recent pregnancy when answering the next questions.</p>	<p>questions that ask about your circumstances and feelings around the time you became pregnant for your current pregnancy. Please think of your current pregnancy when answering the next questions.</p> <p>IF RESPONDENT IS NOT CURRENTLY PREGNANT, SAY: The next questions that ask about your circumstances and feelings around the time you became pregnant. Please think of your most recent pregnancy when answering the next questions.</p>
<p>Q30. In the month that I became pregnant.....</p> <p><i>(Please select the statement which <u>most</u> applies to you):</i></p> <ol style="list-style-type: none"> 1 I/we were not using contraception 2 I/we were using contraception, but not on every occasion 3 I/we always used contraception, but knew that the method had failed (i.e. broke, moved, came off, came out, not worked etc.) at least once 4 I/we always used contraception 	<p>Q42. Were you or your male partner doing anything or using anything to keep from getting pregnant? (This includes things like sterilization, vasectomy, an IUD or injections.)</p> <ol style="list-style-type: none"> 1 Yes 2 No →GO TO Q44 7 Don't know/Not sure →GO TO Q44 9 Refused →GO TO Q44
<p>Q31. I feel that my pregnancy happened at the.....</p> <p><i>(Please select the statement which <u>most</u> applies to you):</i></p> <ol style="list-style-type: none"> 1 Right time 2 Ok, but not quite right time 3 Wrong time 4 Not sure 	<p>Question Removed.</p>
<p><i>In the next question, we ask about your partner - this might be (or have been) your husband, a partner you live with, a boyfriend, or someone you've had sex with once or twice.</i></p> <p>Q33. <u>Before</u> I became pregnant...</p> <p><i>(Please select the statement which <u>most</u> applies to you)</i></p> <ol style="list-style-type: none"> 1 My partner and I had agreed that we would like me to be pregnant 2 My partner and I had discussed having children together, but hadn't agreed for me to get pregnant 3 We never discussed having children together 	<p>Question Removed.</p>
<p>Question Added.</p>	<p>Q43. What did you or your spouse or partner use or do to keep you from</p>

	<p>getting pregnant? (DO NOT READ CHOICES; IF MORE THAN 1 REASON GIVEN, ENTER THE ONE WITH THE LOWEST NUMBER)</p> <ul style="list-style-type: none"> 1 Female sterilization (tubal ligation, tubes tied, Essure, Adiana) 2 Male sterilization (vasectomy) 3 Contraceptive implant (Nexplanon, Jadelle, Sino Implant, Implanon) 4 IUD (ParaGard, Mirena, Skyla, Liletta) 5 Shots/Injections (for example, Depo-Provera) 6 Birth control pills (daily pills, any kind) 7 Contraceptive patch (Ortho Evra, Xulane) 8 Contraceptive ring (NuvaRing) 9 Male condoms 10 Diaphragm 11 Female condoms 12 Foam, jelly, film, or cream 13 Emergency contraception (morning after pill) 15 Not having sex at certain times (rhythm or natural family planning) 16 Withdrawal (pulling out) 17 Other method 77 Don't know/Not sure 99 Refused
<p>Q32. Just <u>before</u> I became pregnant.....</p> <p><i>(Please select the statement which <u>most</u> applies to you):</i></p> <ul style="list-style-type: none"> 1 I intended to get pregnant 2 I had mixed feelings about getting pregnant 3 I did not intend to get pregnant 4 Not sure 	<p>Q44. Thinking back to <i>just before</i> you got pregnant², how did you feel about getting pregnant? (READ CHOICES AND SELECT ONE)</p> <ul style="list-style-type: none"> 1 I wanted to get pregnant later 2 I wanted to get pregnant sooner 3 I wanted to get pregnant then 4 I didn't want to get pregnant then or at any time in the future 5 I wasn't sure what I wanted 7 Don't know/Not sure 9 Refused
<p>GO TO Q36 IF:</p> <ul style="list-style-type: none"> • RESPONDENT DOESN'T WANT (ANY MORE) CHILDREN (Q18=1), • RESPONDENT HAS BEEN STERILIZED (Q20=1) OR (Q16=13), 	<p>IF PERMANENTLY UNABLE TO BECOME PREGNANT (HAD A HYSTERECTOMY, MENOPAUSAL, OR INFERTILE) END QUESTIONNAIRE: (Q29=11 OR 12) OR (Q35=9, 10, OR 11)</p> <p>Q45. How worried are you about having a child with microcephaly or another birth defect linked to Zika virus? (READ CHOICES 1-4, DO</p>

