

The first questions are about you.**1. What is *your* date of birth?**

/ /
 Month Day Year

2. What is the highest level of education that you have completed?

- Less than high school diploma
- High school diploma or GED
- Some college
- Completed college
- Completed graduate school

3. How many weeks pregnant were you when you delivered?

Weeks

- I don't know

4. What municipality do you live in now? If you live in multiple locations, please write the name of the municipality where you live most of the time.

Name of municipality

5. Are you currently married?

- Yes
- No

6. What kind of health insurance did you have to pay for your *delivery*?**Check ALL that apply**

- Private health insurance from my job or the job of my husband or partner
- Private health insurance from my parents
- Private health insurance that I bought myself
- Mi Salud or Medicaid
- Other health insurance → Please tell us:

- I did not have health insurance to pay for my *delivery*

The next questions are about Zika virus. Zika virus infection is an illness that is most often spread by the bite of a mosquito but may also be spread by having sex with a man who has the Zika virus.

7. During your most recent pregnancy, how worried were you about getting infected with Zika virus?**Check ONE answer**

- Very worried
- Somewhat worried
- Not at all worried
- I had never heard of Zika virus during my most recent pregnancy →

Go to Page 2, Question 14**8. During your most recent pregnancy, how worried were you about having a child with microcephaly or another birth defect linked to Zika virus?**

Microcephaly is a birth defect where a baby's head is smaller than expected when compared to babies of the same sex and age.

- Very worried
- Somewhat worried
- Not at all worried

9. While you were pregnant, which ONE of these sources did you trust the *most* for receiving information about Zika virus?**Check ONE answer**

- Healthcare worker (for example, a family doctor, OB/GYN, midwife, other medical professionals)
- Other pregnant women
- Family or friends
- The Centers for Disease Control and Prevention (CDC)
- The Puerto Rico Department of Health
- Television or radio news
- Social network sites like Facebook
- Websites about pregnancy or other topics → Please tell us:

- Some other source → Please tell us:

10. At any time during your most recent pregnancy, did you talk with a doctor, nurse, or other healthcare worker about Zika virus?

- Yes, a healthcare worker talked with me without my asking about it
 Yes, a healthcare worker talked with me, but only after I asked about it
 No → **Go to Question 14**

11. During your most recent pregnancy, did a doctor, nurse, or other health care worker offer you a test for Zika virus?

Check ALL that apply

- Yes, during the first 3 months of my pregnancy (1st trimester)
 Yes, during the middle 3 months of my pregnancy (2nd trimester)
 No

12. During your most recent pregnancy, did you get tested for Zika virus?

Check ALL that apply

- Yes, I got tested during the first 3 months of my pregnancy (1st trimester)
 Yes, I got tested during the middle 3 months of my pregnancy (2nd trimester)
 No

13. During your most recent pregnancy, did a doctor, nurse, or other healthcare worker tell you that you had Zika virus infection?

- Yes, after the test for Zika virus in my 1st trimester
 Yes, after the test for Zika virus in my 2nd trimester
 No

The next questions are about avoiding mosquito bites.

14. During your most recent pregnancy, did you do any of the following things to avoid mosquito bites in your home? For each one, check **No** if you did not do it or **Yes** if you did.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Always used screens on open doors | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Always used screens on open windows..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Kept unscreened doors and windows closed..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Always used fans or air conditioning | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Eliminated accumulated water from my house and yard <u>on a weekly basis</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Slept under a mosquito bed net | <input type="checkbox"/> | <input type="checkbox"/> |

15. During your most recent pregnancy, how often did you use a mosquito repellent on your skin when you went outside, even if you were only outside for a short time?

Check ONE answer

- Every day
 Most days
 Some days
 Never → **Go to Question 17**

16. When you used mosquito repellent on your skin, how many times a day did you apply it?

- More than once a day
 Once a day

17. When you did not wear mosquito repellent during your most recent pregnancy, what were your reasons for not wearing it?

Check ALL that apply

- I did not like the way it smelled
 I did not like the way it made my skin feel
 I worried about the chemicals in the repellent harming my baby
 I worried about the chemicals in the repellent harming me
 Mosquito repellent was too expensive
 I forgot to reapply it
 Other reason → Please tell us:

18. During your most recent pregnancy, how often did you wear long sleeves and long pants?

- Every day
- Most days
- Some days
- Never

19. When you did not wear long sleeves and long pants during your most recent pregnancy, what were your reasons?

Check ALL that apply

- It was too hot to wear long sleeves or long pants
- I did not have clothes with long sleeves or long pants
- My clothes with long sleeves or long pants no longer fit due to pregnancy
- Other → Please tell us:

20. Were you on WIC during your most recent pregnancy? WIC is the Special Supplemental Nutrition Program for Women, Infants, and Children.

