

### ATTACHMENT C: Intercept Interview of Pregnant Women

Hello, [respondent name], my name is \_\_\_\_\_ and I work for the Centers for Disease Control and Prevention and I am working with the USVI Department of Health.

Would you be willing to talk with me for a few minutes (less than 20 minutes) to give me your opinions about Zika virus? I need to speak with pregnant women who are over 18 years old.

Are you over 18 years of age?      Yes - continue      No - end interview

Are you pregnant?      Yes - continue      No - end interview

Have you been told by a healthcare professional that you have or have had a Zika virus infection? (based on symptoms or a laboratory test)?

No —continue      Yes - end interview (read script)

*I am sorry to hear that you have tested positive for Zika. I am grateful for your willingness to speak with me today, but I am only allowed to ask questions of pregnant women who do not have Zika. So, I cannot ask you any more questions. Please be sure to work closely with your doctor to monitor your health and your baby's health throughout the remainder of your pregnancy. I wish you the very best. And, thanks again for your willingness to speak with me today.*

#### Section 1. Introduction

Great! Thank you for your willingness to share your opinions with me. Your opinions will help us make decisions about what we can do to help pregnant women. I have just a few questions that will take less than 20 minutes.

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

- This interview is voluntary. You do not have to answer any questions you don't want to.
- 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.

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- 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.
- With your permission, I would like to record our conversation. I do this simply to make sure that I capture all of the information that you share and so I can listen to what you have to say and not worry about taking notes. The recording helps me in writing my report and is used for that purpose only. Is it okay for me to record our conversation?
- Do you have any questions before we begin?

How many months pregnant are you? \_\_\_\_\_ months (write number)

1. What have you heard about Zika? (Do not read, tick all mentioned)

- Pregnant women should try not to get it [PREGNANT WOMEN]
- It causes microcephaly or brain defects in babies [MICROCEPHALY]
- People get it from mosquitoes, so should avoid getting bitten [MOSQUITOES]
- It can be transmitted by sex from a man to a woman [SEXUALLY TRANSMITTED]
- People in USVI are getting infected with Zika – the virus is here [LOCAL/IN USVI]
- Most people who have it, don't know it (can have Zika and have no symptoms) [ASYMPTOMATIC]
- It causes fever, rash, and conjunctivitis [LISTED SYMPTOMS]
- There is no treatment for Zika [NO TREATMENT]
- There is no vaccine for Zika [NO VACCINE]
- It can be life-threatening – can cause paralysis, GBS [LIFE-THREATENING-GBS]
- People should wear repellent [WEAR REPELLENT]
- People should wear clothing that covers [WEAR CLOTHING]
- People should eliminate standing or accumulated water [REMOVE WATER]
- People should put screens on windows and doors [SCREENS]
- It is like Dengue and Chikungunya [LIKE DENGUE & CHIK]
- It is dangerous [DANGEROUS]
- Haven't heard anything [HEARD NOTHING]
- Other, please specify: [OTHER]
- Refused [REFUSED]

2. In the past month, how often have you and your family members and friends talked about Zika?

[READ OPTIONS]

- Not at all
- Only once or twice
- Sometimes
- Often
- Every day
- Refused [DO NOT READ]

3. How concerned are you about Zika virus for yourself and your baby? [READ OPTIONS]
- 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 it is that you will be infected with Zika virus during your pregnancy (or while you are pregnant)? [READ OPTIONS]
- Extremely unlikely
  - Unlikely
  - Neutral - Neither unlikely nor likely
  - Likely
  - Extremely likely
- Refused [DO NOT READ]
- And Why? [RECORD ANSWER]
5. How confident are you in your ability to protect yourself from getting infected with Zika virus during your pregnancy? [READ OPTIONS]
- Not confident at all
  - Somewhat unconfident
  - Neutral - Neither unconfident nor confident
  - Confident
  - Very confident
  - Refused [DO NOT READ]
- And Why? [RECORD ANSWER]

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)

