**PREGNANT WOMAN Enrollment Questionnaire**

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First, I will start with some questions about you.**

**1.** What is your birthdate?

\_\_ \_\_/\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ 🞎77 *Don’t know* 🞎88 *Refused*

D D M M M Y Y Y Y

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

🞎1 Less than primary 🞎2 Primary 🞎3 Secondary 🞎4 Technical 🞎5 University or more 🞎6 None

🞎77 *Don’t know* 🞎88 *Refused*

**3.** What is your household’s socioeconomic stratum?

🞎1 1 🞎2 2 🞎3 3 🞎4 4 🞎5 5 🞎6 6 🞎77 *Don’t know* 🞎88 *Refused*

**4.** What type of health insurance do you have?

🞎1 Contributory 🞎2 Subsidized 🞎3 Not insured 🞎4 Specialized 🞎5 Exception

🞎6 Indeterminate / independent 🞎77 *Don’t know* 🞎88 *Refused*

**5.** What is the name of your health insurance provider?

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎77 *Don’t know* 🞎88 *Refused*

**6.** How many adults and children live in your household, including yourself?

 \_\_\_\_\_\_ adults (18+ years) \_\_\_\_\_\_ children (<18 years) 🞎77 *Don’t know* 🞎88 *Refused*

**7.** What is your marital status?

🞎1 Married 🞎2 Free Union 🞎3 Single, divorced, or widowed 🞎4 Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎77 *Don’t know* 🞎88 *Refused*

**8.** Do you live in the same household as your husband or male partner?

🞎1 Yes 🞎0 No 🞎66 I don’t have a husband or a male partner 🞎77 *Don’t know* 🞎88 *Refused*

**The next questions are about mosquito bites.**

**9.** 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*

**10.** In the past 7 days, how often have you done the following things? Response options include never, some of the time, or always.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never0 | Some of the time1 | Always2 | *Don’t know77* | *Refused88* |
| Worn long pants that covered your legs |  |  |  |  |  |
| Worn shirts or jackets with long sleeves that covered your arms |  |  |  |  |  |
| Kept your feet and ankles completely covered |  |  |  |  |  |
| Used mosquito repellant |  |  |  |  |  |

**11.** 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 Always 🞎0 I don’t have air conditioning

🞎77 *Don’t know* 🞎88 *Refused*

**12.** Does your home have intact screens on all windows and doors that prevent mosquitos from entering?

🞎2 Yes, on all windows and doors 🞎1 Some 🞎0 None 🞎77 *Don’t know* 🞎88 *Refused*

**The next questions are about what you might have heard about Zika virus.**

**13.** Do you think it’s possible for a person to get Zika virus in your community?

🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused*

**14.** Do you think that everybody with Zika virus has symptoms?

🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused*

**15.** Do you know anyone who has had Zika virus?

🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused*

 Have you had Zika virus?

🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused*

**16.** How worried have you been about getting Zika virus during this pregnancy?

🞎3Very worried 🞎2 Somewhat worried 🞎1 Not at all worried

🞎77 *Don’t know* 🞎88 *Refused*

**17.** Momentarily, I will give you a number of statements about Zika virus; we ask that you respond if you consider it to be “very likely”, “somewhat likely”, or “impossible” that Zika can be transmitted by any of these means.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very likely2 | Somewhat likely1 | Impossible0 | *Don’t know77* | *Refused88* |
| Being bitten by an infected mosquito |  |  |  |  |  |
| Having vaginal sex with a man who has Zika without using a condom |  |  |  |  |  |
| Kissing someone on the mouth who has Zika |  |  |  |  |  |
| Shaking hands with someone who has Zika |  |  |  |  |  |
| Being coughed or sneezed on by someone who has Zika |  |  |  |  |  |
| Receiving a blood transfusion with Zika in it |  |  |  |  |  |
| Being in utero if a mother has Zika during pregnancy |  |  |  |  |  |