- Yes
- No

Go to Question 23

21. Did WIC give you a Zika Prevention Kit?

- Yes
- No

22. Did WIC offer you *professional* services to help reduce mosquitoes inside and outside of your home?

- Yes
- No

23. During your most recent pregnancy, did you receive any of the following *professional* services for mosquito control? For each one, check **No if you did not receive the service or **Yes** if you did.**

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Indoor spraying of my house for mosquitos | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Outdoor spraying around my house and in my yard for mosquitos..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Application of larvacides around the outside of my house..... | <input type="checkbox"/> | <input type="checkbox"/> |

The next questions are about your husband or any male partner.

24. At any time during your most recent pregnancy, did you have sex with any male partner?

- Yes → **Go to Question 26**
- No

25. Why didn't you have sex with a male partner at any time during your most recent pregnancy?

- I didn't have a partner → **Go to Page 4, Question 31**
 - I was trying to avoid Zika infection
 - I didn't want to have sex
 - Some other reason
- Please tell us:

26. Did you have sex at any time during your pregnancy in the:

	Yes	No, to avoid Zika	No, for another reason
a. <i>First 3 months</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <i>Second 3 months</i> ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <i>Last 3 months</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. How often did your partner use a condom when you had sex during your pregnancy in the:

	Every time	Sometimes	Never
a. <i>First 3 months</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <i>Second 3 months</i> ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <i>Last 3 months</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you used condoms every time you had sex during your most recent pregnancy, go to Question 29. Otherwise go to Question 28.

28. What were your reasons for not using condoms every time when having sex during your most recent pregnancy?

Check ALL that apply

- 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 think 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
 - My partner didn't want to use condoms
 - I could not get condoms when I needed them
 - I could not afford condoms
 - I forgot to use condoms
 - Other → Please tell us:
-

29. During your most recent pregnancy, did your husband or any male partner get tested for Zika virus?

- Yes
- No
- I don't know

30. At any time during your most recent pregnancy, did a doctor, nurse, or other healthcare worker tell your husband or any male partner that he had Zika virus infection?

- Yes
- No
- I don't know

The next questions are about the time before your pregnancy.

31. Thinking back to *just before* you got pregnant with your new baby, how did you feel about becoming pregnant?

Check ONE answer

- I wanted to be pregnant later
- I wanted to be pregnant sooner
- I wanted to be pregnant then
- I didn't want to be pregnant then or at any time in the future
- I wasn't sure what I wanted

32. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant? Some things people do to keep from getting pregnant include having their tubes tied, using birth control pills, condoms, withdrawal, or natural family planning.

- Yes
- No

Go to Page 5, Question 34

33. What method of birth control were you using when you got pregnant?

Check ALL that apply

- Birth control pills
 - Condoms
 - Shots or injections (Depo-Provera[®])
 - Contraceptive implant in the arm (Nexplanon[®] or Implanon[®])
 - Contraceptive patch (OrthoEvra[®]) or vaginal ring (NuvaRing[®])
 - IUD (including Mirena[®], ParaGard[®], Liletta[®], or Skyla[®])
 - Natural family planning (including rhythm method)
 - Withdrawal (pulling out)
 - Other → Please tell us:
-

The last questions are about health care you received after delivery and during your pregnancy.

34. Did you start (or will you start) any of the following birth control methods before leaving the hospital? For each one, check **No** if you did not start or will not start to use the method before leaving the hospital or **Yes** if you did or will.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Tubes tied or blocked (female sterilization)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. IUD (Mirena°, ParaGard°, Liletta°, or Skyla°)... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Contraceptive implant (Nexplanon°)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Contraceptive shot/injection (Depo-Provera°)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. A prescription method such as birth control pills, the patch, or ring..... | <input type="checkbox"/> | <input type="checkbox"/> |

35. How many weeks or months pregnant were you when you had your first visit for prenatal care?

- { Weeks **OR** Months
- I didn't go for prenatal care → **Go to the end**

36. During any of your prenatal care visits, did a doctor, nurse, or other healthcare worker talk to you about any of the things listed below? For each item, check **No** if they did not or **Yes** if they did.

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. How to prevent mosquito bites during pregnancy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Using condoms during sex to prevent Zika infection..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Types of clothes to wear to prevent mosquito bites..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Using mosquito repellent on my skin..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. The risk of Zika virus passing to my baby during pregnancy..... | <input type="checkbox"/> | <input type="checkbox"/> |

Thank you for answering these questions. Your answers will help us keep pregnant women and their babies healthy.