**Personal behaviors**

- Used mosquito repellent or spray on your body [USE REPELLENT]
- Sprayed permethrin on clothes [USE PERMETHRIN]
- Worn clothes that cover my arms and legs (long sleeved shirts and pants) [WEAR CLOTHES THAT COVER]
- Used mosquito net at night [USE BED NET AT NIGHT]
- Used mosquito net during the day [USE BED NET DURING DAY]
- Used a condom/had my partner use a condom in all sexual relations [USE CONDOMS]
- Abstained from sexual intercourse [ABSTAINED]
- Prayed to God [PRAYED]
- Don't go outside at all [DON'T GO OUT AT ALL]
- Don't go outside at night [DON'T GO OUT AT NIGHT]
- Go to doctor [GO TO DOCTOR]
- Got tested and/or got my partner tested for Zika [GOT TESTED]
- Looked for more information about Zika [LOOKED FOR INFO]
- Used items in Zika Prevention Kit that I received [USED ZPK ITEMS]

**Actions taken around the home**

- Used mosquito coil/light fires to keep mosquitoes away [LIT CANDLES/COILS]
- Cleaned/scrubbed water source/storage unit/water container(s) [CLEANED CONTAINERS]
- Put cover(s) over the water source/storage unit/water container(s) [COVERED CONTAINERS]
- Removed accumulated water [REMOVED WATER]
- Sprayed or fumigated inside my home [SPRAYED INSIDE HOME]
- Sprayed or fumigated outside of my home [SPRAYED OUTSIDE HOME]
- Used larvicides (like mosquito dunks) [USED LARVICIDE]
- Put screens on windows and doors [PUT SCREENS UP]
- Cleaned household environment [CLEANED HOUSE]
- No answer [NO ANSWER]
- Closed windows and doors [CLOSED WINDOWS AND DOORS]
- Cut grass [CUT GRASS]
- Used air conditioning [USED AIR CONDITIONING]
- Other, please specify: [OTHER]
- Refused [REFUSED]

7. Have you made any changes to your routine since learning more about Zika virus and the risk to your pregnancy?

Yes, what? (RECORD ANSWER)

No, why? (RECORD ANSWER)

Refused [DO NOT READ]

8. 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 repellent				
Drink only clean water				
Use condoms or not having sex				
Put screens on windows and doors				
Wear clothes that cover arms and legs				

**Section 2. Questions about recent performance of key Zika prevention behaviors**

9. In the past week, how often have you used insect repellent? [READ OPTIONS]

- Never
- Seldom or rarely
- Sometimes
- Often
- Usually or most of the time
- Always
- Refused

10. Yesterday, did you put mosquito repellent on skin that was not covered by clothing?

Yes, Why? (Do not read, tick all mentioned)

- To keep from getting bitten by mosquitoes [AVOID MOSQUITO BITES]
- To protect me and my baby from Zika [PROTECT FROM ZIKA]
- To keep from getting Dengue or Chikungunya [AVOID DENGUE OR CHIK]
- People who matter to me encourage me to put it on [PEOPLE ENCOURAGED ME TO ACT]
- Because it's a habit or routine [HABIT/ROUTINE]
- Because I'm outside of the house/spending time outside [AM OUTSIDE]
- Other response options... [OTHER]

10A. Yesterday, how many times did you apply repellent? (Do not read, tick response mentioned)

- Once
- Twice
- Three times
- Four or more times
- Other, please specific

Refused

10B. Is what you did yesterday with the repellent what you typically do most days of the week?

Yes

No

Don't know/not sure

Refused

No, Why not? (*Do not read, tick all mentioned*)

I don't believe it works [DON'T THINK IT WORKS]

I don't like the smell [BAD SMELL]

I was not going outside [NO GOING OUTSIDE]

I have a bad reaction to it (nausea, skin rash, irritation, etc.) [BAD REACTION]

I wanted to, but I ran out/used up what I had [USED UP/RAN OUT]

I forgot about using it [FORGOT]

I'll probably get sick anyways [WILL GET SICK ANYWAYS]

Worried repellent is not safe for me/my baby [WORRIED NOT SAFE]

I didn't notice any mosquitoes [DIDN'T NOTICE MOSQUITOES]

