

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*

D D M M M Y Y Y Y

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 repellent						

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?

- ₃ Very 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*

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.

No Yes *Don't know* *Refused*

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

X-rays	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> <i>Don't know</i>	<input type="checkbox"/> <i>Refused</i>
Contact with body fluids	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> <i>Don't know</i>	<input type="checkbox"/> <i>Refused</i>
Applying pesticides, insecticides, or rat poison	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> <i>Don't know</i>	<input type="checkbox"/> <i>Refused</i>
Battery manufacturing or battery recycling	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> <i>Don't know</i>	<input type="checkbox"/> <i>Refused</i>
Electronic waste recycling	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> <i>Don't know</i>	<input type="checkbox"/> <i>Refused</i>
Gold mining or gold processing	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> <i>Don't know</i>	<input type="checkbox"/> <i>Refused</i>
A job in which you or other people around you use lead	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> <i>Don't know</i>	<input type="checkbox"/> <i>Refused</i>
A job in which you or other people around you use mercury	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> <i>Don't know</i>	<input type="checkbox"/> <i>Refused</i>

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

Battery manufacturing or battery recycling	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> <i>Don't know</i>	<input type="checkbox"/> <i>Refused</i>	<input type="checkbox"/> <i>99 No one else in the household</i>
Electronic waste recycling	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> <i>Don't know</i>	<input type="checkbox"/> <i>Refused</i>	<input type="checkbox"/> <i>99 No one else in the household</i>
Gold mining or gold processing	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> <i>Don't know</i>	<input type="checkbox"/> <i>Refused</i>	<input type="checkbox"/> <i>99 No one else in the household</i>
A job in which they or their coworkers use lead	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> <i>Don't know</i>	<input type="checkbox"/> <i>Refused</i>	<input type="checkbox"/> <i>99 No one else in the household</i>
A job in which they or their coworkers use mercury	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> <i>Don't know</i>	<input type="checkbox"/> <i>Refused</i>	<input type="checkbox"/> <i>99 No one else in the household</i>

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

No Yes *Don't know* *Refused*

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

26. Have you ever had...?

Yellow fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> <i>Don't know</i>	<input type="checkbox"/> <i>Refused</i>
Dengue	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> <i>Don't know</i>	<input type="checkbox"/> <i>Refused</i>
Chikungunya	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> <i>Don't know</i>	<input type="checkbox"/> <i>Refused</i>

27. Have you ever been vaccinated for...?

Yellow fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> <i>Don't know</i>	<input type="checkbox"/> <i>Refused</i>
Dengue	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> <i>Don't know</i>	<input type="checkbox"/> <i>Refused</i>

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

Genital herpes	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₀ No	<input type="checkbox"/> ₇₇ <i>Don't know</i>	<input type="checkbox"/> ₈₈ <i>Refused</i>
Gonorrhoea or chlamydia	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₀ No	<input type="checkbox"/> ₇₇ <i>Don't know</i>	<input type="checkbox"/> ₈₈ <i>Refused</i>
Bacterial vaginosis	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₀ No	<input type="checkbox"/> ₇₇ <i>Don't know</i>	<input type="checkbox"/> ₈₈ <i>Refused</i>
Trichomonas	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₀ No	<input type="checkbox"/> ₇₇ <i>Don't know</i>	<input type="checkbox"/> ₈₈ <i>Refused</i>

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

29. In the past 3 months, have you ...?

Smoked cigarettes	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₀ No	<input type="checkbox"/> ₇₇ <i>Don't know</i>	<input type="checkbox"/> ₈₈ <i>Refused</i>
Smoked marijuana	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₀ No	<input type="checkbox"/> ₇₇ <i>Don't know</i>	<input type="checkbox"/> ₈₈ <i>Refused</i>
Used drugs such as crack, cocaine, or heroin to get high	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₀ No	<input type="checkbox"/> ₇₇ <i>Don't know</i>	<input type="checkbox"/> ₈₈ <i>Refused</i>

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 <input type="checkbox"/> ₇₇ <i>Don't know</i> <input type="checkbox"/> ₈₈ <i>Refused</i>
Miscarriage (loss before 20 th week)	_____ pregnancies <input type="checkbox"/> ₇₇ <i>Don't know</i> <input type="checkbox"/> ₈₈ <i>Refused</i>
Stillbirth (loss at or after the 20 th week)	_____ pregnancies <input type="checkbox"/> ₇₇ <i>Don't know</i> <input type="checkbox"/> ₈₈ <i>Refused</i>
Abortion	_____ pregnancies <input type="checkbox"/> ₇₇ <i>Don't know</i> <input type="checkbox"/> ₈₈ <i>Refused</i>
Ectopic or molar pregnancy	_____ pregnancies <input type="checkbox"/> ₇₇ <i>Don't know</i> <input type="checkbox"/> ₈₈ <i>Refused</i>

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

Have Pre-eclampsia (high blood pressure in pregnancy)	_____ pregnancies <input type="checkbox"/> ₇₇ <i>Don't know</i> <input type="checkbox"/> ₈₈ <i>Refused</i>
Have Gestational diabetes (diabetes diagnosed in pregnancy)	_____ pregnancies <input type="checkbox"/> ₇₇ <i>Don't know</i> <input type="checkbox"/> ₈₈ <i>Refused</i>
Have A premature birth (delivery before 37 weeks)	_____ pregnancies <input type="checkbox"/> ₇₇ <i>Don't know</i> <input type="checkbox"/> ₈₈ <i>Refused</i>
Have A baby who was born weighing less than 2500g, or 2.5 kg	_____ pregnancies <input type="checkbox"/> ₇₇ <i>Don't know</i> <input type="checkbox"/> ₈₈ <i>Refused</i>
Have a Cesarean section	_____ pregnancies <input type="checkbox"/> ₇₇ <i>Don't know</i> <input type="checkbox"/> ₈₈ <i>Refused</i>
Breastfeed your baby	_____ pregnancies <input type="checkbox"/> ₇₇ <i>Don't know</i> <input type="checkbox"/> ₈₈ <i>Refused</i>

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, intracytoplasmic 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	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₀ No	<input type="checkbox"/> ₇₇ <i>Don't know</i>	<input type="checkbox"/> ₈₈ <i>Refused</i>
Performed oral sex on someone	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₀ No	<input type="checkbox"/> ₇₇ <i>Don't know</i>	<input type="checkbox"/> ₈₈ <i>Refused</i>
Had anal sex	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₀ No	<input type="checkbox"/> ₇₇ <i>Don't know</i>	<input type="checkbox"/> ₈₈ <i>Refused</i>

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*