Date:	Initials:	Continuation Date:	Time (mn):
			Form Approved OMB No. 0920-1118 Expires 12/31/2016
	ATTACHME	ENT C: Initial Telephone Intervi	ew
Hello, [responde Health	ent name], my name is	I am calling from the	e Puerto Rico Department of
themselves and		Oo you have time to answer som	I to pregnant women to protect e questions about what you are
No (end call Yes, Before we s	l) tart, are you over 18 yea	rs of age?	
Are you current No (end call Yes (continu)		
How many mon	ths pregnant are you?	months (write numb	er)

SECTION 1. Introduction

Great! Thank you for your willingness to share your opinions with me. This will help us provide better services and support for you and your baby, and pregnant women in Puerto Rico in general.

Before I begin I want to go over a couple of items:

- This interview is voluntary. You can decline to answer any question and you can end our conversation at any time
- If we get disconnected, I will call you back.
- There are no right or wrong answers. I am interested in your opinion. If you don't understand the question, feel free to let me know and I can ask it another way.
- This is not a test, so feel free to say you don't know or don't have an opinion to offer
- The information you provide today will not be shared with anyone except those involved in this project. It's important to know that the questions I'm about to ask you will not affect any of the services you are receiving. Our reports will include the responses of ALL the women who talk with us. Your answers cannot be linked back to you.
- Do you have any questions before we begin?

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74. Atlanta, Georgia 30333; ATTN: PRA (0920-1118).

Dat	ate: Initials:	Continuation Date:	Time (mn):
1.	What have you heard about Zika? (Do n	not read, tick all mentioned)	
	Pregnant women should try not to	get it	
	It causes microcephaly or brain def	fects in babies	
	People get it from mosquitoes, so s		
	It can be transmitted by sex from a		
	People in Puerto Rico are getting in		
	Most people who have it, don't kno		no symptoms)
	It causes fever, rash, and conjuncting There is no treatment for Zika	VILIS	
	There is no vaccine for Zika		
	It can be life-threatening – can cau	se paralysis, GBS	
	People should wear repellent	• •	
	People should wear clothing that c	overs	
	People should eliminate standing o		
	People should put screens on wind	lows and doors	
	It is like Dengue and Chikungunya It is dangerous		
	Haven't heard anything		
	Other, please specify:		
	Refused [DO NOT READ]		
2.	In the past month, how often have you	and your family members ar	nd friends talked about Zika?
	Not at all		
	Only once or twice Sometimes		
	Often		
	Every day		
	Refused [DO NOT READ]		
3.	How concerned are you about Zika viru	us for yourself and your baby?	?
	Not at all concerned		
	Slightly concerned Somewhat concerned		
	Moderately concerned		
	Extremely concerned		
	Refused [DO NOT READ]		
4.	In your opinion, how likely do you think	-	d with Zika virus during your
	pregnancy (or while you are pregnant)?	?	
	Extremely unlikely Unlikely		
	Neutral - Neither unlikely nor likely	<i>1</i>	

Likely

Extremely likely

Refused [DO NOT READ]

I already have Zika [DO NOT READ]

Date: _		Initials:	Continuation Date:	Time (mn):
		And Why? [WRITE ANSWER TO	WHY?]	
5.		w confident are you in your abilitur pregnancy?	ry to protect yourself from getting in	nfected with Zika virus during
	,	Not confident at all		
		Somewhat unconfident		
		Neutral - Neither unconfident n	or confident	
		Confident		
		Very confident		
		Refused [DO NOT READ]		
		And Why? [WRITE ANSWER TO	WHY?]	