Don't know [DON'T KNOW]

I use air conditioning [USE AIR CONDITIONING]

I wear long sleeve clothing [WEAR LONG SLEEVES]

Don't want to use it/Never use it [NEVER USE]

I don't have any [DON'T HAVE ANY]

Other, please specify: [OTHER]

Refused [REFUSED]

Refused

11. Yesterday, did you sleep under a mosquito bed net every time you were asleep or took a nap?

Yes, Why? (*Do not read, tick all mentioned*)

To keep from getting bitten by mosquitoes [AVOID MOSQUITO BITES]

To protect me and my baby from Zika [PROTECT FROM ZIKA]

To keep from getting dengue or chikungunya [AVOID DENGUE OR CHIK]

I always sleep under a bed net (habit or custom) [HABIT/ROUTINE]

Other, please specify: [OTHER]

Don't know/Not sure [DON'T KNOW]

Refused [REFUSED]

No, Why not? (*Do not read, tick all mentioned*)

I don't believe it works [DON'T THINK IT WORKS]

I get claustrophobic [CLAUSTROPHOBIC]

Mosquito net makes it too hot [BED NET MAKES IT TOO HOT]

I slept on the couch, sofa, or a place other than my bed [SLEPT IN OTHER PLACE]

I can't sleep well with net -it makes me anxious [CAN'T SLEEP/ANXIOUS]

I have air conditioning or a ceiling fan to keep mosquitoes away [HAVE A-C OR FAN]

It's old fashioned, something my grandmother uses [OLD FASHIONED]

I wanted to, but I don't have a bed net [DON'T HAVE A BED NET]  
I don't know what it is [DON'T KNOW WHAT A BED NET IS]  
Too hard to set up [TOO HARD TO SET UP]  
It is dangerous – can get tangled in it or trip on it [DANGEROUS TO USE]  
Don't know/Not sure [DON'T KNOW]  
I don't like it/it's uncomfortable [DON'T LIKE]  
I don't need it because I have screens [DON'T NEED – HAVE SCREENS]  
I don't need it because I fumigate [DON'T NEED— SPRAY INSECTICIDE]  
I don't need it because I use repellent [DON'T NEED—USE REPELLENT]  
Issue with size of bed net – too small [BED NET TOO SMALL]  
Other, please specify: [OTHER]  
Refused [REFUSED]

Refused

**The next questions are about sexual relations with your husband or male partner.**

12. Since you became pregnant, have you had sexual intercourse, that is, vaginal, anal, or oral sex, with any male partner?

No, what was the reason you have not had sex since becoming pregnant (DO NOT READ RESPONSE OPTIONS)

No longer with partner  
Don't want to have sex  
Trying to avoid getting Zika infection  
I have a high risk pregnancy (doctor told me not to)  
Other, please specify: [OTHER]

*After recording response, go to question 15*

Yes  
Prefer not to answer

12A. In the past three months, how many times did you have sexual intercourse?  
\_\_\_\_\_ write number \_\_\_\_\_ Refused

13. When you had sex, how often did you use a condom? (READ OPTIONS)

Every time I had sex → Go to question 15  
Sometimes when I had sex → Go to question 14  
I never used a condom when I had sex → Go to question 14  
Prefer not to answer → Go to question 15

14. What were your reasons for not using condoms every time you had sex since became pregnant?

[DO NOT READ RESPONSE OPTIONS – Tick all mentioned]

**Not needed**

- I am pregnant already so I don't need a condom to prevent pregnancy [DON'T NEED TO AVOID PREGNANCY]
- I didn't think I needed to use condoms during pregnancy [DON'T NEED DURING PREGNANCY]
- I was not worried about getting the Zika virus [NOT WORRIED]
- We are married/long-term partners don't need to use condoms [MARRIED/COMMITTED PARTNER]

**Didn't know**

- I didn't know you could get Zika virus from having sex [DIDN'T KNOW ABOUT SEX TRANSMISSION OF ZIKA VIRUS]
- I didn't think a condom would prevent Zika infection [DON'T THINK CONDOM WILL PREVENT ZIKA INFECTION]

