**ZEN COLOMBIA**

**Pregnant Woman Enrollment Questionnaire**

Study site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First, I will start with some questions about you.**

1. What is your birthdate? \_\_ \_\_/\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ 🞎77 *Don’t know* 🞎88 *Refused*

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2. What is your ethnicity? (Choose one only).

🞎1 Mestiza 🞎2 White 🞎3 Afrocolombian 🞎4 Indigenous 🞎5 Asian 🞎6 Multi-ethnic 🞎7 Other

🞎77 *Don’t know* 🞎88 *Refused*

3. What is the highest level of education that you have completed?

🞎1 Less than primary 🞎2 Primary 🞎3 Secondary 🞎4 Technical 🞎5 University or more

🞎77 *Don’t know* 🞎88 *Refused*

4. What is your household’s socioeconomic stratum?

🞎1 1 🞎2 2 🞎3 3 🞎4 4 🞎5 5 🞎6 6 🞎77 *Don’t know* 🞎88 *Refused*

5. In the past 3 months, have you traveled to another province or country?

🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused*

If yes: Where did you travel?

a. Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # days: \_\_\_\_\_\_\_\_\_\_

b. Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # days: \_\_\_\_\_\_\_\_\_\_

c. Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # days: \_\_\_\_\_\_\_\_\_\_

**The next questions are about mosquito bites.**

6. In the past 7 days, how many mosquito bites did you get?

🞎0 None 🞎1 Less than 20 🞎2 20 or more, or too many to count

🞎77 *Don’t know* 🞎88 *Refused*

7. On average, how many hours per day do you spend outside?

\_\_\_\_\_\_\_ hours/day 🞎77 *Don’t know* 🞎88 *Refused*

8. In the past 7 days, how often have you…

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Never | Some of the time | Most of the time | Not applicable | Don’t know | Refused |
| Worn long pants that covered your legs |  |  |  |  |  |  |
| Worn shirts or jackets with long sleeves that covered your arms |  |  |  |  |  |  |
| Worn permethrin-treated clothing |  |  |  |  |  |  |
| Worn shoes with socks |  |  |  |  |  |  |
| Used mosquito repellant |  |  |  |  |  |  |

9. In the past 7 days, when you were inside your home, how often was the air conditioner running?

🞎3 Never 🞎2 Some of the time 🞎1 Most of the time 🞎0 I don’t have air conditioning

🞎77 *Don’t know* 🞎88 *Refused*

10. Does your home have intact screens on all windows and doors that prevent mosquitos from entering?

🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* 🞎1 Not applicable

**The next questions are about Zika virus.**

11. Do you think it’s possible to get Zika virus in your community?

🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused*

12. Do you know anyone who has had Zika virus?

🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused*

13. How worried are you about getting Zika virus?

🞎3Very worried

🞎2 Somewhat worried

🞎1 Not at all worried

🞎0 I have already had Zika virus

🞎77 *Don’t know*

🞎88 *Refused*

14. Does everybody with Zika virus have symptoms?

🞎1 Yes 🞎1 No 🞎77 *Don’t know* 🞎88 *Refused*

15. How likely is it that someone can get Zika in the following ways? Say “very likely”, “somewhat likely”, or “impossible” to each statement.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very likely | Somewhat likely | Impossible | Don’t know | Refused |
| Being bitten by an infected mosquito |  |  |  |  |  |
| Having vaginal sex with a man who has Zika without using a condom |  |  |  |  |  |
| Kissing someone who has Zika |  |  |  |  |  |
| Shaking hands with someone who has Zika |  |  |  |  |  |
| An infected person coughs or sneezes on you |  |  |  |  |  |
| From a blood transfusion if the blood has Zika in it |  |  |  |  |  |
| A baby can get Zika before it is born if its mother has Zika during pregnancy |  |  |  |  |  |

16. How likely is it that the baby of a pregnant woman with Zika will have…? (Say “very likely”, “somewhat likely”, or “impossible” to each statement).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Very likely | Somewhat likely | Impossible | Don’t know/Refused |
| Microcephaly (a small sized head) |  |  |  |  |
| Other birth defects |  |  |  |  |

17. In the past 3 months, have you had symptoms of Zika virus? Symptoms of Zika virus means being sick with 2 or more of fever, rash, red eyes, and joint pain that are not explained by other causes.

🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused*

 If yes: When? \_\_\_\_\_ / \_\_\_\_\_\_\_

 mmm yyyy

18. Has a doctor or healthcare provider ever told you that you might have Zika virus?

🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused*

 If yes: When? \_\_\_\_\_ / \_\_\_\_\_\_\_

 mmm yyyy

19. How many adults and children live in your household, including yourself?

 \_\_\_\_\_\_\_\_ adults \_\_\_\_\_\_\_\_\_ children

20. In the past 3 months, did anyone in your household other than you have symptoms of Zika? Symptoms of Zika means being sick with 2 or more of fever, rash red eyes, or joint pain that are not explained by any other cause.

