

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

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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 (1<sup>st</sup> trimester)  
 Yes, during the middle 3 months of my pregnancy (2<sup>nd</sup> 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 (1<sup>st</sup> trimester)  
 Yes, I got tested during the middle 3 months of my pregnancy (2<sup>nd</sup> 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 1<sup>st</sup> trimester  
 Yes, after the test for Zika virus in my 2<sup>nd</sup> 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:

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**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:

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**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:

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**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<sup>®</sup>)
- Contraceptive implant in the arm (Nexplanon<sup>®</sup> or Implanon<sup>®</sup>)
- Contraceptive patch (OrthoEvra<sup>®</sup>) or vaginal ring (NuvaRing<sup>®</sup>)
- IUD (including Mirena<sup>®</sup>, ParaGard<sup>®</sup>, Liletta<sup>®</sup>, or Skyla<sup>®</sup>)
- 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.**