6. What actions have you taken to protect yourself from getting infected with the Zika virus since you found out you were pregnant? (Do not read, tick all mentioned)

Used mosquito net at night

Used mosquito net during the day

Used mosquito repellent or spray on your body

Worn clothes that cover my arms and legs (long sleeved shirts and pants)

Used mosquito coil/light fires to keep mosquitoes away

Used a condom/had my partner use a condom in all sexual relations

Abstained from sexual intercourse

Cleaned/scrubbed water source/storage unit/water container(s)

Put cover(s) over the water source/storage unit/water container(s)

Removed accumulated water

Sprayed or fumigated inside my home

Sprayed or fumigated outside of my home

Used larvicides (like mosquito dunks)

Put screens on windows and doors

Cleaned household environment

Drank clean water

Washed I clean water

Prayed to God

No answer

Wore light-colored clothing (no dark clothes)

Don't go outside at all

Don't go outside at night

Closed windows and doors

Cut grass

Used air conditioning

Go to doctor

Got tested and/or got my partner tested for Zika

Da	te:	Initials:	Continuation Date:	Time (mn):
			about Zika	
	your pregnancy? Yes, what? (C No, why? (Ca Refused [DO	Capture verbatim in turn verbatim re	esponses)	
<u>SE</u>	CTION 2. Commun	ication/WIC Educ	ation/CDC Foundation campaign ex	<u>posures</u>
8.	Are you seeing, h	earing, or reading	g messages about how to prevent Zik	a?
	Whe	Doctor WIC Family & friend Community me	eetings/gatherings ce announcements newspapers) orld wide web	
	No	Other, please s	specify:	
	Refused [DO	NOT READ]		

9. Have you been oriented at WIC about Zika?

Yes

Date:	: Initials:		Continuation D	ate:	Time (mn):	
	No Don't know/not sure [DO N Refused [DO NOT READ]	NOT READ]				
10. ⊦	lave you received educational Yes No Don't know/not sure [DO N Refused [DO NOT READ]		ndouts, writter	n information) abo	ut Zika from WIC	:?
	n the past month, do you remo dvertising about [a FAKE camp	_	_		o, newspaper, or	online
	Yes No Don't know/not sure [DO N Refused [DO NOT READ]	NOT READ]				
	n the past month, do you remo dvertising about [CDC Founda	_	_	ading any TV, radio	o, newspaper, or	online
	Yes No Don't know/Not sure [DO N Refused [DO NOT READ]	NOT READ]				
s h	low, I am going to describe an een the following ad because ave you happened to have sed ampaign].	it is NOT runni	ng in all parts	of Puerto Rico. But	t in the past mon	
	Yes No Don't know/Not sure [DO N Refused [DO NOT READ]	NOT READ]				
V	low I'm going to read a list of a Vhich of the following have yo ommunication]					
	Message	Yes	No	Don't know/not sure	Refused	
r						

Date:	Initials:	Continuation Date:	Time (mn):
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SECTION 3. Questions about Zika Prevention Kits

Description: The Zika Prevention Kit is a tote bag that contains educational information from the Puerto Rico Health Department and the Centers for Disease Control and Prevention about how to prevent Zika infection while you are pregnant along with items that could help prevent Zika virus infection. Items in the kit include: a mosquito bed net, mosquito repellent, condoms, and some include mosquito dunks (larvicide) and thermometers.

15. Have you heard about Zika Prevention Kits?

Yes

No

Refused

16. Have you been offered a Zika Prevention Kit?

Yes

From who or what organization?

WIC

My doctor

Hospital or clinic

Church

Pharmacy

Department of Health

Other

No

Refused [DO NOT READ]

(NOTE: Deleted question 17, but kept numbering to avoid confusion)

18. Have you received a Zika Prevention Kit

Yes

Who gave you your Zika Prevention Kit

WIC

My doctor

Hospital or clinic

Church

Pharmacy

Department of Health

Other

No, skip to question 29

Refused [DO NOT READ]

19. What color was the tote bag? [DO NOT READ RESPONSES]

White (negro)

Crema	
Blue	
Green	
Other, please specify:	
Refused	
Refused	
20. What items were included in the kit? Repellent in Spray	(Do not read, tick all mentioned)
Repellent in Cream	
Bed net	
Mosquito dunks	
Condom(s)	
Thermometer	
Educational materials	
Other, please specify:	
Don't know, didn't open i	t [SKIP TO QUESTION 29]
Refused [DO NOT READ]	

Date: _____Time (mn):_____

No, why not? Refused

21. Of the items you just mentioned, which one is the most important to you? (mark stated item as ranked 1st) Which one follows in importance? (mark stated item as ranked 2nd) Which one follows in importance? (mark stated item as ranked 3rd) Which one follows in importance? (mark stated item as ranked least important)

	Importance)				
Item	Ranked 1 st	Ranked 2 nd	Ranked 3 rd		
Repellent					
Bed net					
Mosquito dunks					
Condoms					
Thermometer					
Educational					
materials					
Other, specified					
Refused					

I am going to read you some statements and after I read the statement, I would like to know if you agree or disagree with the statement.