**18.** Momentarily, I will give you a number of statements about the possible side effects on a baby if their mother was infected with Zika during her pregnancy; we ask that you respond if you consider it to be “very likely”, “somewhat likely”, or “impossible” that a baby could be born with the following conditions:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very likely2 | Somewhat likely1 | Impossible0 | *Don’t know77* | *Refused88* |
| Microcephaly (a small sized head) |  |  |  |  |  |
| Other birth defects |  |  |  |  |  |
| Intrauterine growth restriction (small baby) |  |  |  |  |  |
| Miscarriages/stillbirths |  |  |  |  |  |

**The next few questions are about Zika symptoms that you or your family might have had.**

**19.** In the past 3 months, have you had symptoms of Zika virus? Symptoms of Zika virus means being sick with 2 or more of fever, rash, red eyes, and joint pain that are not explained by other causes.

🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused*

 When did these symptoms first start?

\_\_ \_\_/\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ 🞎77 *Don’t know* 🞎88 *Refused*

D D M M M Y Y Y Y

**20.** At any time, has a doctor or healthcare provider ever told you that you might have Zika virus?

🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused*

 When?

\_\_ \_\_/\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ 🞎77 *Don’t know* 🞎88 *Refused*

D D M M M Y Y Y Y

* **If according to question #6, this participant lives alone in her house, go to question #23.**

**21.** In the past 3 months, 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 🞎77 *Don’t know* 🞎88 *Refused*

 Was it…

|  |  |
| --- | --- |
| Your husband or partner? | 🞎1 Yes 🞎0 No 🞎66 Not applicable 🞎77 *Don’t know* 🞎88 *Refused* |
| Your child? | 🞎1 Yes 🞎0 No 🞎66 Not applicable 🞎77 *Don’t know* 🞎88 *Refused* |
| Another person in the household? | 🞎1 Yes 🞎0 No 🞎66 Not applicable 🞎77 *Don’t know* 🞎88 *Refused**If yes:,*Who was it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**22.** 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 🞎77 *Don’t know* 🞎88 *Refused*

 Was it…

|  |  |
| --- | --- |
| Your husband or partner? | 🞎1 Yes 🞎0 No 🞎66 Not applicable 🞎77 *Don’t know* 🞎88 *Refused* |
| Your child? | 🞎1 Yes 🞎0 No 🞎66 Not applicable 🞎77 *Don’t know* 🞎88 *Refused* |
| Another person in the household? | 🞎1 Yes 🞎0 No 🞎66 Not applicable 🞎77 *Don’t know* 🞎88 *Refused**If yes:,*Who was it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Next I’ll ask you some questions about your home, community, and environment.**

**23.** Where do you usually get your drinking water? (Select all that apply.)

|  |  |
| --- | --- |
| Public or private water utility | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Well | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Cistern or tank | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Bottled water | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Lake, river, or other natural source | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Another water source, specify:  |  |

**24.** In the past 3 months, have you worked at a job? Include jobs in which you don’t have a formal employer, such as selling goods or providing services.

🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused*

Have any of your jobs in the past 3 months involved:

|  |  |
| --- | --- |
| X-rays | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Contact with body fluids such as urine, saliva, or blood | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Applying pesticides, insecticides, or rat poison | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Battery manufacturing or battery recycling | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Electronic waste recycling | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Gold mining or gold processing | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Other metal mining (for example: uranium, nickel, cobalt) | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| A job in which you or your coworkers use lead | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| A job in which you your coworkers use mercury | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |

* **If according to question #6, this participant lives alone in her house, go to question #26.**

**25.** In the past 3 months, has anyone in your household other than yourself worked in the following jobs?

|  |  |
| --- | --- |
| Battery manufacturing or battery recycling | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Electronic waste recycling | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Gold mining or gold processing | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Other metal mining (for example: uranium, nickel, cobalt) | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| A job in which they or their coworkers use lead | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| A job in which they or their coworkers use mercury | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |

**26.** In the past 3 months, have you or your household members used any pesticides, insecticides, or rat poison in or around your home?

🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused*

**Now I’ll ask you about medical conditions you might have had.**

**27.** Have you ever had…?

 **27a.** Yellow fever

🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused*

 When?

|  |  |
| --- | --- |
| Less than 3 months ago | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Between 3-6 months ago | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| 7-12 months ago | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| 13 months-5 years ago | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| More than 5 years ago | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |

**27b.** Dengue

🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused*

 When?

|  |  |  |
| --- | --- | --- |
| Less than 3 months ago | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* | Was it hemorrhagic?🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Between 3-6 months ago | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* | Was it hemorrhagic?🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| 7-12 months ago | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* | Was it hemorrhagic?🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| 13 months-5 years ago | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* | Was it hemorrhagic?🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| More than 5 years ago | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* | Was it hemorrhagic?🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |

**27c.** Chikungunya

🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused*

 When?

|  |  |
| --- | --- |
| Less than 3 months ago | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Between 3-6 months ago | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| 7-12 months ago | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| 13 months-5 years ago | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| More than 5 years ago | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |

**28.** Have you ever been vaccinated for yellow fever?

🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused*

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

**29.** In the past 3 months, have you …?

|  |  |
| --- | --- |
| Smoked cigarettes | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Smoked marijuana | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Used drugs such as crack, cocaine, or heroin  | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |

**30.** In the past 3 months, how many alcoholic drinks (such as beer, wine, or others) have you had in an average week?

🞎6 I drank, but I don’t know how much

🞎5 14 drinks or more a week

🞎4 7–13 drinks a week

🞎3 4-6 drinks a week

🞎2 1–3 drinks a week

🞎1 Less than 1 drink a week

🞎0 None

🞎77 *Don’t know*

🞎88 *Refused*

**31.** In the past 3 months, have you taken folic acid?

🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused*

 **31a.** When did you start taking it?

 🞎1 Before I found out I was pregnant

 🞎0 After I found out I was pregnant

🞎77 *Don’t know*

🞎88 *Refused*

**31b.** Are you currently taking folic acid?

🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused*

**The next questions are about your pregnancies.**

**32.** What was your weight when you got pregnant?

\_\_\_\_\_\_\_ kg 🞎77 *Don’t know* 🞎88 *Refused*

**33.** What is your height?

\_\_\_\_\_\_\_\_cm 🞎77 *Don’t know* 🞎88 *Refused*

**34.** How many total pregnancies have you had (not including this pregnancy)? (All previous pregnancies, including miscarriages):

 \_\_\_\_\_\_\_\_\_ number of pregnancies 🞎77 *Don’t know* 🞎88 *Refused*

* **If participant responds “zero”, go to question #39.**

**35.** Did any of these pregnancies have more than one fetus, such as twins or triplets?

🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused*

 How many pregnancies had more than one fetus?

 \_\_\_\_\_\_ number of pregnancies 🞎77 *Don’t know* 🞎88 *Refused*

**36.** In how many of your previous pregnancies (not including this pregnancy) did you have…?

|  |  |
| --- | --- |
| Live birth | \_\_\_\_\_\_\_\_ number of live births🞎77 *Don’t know* 🞎88 *Refused* |
| Miscarriage (loss before 20th week) | \_\_\_\_\_\_\_\_ number of miscarriages (loss before 20th week) 🞎77 *Don’t know* 🞎88 *Refused* |
| Stillbirth (loss at or after the 20th week) | \_\_\_\_\_\_\_\_ number of stillbirths (loss at or after the 20th week)🞎77 *Don’t know* 🞎88 *Refused* |
| Abortion | \_\_\_\_\_\_\_\_ number of abortions🞎77 *Don’t know* 🞎88 *Refused* |
| Ectopic or molar pregnancy | \_\_\_\_\_\_\_\_ number of ectopic or molar pregnancies🞎77 *Don’t know* 🞎88 *Refused* |