**Dislike/Not used to**

- I didn't want to use condoms/I don't like to use condoms [DON'T LIKE CONDOMS]
- It's not a habit or custom (not used to using them) [NOT A HABIT TO USE CONDOMS]

**Access/Affordability**

- I could not get condoms when I needed them [COULD NOT GET CONDOMS]
- I could not afford condoms [COULD NOT AFFORD CONDOMS]
- We did not have any condoms [DID NOT HAVE CONDOMS]

**Partner**

- I didn't think my partner had Zika virus [PARTNER DOESN'T HAVE ZIKA]
- My partner didn't want to use (refused to use) condoms/My partner doesn't like to use condoms [PARTNER REFUSES TO USE CONDOMS]

**Other**

- I forgot to use condoms [FORGOT]
- I am embarrassed to buy condoms [EMBARRASSED TO BUY]
- I object to using condoms for religious reasons [RELIGIOUS OBJECTIONS]
- I have an allergic reaction to condoms [ALLERGIC TO CONDOMS]
- Don't know/Don't know what to say [DON'T KNOW]
- Other, please specify: [OTHER]
- Refused [REFUSED]

15. Has your husband or any male partner gotten a test for Zika virus?

No

Yes

Don't know/not sure

Refused

16. Has a doctor, nurse or other healthcare worker told your husband or any male partner that he has or has had a Zika virus infection?

No

Yes

Don't know/not sure



Refused

**The next questions are about your clothing**

17. I notice that you [are or are not] wearing long pants right now?

WEARING LONG PANTS - What are your reasons for wearing long pants? (DO NOT READ RESPONSE OPTIONS—Tick all mentioned)

To keep from getting bitten by mosquitoes [AVOID MOSQUITO BITES]  
To protect me and my baby from Zika [PROTECT FROM ZIKA]  
To keep from getting Dengue or Chikungunya [AVOID DENGUE OR CHIK]  
To comply with dress code of work or school [COMPLY WITH DRESS CODE]  
Because I am outside of my home [AM OUTSIDE]  
I like wearing them [LIKE]  
It's what I usually wear/as a habit /I always wear them [HABIT]  
Other please specify: [OTHER]  
Refused [REFUSED]

17A. Do you [wear long pants] every day?

Yes , all day  
Yes, part of the day  
No

NOT WEARING LONG PANTS - What are your reasons for NOT wearing long pants? [DO NOT READ RESPONSE OPTIONS-tick all mentioned)

I don't believe wearing long pants keeps me from being bitten [DON'T THINK IT WORKS]  
The weather/climate is too hot to cover up my body [TOO HOT]  
It is uncomfortable to wear [UNCOMFORTABLE]  
I wanted to, but I don't have any long pants [DON'T HAVE ANY]  
Not fashionable [NOT FASHIONABLE]  
I prefer to wear a dress/skirt [PREFER DRESS/SKIRT]  
My work/school uniform doesn't allow me to [DRESS CODE DOESN'T ALLOW]  
I don't like them [DON'T LIKE]  
I don't usually wear them/no habit/no routine [NOT A HABIT]  
Because I use repellent [DON'T WEAR—USE REPELLENT]  
Don't know [DON'T KNOW]  
Other, please specify: [OTHER]  
Refused [REFUSED]

18. I notice that you [are or are not] wearing a long-sleeved shirt right now?

WEARING LONG-SLEEVED SHIRT - What are you reasons for wearing a long-sleeved shirt? (DO NOT READ RESPONSE OPTIONS—Tick all mentioned)

To keep from getting bitten by mosquitoes [AVOID MOSQUITO BITES]

To protect me and my baby from Zika [PROTECT FROM ZIKA]  
To keep from getting dengue or chikungunya [AVOID DENGUE OR CHIK]  
To comply with dress code of work or school [COMPLY WITH DRESS CODE]  
Because I am outside of my home [AM OUTSIDE]  
I like wearing them [LIKE]  
It's what I usually wear/as a habit /I always wear them [HABIT]  
Other, please specify: [OTHER]