22. The instructions that came with the Zika Prevention Kit made it easy to know what to do with all of the items in the Zika Prevention Kit. Would you say that you (strongly disagree, disagree, neither disagree or agree, agree, and strongly agree) with the statement.

Strongly disagree

Disagree

Neither disagree nor agree

Date: _	Initials:	Continuation Date:	IIme (mn):
	Agree		
	Strongly agree		
	There were no instructions in the kit		
	I didn't read the instructions		
	Refused [DO NOT READ]		

23. The Zika Prevention Kit helped me understand the importance of not getting Zika during my pregnancy. Would you say that you (strongly disagree, disagree, neither disagree or agree, and strongly agree) with the statement.

Strongly disagree

Disagree

Neither disagree nor agree

Agree

Strongly agree

Refused [DO NOT READ]

Some of the items in the kit may be items that you already had in your house and used. Others may be items that you didn't have or have never used before.

24. BEFORE receiving the kit, when you were pregnant, how often did you use each of the following the items?

		Never or Almost Never	Seldom or Rarely	Sometimes	Often	Usually or most of the time	Always or Almost always	Refused
a.	Insect repellent							
b.	Condoms							
c.	Mosquito dunks for treating accumulated water							
d.	Bed net							
e.	Long sleeved clothes and pants that cover arms and legs							
f.	Screens on your windows that open and/or doors that open outdoors							

25. **AFTER** receiving the kit, how often did you use the types of items?

Date: Ir	nitials:		_Continuation	Date:		Time (mn):	:
	Never or Almost Never	Seldom or Rarely	Sometimes	Often	Usually or most of the time	Always or Almost always	Refused
a. Insect repellent							
b. Condoms							
c. Mosquito dunks for treating accumulated water							
d. Bed net							
e. Long sleeved clothes and pants that cover arms and legs							
f. Screens on your windows that open and/or doors that open outdoors	S						
f she says "Never or A							
Item Insect repellent	Why not? (c	apture ver	batim respons	se)			
Condoms							
Mosquito dunks							
Bed net							
Long sleeved clothes							
Screens							
26. Have you used up a needed to replace a Yes, which item Repelle Condor Mosqu	any items that ns ent	t came in t	he kit?) Which	-	revention ki	it? (or have	you
	ito bed net						

No \rightarrow SKIP to question 28

Don't know/not sure
Refused [DO NOT READ]
27. Have you purchased any items to replace the items in the kit that you used up (or needed to replace)?
Yes, which items "Tick all mentioned"
Repellent
Condoms
Mosquito dunks (or other larvicide)
Mosquito bed net
No, why not? "Tick all mentioned"
Do not have money to buy
Items are too expensive (too costly)
Am embarrassed to buy (e.g., condoms)
Do not feel I need them (they don't offer protection)
Other, please specify:
Don't know/not sure
Refused [DO NOT READ]
28. What other items do you recommend to be included in the Zika Prevention Kit to help pregnan
women in Puerto Rico to protect themselves from getting infected with Zika?
I would include the same items that are there now
I don't know
I would include more (a current item) _"Tick all mentioned"
Repellent - lotion
Repellent – spray
Repellent wipes
Condoms
Bed net - twin-size
Bed net - Queen size
Mosquito dunks (larvicide)
I would add (new items)" "Tick all mentioned"
Natural repellents
Unscented repellents (odor-free)
Insecticide for spraying home
Citronella candles
Cobras
Coupons for products
Coupons for screens
I would do something else entirely (specify)
Don't know/not sure [DO NOT READ]
Refused [DO NOT READ]

Date: _____ Initials: _____ Continuation Date: _____ Time (mn):_____

For any items that are not currently included in the Zika Prevention Kit, ask them why they would put the particular item in the kit? What protection do they think it offers?