**37.** During your previous [pregnancy/pregnancies], in how many pregnancies (not including this pregnancy)…?

|  |  |
| --- | --- |
| Did your doctor tell you that you had pre-eclampsia (high blood pressure in pregnancy) | \_\_\_\_\_\_\_\_\_\_ number of pregnancies with with pre-eclampsia 🞎77 *Don’t know* 🞎88 *Refused* |
| Did your doctor tell you that you had gestational diabetes (diabetes diagnosed in pregnancy) | \_\_\_\_\_\_\_\_\_\_ number of pregnancies with gestational diabetes 🞎77 *Don’t know* 🞎88 *Refused* |
| Did you have a premature birth (delivery before 37 weeks) | \_\_\_\_\_\_\_\_\_\_ number of premature births 🞎77 *Don’t know* 🞎88 *Refused* |
| Did you have a baby who was born weighing less than 2500g, or 2.5 kg | \_\_\_\_\_\_\_\_\_\_ number of babies with low birth weight 🞎77 *Don’t know* 🞎88 *Refused* |
| Did you have a Cesarean section | \_\_\_\_\_\_\_\_\_\_ number of Cesarean sections 🞎77 *Don’t know* 🞎88 *Refused* |
| Did you breastfeed your baby | \_\_\_\_\_\_\_\_\_\_ number of babies breastfed 🞎77 *Don’t know* 🞎88 *Refused* |

**38.** When did your last pregnancy end?

\_\_ \_\_/\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ 🞎77 *Don’t know* 🞎88 *Refused*

 D D M M M Y Y Y Y

**39.** For your current pregnancy, when was your last menstrual period?

\_\_ \_\_/\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ 🞎77 *Don’t know* 🞎88 *Refused*

 D D M M M Y Y Y Y

How sure are you about the date of your last menstrual period?

🞎0 Not sure 🞎1 Sure 🞎77 *Don’t know* 🞎88 *Refused*

**40.** Did you use any fertility treatments to help you get pregnant?

🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused*

 Did you use…?

|  |  |
| --- | --- |
| Medicine for ovarian stimulation, such as clomiphene citrate or Femara | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Intrauterine insemination | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| In vitro fertilization (IVF) | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Intracytoplasmic sperm injection | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |

**41.** Thinking back to right before you became pregnant, which of these statements best describes how you felt about being pregnant?

🞎4 I wanted to be pregnant sooner

🞎3 I wanted to be pregnant later

🞎2 I wanted to be pregnant then

🞎1 I didn’t want to be pregnant then or at any time in the future

🞎77 I don’t know

🞎88 *Refused*

**These next few questions are about your recent sexual experiences. You do not have to answer any questions if they make you uncomfortable.**

**42.** In the past 3 months, how many men have you had sex with?

🞎0 None 🡪 **This is the end of the questionnaire.**

🞎1 1

🞎2 2
🞎3 3 or more

🞎77 *Don’t know* **🡪 This is the end of the questionnaire.**

🞎88 *Refused* **🡪 This is the end of the questionnaire.**

**43.** In the past 3 months, how often have you had vaginal sex with a man? Choose the best answer.

🞎1 Once a day or more (About 7 times or more per week)

🞎2 2-6 times a week

🞎3 Once a week (About 4 times per month)

🞎4 2-3 a month

🞎5 Once a month

🞎6 Less than once a month

🞎0 Never **🡪 Go to question #46**

🞎77 *Don’t know* **🡪 Go to question #46**

🞎88 *Refused* **🡪 Go to the question #46**

**44.** When you had vaginal sex in the past 3 months, how often has your male partner used a condom?

🞎2 Always 🞎1 Sometimes 🞎0 Never 🞎77 *Don’t know* 🞎88 *Refused*

**45.** In the past 3 months, have you…?

|  |  |
| --- | --- |
| Received oral sex from someone | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Performed oral sex on someone | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Had anal sex | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |

**46.** Since you found out that you were pregnant, have you and your male partner changed how often you use condoms during sex?

🞎1 Yes, we use them more often

🞎2 Yes, we use them less often

🞎3 No, we haven’t changed how often we use condoms

🞎4 No, we don’t use condoms

🞎0 I haven’t had regular sex with a male partner

🞎77 *Don’t know*

🞎88 *Refused*

**Thank you for answering the questionnaire. Do you have any questions?**