<ul style="list-style-type: none"> • PARTNER HAS HAD A VASECTOMY (Q20=2) OR (Q16=14), • PERMANENTLY UNABLE TO BECOME PREGNANT (Q23=11 OR 14) OR (Q16=11 OR 12) <p>Q35. How worried are you about having a child with microcephaly or another birth defect linked to Zika virus? (READ CHOICES AND SELECT ONE)</p> <ol style="list-style-type: none"> 1 Very worried 2 Somewhat worried 3 A little worried 4 Not at all worried 5 I have never heard of a link between Zika and birth defects 	<p>NOT READ 5/7/9, AND SELECT ONE)</p> <ol style="list-style-type: none"> 1 Very worried 2 Somewhat worried 3 A little worried 4 Not at all worried 5 I have never heard of a link between Zika and birth defects 7 Don't know/Not sure 9 Refused to answer
<p>Q36. Have you changed your plans about whether or when to have (more) children because of the Zika virus outbreak in Puerto Rico?</p> <ol style="list-style-type: none"> 1 Yes 2 No → GO TO Q38 	<p>Q46. Have you changed your plans about whether or when to have (more) children because of the Zika virus outbreak in Puerto Rico?</p> <ol style="list-style-type: none"> 1 Yes 2 No → GO TO Q48 7 Don't know/Not Sure → GO TO Q48 9 Refused to answer → GO TO Q48
<p>Q37. How have you changed your plans? Have you: (READ CHOICES AND SELECT ONE)</p> <ol style="list-style-type: none"> 1 Decided to wait longer to become pregnant 2 Decided to have no more children 3 Decided not to get pregnant soon, but have not made long-term plans yet 4 Other _____ 	<p>Q47. How have you changed your plans? Have you: (READ CHOICES 1-3 AND SELECT ONE)</p> <ol style="list-style-type: none"> 1 Decided to wait longer to become pregnant 2 Decided to have no more children 3 Decided not to get pregnant soon, but have not made long-term plans yet 4 Other 7 Don't know/Not Sure 9 Refused to answer
<p>Q38. Have you changed your contraceptive use because of the Zika virus outbreak? (DO NOT READ CHOICES; SELECT ONE)</p> <ol style="list-style-type: none"> 1 Yes: Started using a method 2 Yes: Switched to a more effective method 3 Yes: More consistent in using contraceptive method 4 Yes: Using condoms in addition to my usual contraceptive method 5 Yes: Other _____ 6 No change 	<p>Q48. Have you changed your contraceptive use because of the Zika virus outbreak? (DO NOT READ CHOICES; SELECT ONE)</p> <ol style="list-style-type: none"> 1 Yes: Started using a method 2 Yes: Switched to a more effective method 3 Yes: More consistent in using contraceptive method 4 Yes: Using condoms in addition to my usual contraceptive method 5 Yes: Other 6 No change 7 Don't know/ Not sure 9 Refused to answer

Added

Closing Statement

That was my last question. Everyone's answers will be combined to help us provide information about contraception and health practices related to the Zika virus in Puerto Rico. Thank you very much for your time and cooperation

Estimates of Annualized Burden hours (unchanged from approved ICR)

A total of 2,500 women between the ages of 18 and 49 will be interviewed for this assessment. This will consist of 2,000 interviews of women between the ages of 22 and 49 and an oversample of 500 women between the ages of 18 and 21, since this is the age group where unintended pregnancies that are not desired are expected to be the most widespread.

Type of Respondent	Form Name	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
Women of reproductive age	Questionnaire	2,500	1	15/60*	625
Individuals who are not women of reproductive age	Screening questions	12,000	1	1/60	200**
Total					825

**Some completed interviews will likely exceed 15 minutes, but the average duration will be between 10 and 15 minutes*

***Estimate based on expected number of calls that will be made to individuals who are not women of childbearing age (WCA) or WCA who decline to be interviewed. Length of time for these contacts will vary, but will rarely last more than about 1 minute.*