Date:	Initials:	Continuation Date:	Time (mn):

SECTION 4. Questions about insecticide services for pregnant women

The following questions are about the Indoor residual spraying

Description: Indoor residual spraying (IRS) is when specially trained professionals spray insecticide inside of the home in and on the places that mosquitoes like to rest. The spraying can be done anytime during the day and usually will kill mosquitoes for about three months. IRS is most effective when most houses in a neighborhood have their homes sprayed.

29. Have you heard about spraying insecticides inside or outside of homes to protect against mosquitos that carry Zika?

Yes,

No (proceed to question 34a)
Don't know/not sure [DO NOT READ]
Refused [DO NOT READ]

30. Have you been offered spraying services for your home? [or Has anyone called you/contacted you to offer you spraying services for free?]

Yes

From who or what organization? "Tick only one"

WIC

Department of Health

Other

No (skip to question 34a)

Don't know/not sure [DO NOT READ]

Refused [DO NOT READ]

31. When services were offered to you, did you want them?

Yes, why (Do not read, tick all mentioned)

Wanted to have fewer mosquitoes in my home

They were free

Want less chance of getting bitten

Don't want to get Zika

Because my neighbors don't remove accumulated water

Other, please specify:

No, why not (Do not read, tick all mentioned)

Don't want chemicals sprayed in my home

I have young children in my home

I have a sick family member

My home does not need spraying (have screens or air conditioning)

Date: _	Initials:	Continuation Date:	Time (mn):
	Other, please specify: Don't know/not sure [DO NOT	d job of removing accumulated wat	:er
	Refused [DO NOT READ]		
31a. W	/hen services were offered to you Yes, why (<i>Do not read, tick all n</i> Wanted to have fewer They were free		
	Want less chance of ge Don't want to get Zika Because my neighbors Other, please specify:	tting bitten don't remove accumulated water	
		prayed in my home n my home mber d spraying (have screens or air cond d job of removing accumulated wat	_
	is an appointment been made for me been scheduled to receive sp Yes No Don't know/not sure [DO NOT Refused [DO NOT READ]		; in your home? (or has your
33. Ha	ive you received spraying service Yes No Don't know/not sure [DO NOT Refused [DO NOT READ]	s at your home? (or has your home	: been sprayed already?)
	ow important was it for you to receptant? Not at all important Slightly important Neutral (not important but not Somewhat important Very important Don't know/not sure [DO NOT Refused [DO NOT READ]		o prevent Zika while

Date:	Initials:	Continuation Date:	Time (mn):
	In your opinion, how important is to Rico?	it to offer insecticide spraying servic	es to pregnant women in
	Not at all important		
	Slightly important		
	Neutral (not important but not	unimportant)	
	Somewhat important	ш, р от салто,	
	Very important		
	Don't know/not sure		
	Refused		
<u>SECT</u>	ION 5. Questions about mosquito	es in their environment (environme	ental stimuli)
35. I	n a typical day, how often are you Never	bothered by mosquitoes biting you	
	Rarely		
	Sometimes		
	Often		
	Always		
	Don't Know/not sure [DO NOT	READ]	
	Refused [DO NOT READ]	,	
36. \		day on weekdays?[Choose only one	e]
	In my home		
	Inside at work		
	Outside at work		
	Outside someone else's home		
	Inside someone else's home		
	Equal time inside and outside		
	Other:		
37. [Do you have any air conditioning i	n your home?	
	No, none		
	Yes in one room, used at night		
	Yes, in one room used all the ti	me	
	Yes in more than one room		
38. [eek in a place that has air-conditioni	ng?
	No		
	Yes	_	
	Don't know/not sure [DO NOT	READ]	
	Refused [DO NOT READ]		
		e any screens (escrines, tela metalio	co, tela mosquitero) on
٧	vindows that open?		
	Not on any windows		
	On some windows		
	On all windows		