🞎1 Yes 🞎0 No 🞎78 I am the only person in the household

🞎77 *Don’t know* 🞎88 *Refused*

 If yes: Who was it?

🞎3 Husband or partner 🞎2 Your child 🞎1 Another person in the household

🞎77 *Don’t know* 🞎88 *Refused*

21. Has a doctor or healthcare provider ever told anyone in your household, aside from yourself, that they might have Zika virus?

🞎1 Yes 🞎0 No 🞎78 I am the only person in the household

🞎77 *Don’t know* 🞎88 *Refused*

 If yes: Who was it?

🞎3 Husband or partner 🞎2 Your child 🞎1 Another person in the household

🞎77 *Don’t know* 🞎88 *Refused*

**Next I’ll ask you some questions about your home, community, and environment.**

22. Where do you usually get your drinking water? (Select all that apply.)

🞎8 Public or private water utility

🞎7 Well

🞎6 Cistern or tank

🞎5 Bottled water

🞎3 Lake, river, or other natural source

🞎2 Minimo vital de agua potable (“free basic water”)

🞎1 Water is provided to you, but the source is unknown

🞎0 Another water source

🞎77 *Don’t know*

🞎88 *Refused*

23. In the past 3 months, have you worked at a job? Include jobs in which you don’t have a formal employer, such as selling goods or providing services.

🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused*

If yes: Have any of your jobs in the past 3 months involved:

|  |  |
| --- | --- |
| X-rays | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused* |
| Contact with body fluids | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused* |
| Applying pesticides, insecticides, or rat poison | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused* |
| Battery manufacturing or battery recycling | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused* |
| Electronic waste recycling | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused* |
| Gold mining or gold processing | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused* |
| A job in which you or other people around you use lead | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused* |
| A job in which you or other people around you use mercury | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused* |

24. In the past 3 months, has anyone in your household other than yourself worked in…

|  |  |
| --- | --- |
| Battery manufacturing or battery recycling | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused*🞎99 No one else in the household |
| Electronic waste recycling | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused*🞎99 No one else in the household |
| Gold mining or gold processing | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused*🞎99 No one else in the household |
| A job in which they or their coworkers use lead | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused*🞎99 No one else in the household |
| A job in which they or their coworkers use mercury | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused*🞎99 No one else in the household |

25. In the past 3 months, have you or your household members used any pesticides, insecticides, or rat poison in or around your home?

🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused*

**Now I’ll ask you about medical conditions you might have had.**

26. Have you ever had…?

|  |  |
| --- | --- |
| Yellow fever | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Dengue | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Chikungunya | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |

27. Have you ever been vaccinated for…?

|  |  |
| --- | --- |
| Yellow fever | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Dengue | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |

28. In the last 3 months, have you had any of the following genital tract infections or problems…?

|  |  |
| --- | --- |
| Genital herpes | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Gonorrhea or chlamydia | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Bacterial vaginosis | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Trichomonas | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |

**The next questions are about smoking, drug use, alcohol, and vitamin use.**

29. In the past 3 months, have you …?

|  |  |
| --- | --- |
| Smoked cigarettes | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Smoked marijuana | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Used drugs such as crack, cocaine, or heroin to get high | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |

30. In the past 3 months, how many alcoholic drinks (such as beer, wine, or spirits) have you had in an average week?

🞎5 14 drinks or more a week

🞎4 7–13 drinks a week

🞎3 4-6 drinks a week

🞎2 1–3 drinks a week

🞎1 Less than 1 drink a week

🞎0 None

🞎77 *Don’t know*

🞎88 *Refused*

31. In the past 3 months, have you regularly taken any vitamin supplements with or without folic acid?

🞎3 Yes, vitamins with folic acid

🞎2 Yes, vitamins without folic acid

🞎1 I took vitamins but I don’t know if there was folic acid in them

🞎0 No

🞎77 *Don’t know*

🞎88 *Refused*

**The next questions are about your pregnancies.**

32. What was your weight when you got pregnant? \_\_\_\_ kg 🞎77 *Don’t know* 🞎88 *Refused*

33. What is your height? \_\_\_\_\_cm 🞎77 *Don’t know* 🞎88 *Refused*

34. How many times were you pregnant before this pregnancy?

 \_\_\_\_\_\_\_\_\_ times 🞎77 *Don’t know* 🞎88 *Refused*

 **If zero, go to question 38.**

35. In how many of your previous pregnancies did you have…

|  |  |
| --- | --- |
| Live birth | \_\_\_\_\_\_\_\_\_\_ pregnancies 🞎77 *Don’t know* 🞎88 *Refused* |
| Miscarriage (loss before 20th week) | \_\_\_\_\_\_\_\_\_\_ pregnancies 🞎77 *Don’t know* 🞎88 *Refused* |
| Stillbirth (loss at or after the 20th week) | \_\_\_\_\_\_\_\_\_\_ pregnancies 🞎77 *Don’t know* 🞎88 *Refused* |
| Abortion | \_\_\_\_\_\_\_\_\_\_ pregnancies 🞎77 *Don’t know* 🞎88 *Refused* |
| Ectopic or molar pregnancy | \_\_\_\_\_\_\_\_\_\_ pregnancies 🞎77 *Don’t know* 🞎88 *Refused* |

