

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 repellent						

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	<input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₇₇ <i>Don't know</i> <input type="checkbox"/> ₈₈ <i>Refused</i>
Contact with body fluids	<input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₇₇ <i>Don't know</i> <input type="checkbox"/> ₈₈ <i>Refused</i>
Applying pesticides, insecticides, or rat poison	<input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₇₇ <i>Don't know</i> <input type="checkbox"/> ₈₈ <i>Refused</i>
Battery manufacturing or battery recycling	<input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₇₇ <i>Don't know</i> <input type="checkbox"/> ₈₈ <i>Refused</i>
Electronic waste recycling	<input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₇₇ <i>Don't know</i> <input type="checkbox"/> ₈₈ <i>Refused</i>
Gold mining or gold processing	<input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₇₇ <i>Don't know</i> <input type="checkbox"/> ₈₈ <i>Refused</i>
A job in which you or other people around you use lead	<input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₇₇ <i>Don't know</i> <input type="checkbox"/> ₈₈ <i>Refused</i>
A job in which you or other people around you use mercury	<input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₇₇ <i>Don't know</i> <input type="checkbox"/> ₈₈ <i>Refused</i>

10. In the past month, has anyone in your household other than yourself worked in...

Battery manufacturing or battery recycling	<input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₇₇ <i>Don't know</i> <input type="checkbox"/> ₈₈ <i>Refused</i> <input type="checkbox"/> ₉₉ No one else in the household
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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"/> No one else in the household
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"/> No one else in the household
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"/> No one else in the household
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"/> 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?

No Yes *Don't know* *Refused*

12. In the past month, have you had any of the following genital tract infections or problems...?

Genital herpes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Don't know</i> <input type="checkbox"/> <i>Refused</i>
Gonorrhea or chlamydia	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Don't know</i> <input type="checkbox"/> <i>Refused</i>
Bacterial vaginosis	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Don't know</i> <input type="checkbox"/> <i>Refused</i>
Trichomonas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Don't know</i> <input type="checkbox"/> <i>Refused</i>
Genital tract infection (diagnosis unknown)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Don't know</i> <input type="checkbox"/> <i>Refused</i>

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

13. In the past month, have you ...?

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

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

- 14 drinks or more a week
 7–13 drinks a week
 4–6 drinks a week
 1–3 drinks a week
 Less than 1 drink a week
 None
 Don't know
 Refused

15. In the past month, have you regularly taken any vitamin supplements with or without folic acid?

- Yes, vitamins with folic acid
 Yes, vitamins without folic acid
 I took vitamins but I don't know if there was folic acid in them
 No
 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	<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>