Do you wear long sleeves every day?  
Yes, all day  
Yes, part of the day  
No

NOT WEARING LONG-SLEEVED SHIRT - What are you reasons for NOT wearing a long-sleeved shirt? (DO NOT READ RESPONSE OPTIONS—Tick all mentioned)

I don't believe wearing long sleeves keeps me from being bitten [DON'T THINK IT WORKS]  
The weather/climate is too hot to cover up my body [TOO HOT]  
Being pregnant makes me hot so it's uncomfortable to wear clothing [UNCOMFORTABLE WHILE PREGNANT]  
I wanted to, but I don't have any long sleeved shirts [DON'T HAVE ANY]  
Not fashionable [NOT FASHIONABLE]  
My work/school uniform doesn't allow me to [DRESS CODE DOESN'T ALLOW]  
I don't like them [DON'T LIKE]  
I don't usually wear them/no habit/no routine [NOT A HABIT]  
Because I use repellent [DON'T WEAR—USE REPELLENT]  
Don't know [DON'T KNOW]  
Other, please specify: [OTHER]  
Refused [REFUSED]

**The next questions are about vector control**

19. In the past week, have you or somebody in your household removed accumulated water and covered up or screened water containers inside and around your home (on your property)?

Yes, Why? (DO NOT READ RESPONSE OPTIONS—Tick all mentioned)

To help reduce the mosquito population (the numbers of mosquitoes) [REDUCE MOSQUITO POPULATION]  
To protect me and my baby from Zika [PROTECT FROM ZIKA]  
To keep my home looking good [KEEP HOME LOOKING GOOD]  
Because it's a habit or routine or custom [HABIT]  
Other, please specify: [OTHER]

No, Why not? (DO NOT READ RESPONSE OPTIONS—Tick all mentioned)

I do not have a yard or area that I am responsible for taking care of [NO YARD TO CARE FOR]

I have not had time to do this [NO TIME]

There is no accumulated water [NO STANDING WATER]

I don't care (apathy) [DON'T CARE]

There's too much water around me -- it's too much work [TOO MUCH WATER, TOO MUCH WORK]

It doesn't matter because my neighbors don't take care of the water in and around their property - it's pointless [NEIGHBORS DON'T TAKE CARE/FUTILE]

It rains too much to keep up with this [TOO MUCH RAIN/CAN'T KEEP UP]

I am physically unable to do it [PHYSICALLY UNABLE TO DO]

The government should do it [GOV'T SHOULD DO]

Don't know [DON'T KNOW]

Other, please specify: [OTHER]

Refused

20. Have you ever put a mosquito dunk in accumulated water around your home?

Yes, Why? (DO NOT READ RESPONSE OPTIONS)

To help reduce the mosquito population (the numbers of mosquitoes) [REDUCE MOSQUITO POPULATION]

To protect me and my baby from Zika [PROTECT FROM ZIKA]

Because the Zika Prevention kit told me to [ZPK TOLD ME TO]

Other, please specify: [OTHER]

When did you put the mosquito dunk in water?

In the last week?

In the last month?

In the last several months?

Other, please specify:

No

I do not know what mosquito dunks are [DON'T KNOW WHAT THEY ARE]

I do not have mosquito dunks [DON'T HAVE ANY]

I do not think mosquito dunks work [DON'T THINK THEY WORK]

I do not think mosquito dunks are safe to use, so I will not use them [WON'T USE/DON'T THINK THEY ARE SAFE]

I do not have a yard or area that I am responsible for taking care of [NO YARD TO CARE FOR]

I have not had time to do this [NO TIME]

Someone else in my family has done this so I don't need to [SOMEONE ELSE DOES THIS]

Don't have places to use it/Don't need to use it because I don't have accumulated water [NOT NEEDED—NO STANDING WATER]

Don't use it/Have never used it before [NEVER USED/DON'T USE]

Don't know [DON'T KNOW]

Other, please specify: [OTHER]

Refused [REFUSED]

21. Is there anything that we haven't discussed that you have been doing to reduce the risk of mosquito bites to avoid getting Zika virus?

No

Yes, What? (DO NOT READ RESPONSE OPTIONS—Tick all mentioned)

Staying indoors [STAYING INSIDE]

I moved to/spend more time in another location with fewer mosquitoes [MOVED TO PLACE WITH FEWER MOSQUITOS]

I moved to spend more time in better housing—with screens and/or air conditioning [MOVED TO HOUSE WITH SCREENS OR A-C]

I have sprayed my house with insecticide (store-bought insecticide applied by me or my family) [SPRAYED HOUSE WITH STORE BOUGHT INSECTICIDE]

I have had a business come to spray my house [HAD PROFESSIONAL SPRAYER SPRAY MY HOME]

Burn mosquito coils [BURN MOSQUITO COILS]

Other, please specify: [OTHER]

Refused [REFUSED]

### **Section 3. Questions about actions of others to prevent Zika**

Now I'm going to ask you about what others may or may not be doing to prevent Zika.

22. Do you know the actions that your **household family members** are taking to help prevent Zika?

No

Yes, what actions are they taking? (RECORD RESPONSES)

23. How satisfied are you with the actions that your **household family members** are taking to help prevent Zika? [READ RESPONSE OPTIONS]

Very unsatisfied

Unsatisfied

Neutral

Satisfied

Very satisfied

Refused

26. Do you know the actions that your **community** is taking to help prevent Zika?

No

Yes, what actions are they taking? (RECORD RESPONSES)

27. How satisfied are you with the actions that your **community** is taking to help prevent Zika? [READ RESPONSE OPTIONS]

- Very unsatisfied
- Unsatisfied
- Neutral
- Satisfied
- Very satisfied
- Refused

28. Do you know the actions that the **Department of Health** is taking to help prevent Zika?

- No
- Yes, what actions are they taking? (RECORD RESPONSES)

29. How satisfied are you with the actions that the Department of Health is taking to prevent Zika? [READ RESPONSE OPTIONS]

- Very unsatisfied
- Unsatisfied
- Neutral
- Satisfied
- Very satisfied
- Refused

30. In the past month, have you seen any of the following activities in your community? Read the list and for each item, check No if they did not see it or Yes, if they did it.

	No	Yes
a. Community workers applying larvicide	<input type="checkbox"/>	<input type="checkbox"/>
b. Fogging trucks spraying insecticide	<input type="checkbox"/>	<input type="checkbox"/>
c. Efforts to clean up trash and remove tires	<input type="checkbox"/>	<input type="checkbox"/>
d. Community meetings to discuss Zika	<input type="checkbox"/>	<input type="checkbox"/>
e. Messages telling the community to eliminate accumulated water	<input type="checkbox"/>	<input type="checkbox"/>
f. Volunteers going to homes to teach about reducing mosquito breeding sites	<input type="checkbox"/>	<input type="checkbox"/>
g. Neighbors or volunteers putting mosquito traps around homes	<input type="checkbox"/>	<input type="checkbox"/>
h. Workshops on how to keep mosquitoes out of homes	<input type="checkbox"/>	<input type="checkbox"/>
i. Workshops on how to reduce mosquito breeding sites	<input type="checkbox"/>	<input type="checkbox"/>
j. Workers fixing septic tanks/cisterns, covering pipes	<input type="checkbox"/>	<input type="checkbox"/>

- k. School events about Zika
- l. Other, please specify:

31. What suggestions do you have for helping to prevent Zika in your community?

**Section 4. Communication/Education**

32. Are you seeing, hearing, or reading messages about how to prevent Zika?

Yes

Where? *(Do not read, tick all mentioned)*

- Doctor
- WIC
- MCH
- Department of Health
- Family & friends
- Community meetings/gatherings
- TV public service announcements
- TV news
- Radio news
- Printed news (newspapers)
- Posters
- Billboards
- Internet or world wide web
- Social media
- Facebook
- Twitter
- Instagram
- Church
- Work
- University
- School
- Hospital
- Google
- Neighbors
- Family planning
- Laboratory
- Other, please specify:[ OTHER]

No

Refused [DO NOT READ]

33. Have you received educational materials (handouts, written information) about Zika?

Yes

Where or from who? (Do not read, tick all mentioned)

Doctor  
WIC  
MCH  
Department of Health  
Family & friends  
Community event  
Internet or world wide web  
Social media  
Church  
Work  
University  
School  
Hospital  
Neighbors  
Family planning  
Library  
Other, please specify: \_\_\_\_\_

No  
Don't know/not sure [DO NOT READ]  
Refused [DO NOT READ]

### **Section 5. Questions about Zika Prevention Kits**

Description: *The Zika Prevention Kit is a tote bag that contains educational information from the US VI 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.*

34. 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 next section, question 43  
Refused [DO NOT READ]

35. What items were included in the kit? (Do not read, tick all mentioned)

Repellent in Spray

Permethrin  
 Bed net  
 Mosquito dunks  
 Condom(s)  
 Thermometer  
 Educational materials  
 Other, please specify:  
 Don't know, didn't open it [SKIP TO QUESTION 37]  
 Refused [DO NOT READ]

No, why not?  
 Refused

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

Item	Importance		
	Ranked 1 <sup>st</sup>	Ranked 2 <sup>nd</sup>	Ranked 3 <sup>rd</sup>
Repellent			
Permethrin			
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.

37. 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, agree, and strongly agree) with the statement.

Strongly disagree  
 Disagree  
 Neither disagree nor agree  
 Agree  
 Strongly agree  
 Refused [DO NOT READ]

38. Have you **used up** any of the items that were included in the Zika prevention kit? (or have you needed to replace any items that came in the kit?) Which items?

Yes, which items



Repellent  
Permethrin  
Condoms  
Mosquito dunks (or other larvicide)  
Mosquito bed net  
No → SKIP to question 40  
Don't know/not sure  
Refused [DO NOT READ]

39. 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  
Permethrin  
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]

40. What other items do you recommend to be included in the Zika Prevention Kit to help pregnant women in USVI to protect themselves from getting infected with Zika? [RECORD RESPONSE]

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? [RECORD RESPONSE]

### **Section 6. Questions about vector control services for pregnant women**

The following questions are about vector control services.

41. Have you heard about spraying vector control services for outside of homes to protect against mosquitos that carry Zika?

Yes,  
No (proceed to question 50)  
Don't know/not sure [DO NOT READ]  
Refused [DO NOT READ]

42. Have you been offered vector control services for outside of your home? [or Has anyone called you/contacted you to offer you services for free?]

Yes

From who or what organization? "Tick only one"

Department of Health

Other

No (skip to question 50)

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

Refused [DO NOT READ]

43. 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 [WANT FEWER MOSQUITOS]

They were free [FREE]

Want less chance of getting bitten [WANT LESS CHANCE OF GETTING BITTEN]

Don't want to get Zika [DON'T WANT ZIKA]

Because my neighbors don't remove accumulated water [NEIGHBORS DON'T REMOVE STANDING WATER]

Other, please specify: [OTHER]

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

Don't want chemicals sprayed in my home [DON'T WANT CHEMICALS SPRAYED IN HOME]

I have young children in my home [HAVE YOUNG CHILDREN]

I have a sick family member [HAVE SICK FAMILY MEMBER]

My home does not need spraying (have screens or air conditioning) [NOT NEEDED— HAVE SCREENS OR A-C]

My neighbors do a good job of removing accumulated water [NOT NEEDED-NEIGHBORS REMOVE STANDING WATER]

Other, please specify: [OTHER]

Don't know/not sure [DON'T KNOW]

Refused [REFUSED]

46. Has an appointment been made for you to receive vector control services outside of your home? (or has your home been scheduled to receive services?)

Yes

No

Don't know/not sure

Refused

47. Have you received vector control services outside of your home?

Yes

No

Don't know/not sure

Refused

48. How important was it for you to receive vector control services to prevent Zika while pregnant?

- Not at all important
- Slightly important
- Neutral (not important but not unimportant)
- Somewhat important
- Very important
- Don't know/not sure
- Refused

50. In your opinion, how important is it to offer vector control services to pregnant women in USVI?

- Not at all important
- Slightly important
- Neutral (not important but not unimportant)
- Somewhat important
- Very important
- Don't know/not sure
- Refused

**Section 7. Questions about mosquitoes in their environment (environmental stimuli)**

51. In a typical day, how often are you bothered by mosquitoes biting you

- Never
- Rarely
- Sometimes
- Often
- Always
- Don't Know/not sure
- Refused

52. Where do you spend most of your day on weekdays?[Choose only one]

- In my home
- Outside my own home (in the yard)
- Inside at work
- Outside at work
- Inside someone else's home
- Outside someone else's home
- Equal time inside and outside
- Other:

53. Do you have any air conditioning in your home?

- No, none
- Yes in one room, used at night
- Yes, in one room used all the time
- Yes, in more than one room
- Yes, but we don't use it (don't turn it on)

54. Do you spend a lot of time each week in a place that has air-conditioning?  
No  
Yes  
Don't know/not sure  
Refused
55. Does the home where you live have any screens on windows that open?  
Not on any windows  
On some windows  
On all windows  
Don't know/not sure  
Refused
56. How about screens on the doors that open outdoors?  
None on the doors  
On some doors  
On all doors  
Don't know/not sure  
Refused
57. On a typical day when you are home, how often do you leave your door open?  
Never leave the door open  
Seldom or rarely leave the door open  
Sometimes leave the door open  
Usually or most of the time leave the door open  
Always leave the door open  
Don't know/not sure  
Refused
58. On which island do you live?  
St. Croix  
St. John  
St. Thomas  
Water Island  
Don't know/not sure  
Refused

**Section 8. Questions about Risk Perception of Zika**

59. Do you personally know anyone who has been told by a health professional that they have Zika infection? *(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

60. Do you personally know any pregnant woman 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

61. Have you ever had a Zika test?

Yes

No (Skip to question 63)

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

Refused [DO NOT READ]

62. 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 9. Their opinion about what is needed and how to reach pregnant women**

63. What do you think is needed or that needs to happen in order to protect pregnant women from getting infected with the Zika virus? [RECORD RESPONSES]

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

Fog the community [COMMUNITY FOGGING]

Offer vector control services outside the homes of pregnant women [VECTOR CONTROL FOR PREGNANT WOMEN]

Eliminate accumulated water in the community [ELIMINATE STANDING WATER]

Eliminate mosquito hatcheries (breeding sites) [ELIMINATE BREEDING SITES]

Clean up communities (pick up trash/debris) [COMMUNITY CLEAN-UP CAMPAIGNS]

Pick up tires [PICK UP TIRES]

Inspect and take care of abandoned houses [DEAL WITH ABANDONED HOUSES]

Provide emotional support for pregnant women [GIVE PREGNANT WOMEN EMOTIONAL SUPPORT]

Provide more education for pregnant women [EDUCATE PREGNANT WOMEN]

Provide education for everyone in the community [EDUCATE COMMUNITY]

Encourage everyone in the community to do their part [ENCOURAGE EVERYONE TO ACT]  
Keep providing Zika Prevention Kits [PROVIDE ZPKITS]  
Provide repellent [PROVIDE REPELLENT]  
Provide condoms [PROVIDE CONDOMS]  
Provide resources for women to screen their windows and doors [HELP WITH SCREENS]  
Educate gynecologists/physicians about Zika [EDUCATE DOCTORS]

**Section 10. Demographic information**

64. What is your age?            Age \_\_\_\_\_ (in years)

65. What is the highest degree or level of school that you have completed? Pick one.

- No schooling completed
- Preschool through grade 12, no diploma
- High school graduate
- College or Some College
- College Graduate (associate's, bachelor's degree)
- Post graduate (Master's degree, Doctorate's degree, or professional degree like MD, DVM, JD, etc)

66. Are you Hispanic or Latino?

- No, not Hispanic or Latino
- Yes, Hispanic or Latino

67. What is your race?

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

**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.**