Date:	Initials:	Continuation Date:	Time (mn):
	Don't know/not sure [DO NOT RE Refused [DO NOT READ]	EAD]	
40. F	How about screens on the doors tha None on the doors On some doors On all doors Don't know/not sure [DO NOT RE Refused [DO NOT READ]		
	o you have the authority to decide a umigate your home inside and outsin No Yes Other, please specify: Can decide only about fu Rental home Family member's home Public Housing Don't know/not sure [DO NOT RE Refused [DO NOT READ]	de? migation	alling screens) and to
42. lı	n what zipcode do you live? Please specify: Don't know/not sure [DO NOT RE Refused [DO NOT READ]	 EAD]	
<u>SECTI</u>	ON 6. Questions about Risk Percep	tion of Zika	
	o you personally know anyone who Ifection? (Read the options; Tick al.		ional that they have Zika

No one I know at all

Sort of, people I don't know well but whom I know have been diagnosed

Yes I know people who have been diagnosed with Zika

Yes, I have a close friend or relative who has been diagnosed

Don't know/not sure

Refused

44. Do you personally know anyone who has been told by a health professional she has Zika infection while pregnant? (Read the options; Tick all mentioned)

No one I know at all

Sort of, people I don't know well but whom I know have been diagnosed

Yes I know people who have been diagnosed with Zika

Yes, I have a close friend or relative who has been diagnosed

Don't know/not sure

Refused

Date:	Initials:	Continuation Date:	Time (mn):
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45. Have you ever had a Zika test?

Yes

No (Skip to question 47)

Don't know/not sure [DO NOT READ]

Refused [DO NOT READ]

46. How long did you have to wait to be told the results of your Zika test?

Less than two weeks

Between two weeks and a month

Over a month but less than two months

Over two months but less than three months

Over three months

Never was told the results of my Zika test

Just got tested

Other, please specify:

Don't know/not sure [DO NOT READ]

Refused [DO NOT READ]

SECTION 7. Their opinion about what is needed and how to reach pregnant women

47. What do you think is needed or that needs to happen in order to protect pregnant women from getting infected with the Zika virus? [capture verbatim responses]

"Tick all that are mentioned" and write down any other responses

Fumigate in the community

Fumigate homes of pregnant women

Eliminate accumulated water in the community

Eliminate mosquito hatcheries (breeding sites)

Clean up communities (pick up trash/debris)

Pick up tires

Inspect and take care of abandoned houses

Provide emotional support for pregnant women

Provide more education for pregnant women

Provide education for everyone in the community

Educate everyone in the community to do their part

Keep providing Zika Prevention Kits

Provide repellent

Provide condoms

Provide light colored clothes that cover

Provide resources for women to screen their windows and doors

Pick up used tires

Educate gynecologists/physicians about Zika

48. In the past week, how often have you used insect repellant?

Date:	Initials:	Continuation Date:	Iime (mn):
Never			
Seldom or ra	rely		
Sometimes			
Often			
Usually or m	ost of the time		
Always			

49. I will read a list of actions and you can tell me if they can be used to protect from becoming infected with Zika. [Check all that apply. (Read the options)]

	Yes	No	Don't know/Not sure [DO NOT READ]	Refused [DO NOT READ]
Use mosquito repellant				
Drink only clean water				
Use condoms or not having sex				
Put screens on windows and doors				
Wear clothes that cover arms and legs				

Request to call them back

Can I call you again next month to ask you a few questions about the actions you and the community are taking to protect against Zika?

No Yes

Refused

Is the phone number I used to reach you today, the best number to reach you at?

- i. Yes
- ii. No, what number should I call? [Write down phone number]
- iii. What is the best time of the day to call you back?

Weekday morning?

Weekday afternoon?

Weekday evening?

Weekend morning?

Weekend afternoon?

Weekend evening?

Thank you for answering these questions! Your answers will help us in our efforts to keep pregnant women and their babies healthy.

Do you have any questions?

Thank you so much for your participation.