**ZEN COLOMBIA**

**Maternal Follow-Up Questionnaire**

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

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

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

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

2. 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*

3. 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 shoes with socks |  |  |  |  |  |  |
| Worn permethrin-treated clothing |  |  |  |  |  |  |
| Used mosquito repellant |  |  |  |  |  |  |

4. 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*

5. 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.**

6. In the past month, 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*

7. In the past month, 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.**

8. In the past month, have you traveled to another province or country?

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

If yes: Where did you travel?

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

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

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

9. In the past month, 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 month 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* |

10. In the past month, 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 |

11. In the past 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*

12. In the past month, 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* |
| Genital tract infection (diagnosis unknown) | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |

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

13. In the past month, 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* |

14. In the past month, 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*

15. In the past month, 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*

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

16. In the past month, 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

🞎7 Never

🞎77 *Don’t know*

🞎88 *Refused*

17. When you had sex in the past month, how often has your male partner used a condom?

🞎2 Always 🞎1 Sometimes 🞎0 Never 🞎78 Did not have sex

🞎77 *Don’t know* 🞎88 *Refused*

18. In the past month, 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* |