36. During your previous [pregnancy/pregnancies], in how many pregnancies did you …?

|  |  |
| --- | --- |
| Have Pre-eclampsia (high blood pressure in pregnancy) | \_\_\_\_\_\_\_\_\_\_ pregnancies 🞎77 *Don’t know* 🞎88 *Refused* |
| Have Gestational diabetes (diabetes diagnosed in pregnancy) | \_\_\_\_\_\_\_\_\_\_ pregnancies 🞎77 *Don’t know* 🞎88 *Refused* |
| Have A premature birth (delivery before 37 weeks) | \_\_\_\_\_\_\_\_\_\_ pregnancies 🞎77 *Don’t know* 🞎88 *Refused* |
| Have A baby who was born weighing less than 2500g, or 2.5 kg | \_\_\_\_\_\_\_\_\_\_ pregnancies 🞎77 *Don’t know* 🞎88 *Refused* |
| Have a Cesarean section | \_\_\_\_\_\_\_\_\_\_ pregnancies 🞎77 *Don’t know* 🞎88 *Refused* |
| Breastfeed your baby | \_\_\_\_\_\_\_\_\_\_ pregnancies 🞎77 *Don’t know* 🞎88 *Refused* |

37. When did your last pregnancy end?

\_\_ \_\_/\_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ 🞎77 *Don’t know* 🞎88 *Refused*

 D D M M Y Y Y Y

38. When was the first day of your last menstrual period?

\_\_ \_\_/\_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ 🞎77 *Don’t know* 🞎88 *Refused*

 D D M M Y Y Y Y

39. How sure are you about the date of your last menstrual period?

🞎0 Not sure 🞎1 Sure 🞎77 *Don’t know* 🞎88 *Refused*

40. Did you use any fertility treatments to help you get pregnant? Choose all that apply.

🞎0 No, I did not use any fertility treatments

🞎4 Yes, medicine for ovarian stimulation, such as clomiphene citrate or Femara

🞎3 Yes, intrauterine insemination

🞎2 Yes, in vitro fertilization (IVF)

🞎1 Yes, intracytoplastmic sperm injection

🞎77 *Don’t know*

🞎88 *Refused*

41. Thinking back to right before you became pregnant, which of these statements best describes how you felt about being pregnant?

🞎4 I wanted to be pregnant sooner

🞎3 I wanted to be pregnant later

🞎2 I wanted to be pregnant then

🞎1 I didn’t want to be pregnant then or at any time in the future

🞎77 I don’t know

🞎88 *Refused*

**These next few questions are about your recent sexual experiences.**

42. In the past 3 months, how many different men have you had sex with?

🞎0 None 🞎1 1 🞎2 2 🞎3 3 or more 🞎77 *Don’t know* 🞎88 *Refused*

 **If None: go to question 52.**

43. In the past 3 months, how often have you had vaginal sex with a man? Choose the best answer.

🞎1 Once a day or more

🞎2 Two or more times a week

🞎3 Once a week

🞎4 A few times a month

🞎5 Once a month

🞎6 Less than once a month

🞎77 *Don’t know*

🞎88 *Refused*

44. When you had sex in the past 3 months, how often has your male partner used a condom?

🞎2 Always 🞎1 Sometimes 🞎0 Never 🞎77 *Don’t know* 🞎88 *Refused*

45. Since you found out that you were pregnant, have you and your male partner changed how often you use condoms during sex?

🞎1 Yes, we use them more often

🞎2 Yes, we use them less often

🞎3 No, we haven’t changed how often we use condoms

🞎0 I haven’t had regular sex with a male partner

🞎77 *Don’t know*

🞎88 *Refused*

46. In the past 3 months, have you…?

|  |  |
| --- | --- |
| Received oral sex from someone | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Performed oral sex on someone | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Had anal sex | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |

47. What is your marital status?

🞎1 Married

🞎2 Union libre

🞎3 Single, divorced, or widowed

🞎3 Other

🞎77 *Don’t know*

🞎88 *Refused*

48. Do you live in the same household as a husband or male partner?

🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused*

If yes: Is your husband or male partner circumcised?

🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused*