Form Approved OMB No. 0920-XXXX Expires XX/XX/XXXX

ATTACHMENT D: Follow-Up Telephone Interview

Hello, [respondent name], my name is	I am calling from the Puerto Rico Department of
Health Are you still pregnant (Yes/No): if yes c	ontinue.

I am calling you because I spoke with you last month and you gave me permission to call you back. Thanks for being willing to talk with us again. I have just a few questions that will take less than 15 minutes.

This time, we're going to focus on asking you questions about actions that you and the community might be taking in order to prevent Zika. I'll start by asking you a few questions about what you may or not be doing.

A. Introduction for Interview

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

- This interview is voluntary. You can decline to answer any question and you can end our conversation at any time
- If we get disconnected, I will call you back.
- 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.
- This is not a test, so feel free to say you don't know or don't have an opinion to offer. You may also choose to say that you do not want to answer the question I ask you.
- 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. Your answers cannot be linked back to you.
- Do you have any questions before we begin?

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-xxxxx).

Questions about recent performance of key Zika prevention behaviors

1. 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 To protect me and my baby from Zika To keep from getting Dengue or Chikungunya People who matter to me encourage me to put it on I always use it/It's my routine I am out of the house /I spend time outside Other responses, please specify: Don't know /not sure Refused What time or times of the day did you apply repellent? (Do not read, tick all mentioned) First thing in the morning (after I got dressed) Later in the morning (after breakfast or before I went outside) In the middle of the day (around lunch time) In the early afternoon (1:00PM to 3:00PM) In late afternoon (4:00pm a 5:00pm) In early evening (5:00pm to 6:30pm) Late evening (6:30PM on till midnight)) In the morning, noontime and the afternoon Before going outside After bathing (or showering) Other, please specify: Don't know /not sure Refused (If they answered yes, and provided a frequency of use, ask the following:) You indicated that you apply repellent [______] times per day. 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 I don't like the smell I was not going outside I have a bad reaction to it (nausea, skin rash, irritation, etc.) I wanted to, but I don't have any I forgot about using it I'll probably get sick anyways

Worried repellent is not safe for me/my baby

I didn't notice any mosquitoes
I don't have any
I use air conditioning
I wear long sleeve shirts and long pants

I never want to use it/ I have never used it

Don't know

Other, please specify:_____

Refused

2. Is there any other kind of product or substance that you use on your skin to reduce getting bitten?

Yes ... What?

Vaseline

Vick's vapo-rub

Avon skin-so-soft bath oil

Creme repellent

Spray repellent

Repellent wipes

Alcohol

Clip-on repellent

Natural or home made repellent

Repellent bracelet

Baby perfume

Other type of oil

Others, please specify: _____

Refused

3. 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

To protect me and my baby from Zika

To keep from getting dengue or chikungunya

I always sleep under a bed net (habit or custom)

Other, please specify:

Don't know/Not sure

Refused

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

I don't believe it works

I get claustrophobic

Mosquito net makes it too hot

I slept on the couch, sofa, or a place other than my bed

I can't sleep well with net -it makes me anxious

I have air conditioning or a ceiling fan to keep mosquitoes away

It's old fashioned, something my grandmother used

I wanted to, but I don't have a bed net I don't know what it is Too hard to set up I don't like it /I am not comfortable with it I don't need it, I have screens I don't need it because I have sprayed I don't need it because I use repellent Problems with the size of the bed net (very small) I don't have a bed net It is dangerous – can get tangled in it or trip on it Don't know/Not sure Other, please specify:
The next questions are about sexual relations with your husband or male partner.
4. Since you became pregnant, have you had sexual intercourse, that is, vaginal, anal, or oral sex, with any male partner?
No, What was the main reason you have not had sex since becoming pregnant (DO NOT READ RESPONSE OPTIONS) Partner is no longer around/has left Don't want to have sex Trying to avoid getting Zika infection High risk pregnancy (the doctor instructed me to abstain from sexual relations) Other, please specify: Don't know / not sure Refused After recording response, go to question 9
Yes Prefer not to respond
4a. In the past three months, how many times did you have sexual intercourse? write number of times
Don't know/ not sure Refused to answer
5. When you had sex, how often did you use a condom? (READ OPTIONS)

Every time I had sex \rightarrow Go to question 7 Sometimes when I had sex \rightarrow Go to question 6 I never used a condom when I had sex →Go to question 6 Prefer not to answer → Go to question 7

6. What were your reasons for not using condoms every time you had sex since became pregnant? Check ALL that apply I am pregnant already so I don't need a condom to prevent pregnancy I didn't think I needed to use condoms during pregnancy I didn't know you could get Zika virus from having sex I didn't know a condom would prevent Zika infection I didn't think my partner had Zika virus I was not worried about getting the Zika virus I didn't want to use condoms/I don't like to use condoms My partner didn't want to use (refused to use) condoms/My partner doesn't like to use condoms I could not get condoms when I needed them I could not afford condoms I forgot to use condoms My partner uses repellent It's not a habit or custom I am married/ have a long-term partner, so it is not necessary to use condoms. We didn't have any condoms I am embarrassed to buy condoms I object to using condoms for religious reasons I have an allergic reaction to condoms Other, please specify: Refused Don't know/Not sure 7. Has your husband or any male partner gotten a test for Zika virus? No Yes Don't know/not sure Refused 8. 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

9. Are you wearing long pants right now?

Yes, Why? (DO NOT READ RESPONSE OPTIONS)

To keep from getting bitten by mosquitoes To protect me and my baby from Zika To keep from getting Dengue or Chikungunya
To comply with dress code of work or school
I am out of the house
I like wearing pants
It's what I usually wear/it's a habit/I always use them
Don't know /not sureOther response options, please specify:

Do you [wear long pants] every day?

Yes, all day

Yes, part of the day

No

Don't know/ not sure

No, Why not?

I don't believe it works

The weather/climate is too hot to cover up my body

It's uncomfortable

Because I am inside the house

I was sleeping/I just got up / I was in bed (I don't wear them in bed)

I don't like them

I usually don't wear them/ it's not a habit/ it is not my routine

Because I use repellent

I wanted to, but I don't have any long sleeved pants or shirts

Not fashionable

I prefer to wear a dress/skirt

My work/school uniform doesn't allow me to

Don't know / not sure

Other, please specify: ______

Refused

10. Are you wearing a long-sleeved shirt right now?

Yes, Why? (DO NOT READ RESPONSE OPTIONS)

To keep from getting bitten by mosquitoes

To protect me and my baby from Zika

To keep from getting dengue or chikungunya

To comply with dress code of work or school

Because I am outside the house

I like to wear it

It's what I usually wear/it's a habit/I always use them

Don't know / not sure

Other, please specify: _____

Do you wear long sleeves every day?

Yes, all day

Yes, part of the day

No Refused

N 1	1 A /I	
NΩ	Why	not i
	* * ! ! 9	1106

I don't believe it works

The weather/climate is too hot to cover up my body

Being pregnant makes me hot so it's uncomfortable to wear clothing

I wanted to, but I don't have any long sleeved pants or shirts

Not fashionable

Because I am inside the house

I was sleeping/I just got up / I was in bed (I don't wear them in bed)

I usually don't wear them/ it's not a habit/ it is not my routine

Because I use repellent

I don't like them

My work/school uniform doesn't allow me to

Don't know/ not sure

Other, please specify:

Refused

11. 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)

To help reduce the mosquito population (the numbers of mosquitoes)

To protect me and my baby from Zika

To keep my home looking good

Because it is a habit or routine

Because it rained

There was accumulated water

Other, please specify: _____

Don't know / not sure

No, Why not?

I do not have a yard or area that I am responsible for taking care of

I have not had time to do this

It has not rained so no water has accumulated in the past week

I don't care (apathy)

There's too much water around me -- it's 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

It rains too much to keep up with this

I am physically unable to do it

The government should do it

There is no accumulated water

Other, please specify:

Don't know/ not sure

Refused

12. 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)

To protect me and my baby from Zika

Because the Zika Prevention kit told me to

Other, please specify:

Don't know / not sure

Refused

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, Why not?

I do not know what mosquito dunks are (I didn't know what the larvicide tablets were)

I do not have mosquito dunks (I didn't have any larvicide tablets)

I do not think mosquito dunks work (I don't believe the larvicide tablets work)

I do not think mosquito dunks are safe to use, so I will not use them (don't believe

larvicide tablets are safe to use, so I won't use them)

I do not have a patio or area that I am responsible for

I have not had time to do this

Someone else in my family has done this so I don't need to

I don't have a place to use it/I don't need because I don't have any accumulated water

I have not used it/I have not had to use it before

Other, please specify: ______

Don't know / not sure

Refused

Refused

13. 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)

Staying indoors

I moved to/spend more time in another location with fewer mosquitoes, or better

housing

I have sprayed my house with pesticide by myself or my family

I have had a business come spray my house

Cleaned my house inside and out

Burn mosquito coils

Other, please specify:

Don't know/ not sure

Refused

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

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

i't know/ not sure used
14b. How satisfied are you with the actions that your household family members a
taking to help prevent Zika?
Very unsatisfied
Unsatisfied
Neutral
Satisfied
Very satisfied
Refused
Why?

Don't know/ not sure

Refused

15b. How satisfied are you with the actions that your **neighbor**s are taking to help prevent Zika?

Very unsatisfied

Unsatisfied

Neutral

Satisfied

Very satisfied

Refused

Don't know/ not sure

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

No (Go to question 17)

Yes, 16a. What actions are they taking? (Capture verbatim responses) (Go to questions 16b)

Don't know/ not sure

Refused

		Very unsatisfied Unsatisfied Neutral Satisfied Very satisfied Don't know/ not sure Refused Why		
17. Do	you	know the actions that the Department of Health is taking to help p	revent 2	Zika?
		(Go to question 18) s, 17a. What actions are they taking? (Capture verbatim responses)	(Go to q	uestions 17b)
	Re	n't know/ not sure fused b.How satisfied are you with the actions that the Department of Hea	alth is ta	aking to prevent
Zika?		Very unsatisfied Unsatisfied Neutral Satisfied Very satisfied Don't know/ not sure Refused Why?		
		past month, have you seen any of the following activities in your cor th item, check No if they did not see it or Yes, if they did it.	nmunit	y? Read the list
	a.	Municipality workers applying larvicide	No	Yes
	b.	Fumigation trucks spraying insecticide		
	c.	Announcements that aerial spraying will occur		
	d.	Efforts to clean up trash and remove tires		
	e.	Community meetings to discuss Zika		
	f.	Messages telling the community to eliminate accumulated water		
	g.	Volunteers going to homes to teach about reducing		

16b. How satisfied are you with the actions that your municipality is taking to help prevent Zika?

h.	Volunteers using smartphone apps to record mosquito breeding sites	
i.	Volunteers helping to install screen windows and doors	
j.	Neighbors or volunteers putting mosquito traps around homes	
k.	Workshops on how to keep mosquitoes out of homes	
l.	Workshops on how to reduce mosquito breeding sites	
m.	Neighbors or workers fixing septic tanks, covering pipes	
n.	School events about Zika	
ο.	Other, please specify:	

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

Thank you for answering these questions! Your answers will help us in our efforts to keep pregnant women and their babies healthy.