**PRAMS ZPER 2.0 – IN-HOSPITAL MATERNAL SURVEY: English version**

**Form Approved**

**OMB No.0920-XXXX**

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| **English** |
| **PRAMS-ZPER 2.0 In-Hospital Maternal Survey (English)** |
| *The first questions are about you.* |
| 1. What is **your** date of birth?

MONTH/DAY/YEAR |
| 1. What is the highest level of education that you have completed? (*Check* ***one*** *answer.*)

Less than high school diplomaHigh school diploma or General Education Diploma (GED)Some college or technical schoolCompleted collegeSome graduate school Completed graduate school |
| 1. How many weeks pregnant were you when you delivered?

\_\_\_\_weeks \_\_\_\_ I don’t know |
| 1. In which 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 |
| 1. Are you currently married?

YesNo |
| 1. What kind of health insurancedo you have to pay for your **delivery**?

(*Check* ***all*** *that apply.*)I do not have health insurance of any kindPrivate health insurance from my job or the job of my husband or partner Private health insurance from my parents Private health insurance that I paid for myself or that someone else paid for meGovernment health insurance/Medicaid (also known as Mi Salud or Reforma)Other health insurance 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *The following questions are about Zika virus.*  |
| 1. **Duringyour most recent pregnancy**, how worried were you about getting infected with Zika virus? (*Check* ***one*** *answer.*)

Very worriedSomewhat worriedNot at all worried |
| 1. **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.)* (*Check* ***one*** *answer.*)

Very worriedSomewhat worriedNot at all worried |
| 1. **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 womenFamily or friendsThe Centers for Disease Control and Prevention (CDC) The Puerto Rico Department of Health Television or radio newsSocial network sites like FacebookWIC or the Special Supplemental Nutrition Program for Women, Infants, and Children Websites about pregnancy or other topics 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Some other source 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| 1. At any time **duringyour most recentpregnancy**, did you talk with a doctor, nurse, or other healthcare worker about Zika virus? (*Check* ***one*** *answer.*)

Yes, a healthcare worker talked with me without my asking about itYes, a healthcare worker talked with me, but only **after** I asked about it No 🡺 **Go to Question 16** |
| 1. Did a doctor, nurse or other healthcare worker **offer** you a test for Zika virus at any of the following times?  *(For each time period, check* ***Yes*** *if you were offered a test then, or* ***No*** *if you were not.)*

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| a. | Before my most recent pregnancy  | 🗆 | 🗆 |
| b. | During the 1st trimester | 🗆 | 🗆 |
| c. | During the 2nd trimester  | 🗆 | 🗆 |
| d. | During the 3rd trimester | 🗆 | 🗆 |

  |
| 1. Did you **get**tested for Zika virus at any of the following times?*(For each time period, check* ***Yes*** *if you were tested then, or* ***No*** *if you were not.)*

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| a. | Before my most recent pregnancy  | 🗆 | 🗆 |
| b. | During the 1st trimester | 🗆 | 🗆 |
| c. | During the 2nd trimester  | 🗆 | 🗆 |
| d. | During the 3rd trimester | 🗆 | 🗆 |

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|  |
| **If you did not get tested for Zika virus infection, go to Question 15.** |
| 1. Where did you get tested for Zika virus? *(For each time period when you got tested for Zika, check the box for the location where you received the test.)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Doctor’s Office | Health Department Clinic | Hospital | Laboratory, either private or commercial  | Other Location |
| a. | Before my most recent pregnancy  | 🗆 | 🗆 | 🗆 | 🗆 | 🗆 |
| b. | During the 1st trimester | 🗆 | 🗆 | 🗆 | 🗆 | 🗆 |
| c. | During the 2nd trimester  | 🗆 | 🗆 | 🗆 | 🗆 | 🗆 |
| d. | During the 3rd trimester | 🗆 | 🗆 | 🗆 | 🗆 | 🗆 |

 |
| 1. How long **after being tested** did you receive your Zika test result? *(For each time period when you got tested for Zika, check the box for the amount of time you had to wait to receive the result.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Less than one month after being tested | One month or more after being tested | I haven’t received my test result | I don’t remember |
| a. | Before my most recent pregnancy  | 🗆 | 🗆 | 🗆 | 🗆 |
| b. | During the 1st trimester | 🗆 | 🗆 | 🗆 | 🗆 |
| c. | During the 2nd trimester  | 🗆 | 🗆 | 🗆 | 🗆 |
| d. | During the 3rd trimester | 🗆 | 🗆 | 🗆 | 🗆 |

 |
| 1. Did a doctor, nurse, or other healthcare worker **tell** you that you **had** Zika virus infection at any of the following times? *(For each time period, check Yes if you were told you had Zika virus then, or No if you were not.)*

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| a. | Before my most recent pregnancy  | 🗆 | 🗆 |
| b. | During the 1st trimester | 🗆 | 🗆 |
| c. | During the 2nd trimester  | 🗆 | 🗆 |
| d. | During the 3rd trimester | 🗆 | 🗆 |

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| *The following questions are about avoiding mosquito bites.*  |
| 1. **During your most recent pregnancy,** did you do any of the following things to avoid mosquito bites in your home?*(For each one, check* ***Yes*** *if you did it or* ***No*** *if you did not.)*

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| a. | Always used screens on open doors  | 🗆 | 🗆 |
| b.  | Always used screens on open windows  | 🗆 | 🗆 |
| c. | Always kept unscreened doors and windows closed  | 🗆 | 🗆 |
| d. | Always used fans or air conditioning  | 🗆 | 🗆 |
| e. | Eliminated standing water from my house and yard **on a weekly basis** | 🗆 | 🗆 |
| f. | Slept under a mosquito bed net  | 🗆 | 🗆 |
| g. | Set up mosquito traps |  |  |

 |
| 1. **During your most recent pregnancy**, did you receive any of the following professional services for mosquito control?(*For each one, check Yes if you received the service or No if you did not.)*

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| a. | Indoor spraying of my house for mosquitos  | 🗆 | 🗆 |
| b.  | Outdoor spraying around my house and in my yard for mosquitos | 🗆 | 🗆 |
| c. | Application of larvicides around the outside of my house | 🗆 | 🗆 |
|  |  |  |  |

 |
| 1. **During your most recent pregnancy**, how often did you use a mosquito repellent **on your exposed skin** **or clothing** when you went outside, even if you were only outside for a short time? (*Check* ***one*** *answer.*)

AlwaysSometimesRarely or when I saw mosquitos Never 🡺 **Go to Question 20** |
| 1. When you used mosquito repellent on **your exposed skin or clothing**, how many times a day did you apply it?(*Check* ***one*** *answer.*)

More than once a dayOnce a day |
| 1. What were your reasons for **not** wearing mosquito repellent during your most recent pregnancy? (*Check* ***all*** *that apply.*)

I did not like the way it smelled or it made me nauseousI did not like the way it made my skin feel I worried about the chemicals in the repellent harming meI worried about the chemicals in the repellent harming my babyI forgot to apply itI had an allergy or it made my skin itchI didn’t think I needed itI was rarely outsideMosquito repellent was too expensiveOther reason 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **During your most recent pregnancy,** how often did you wear long sleeves and long pants? (*Check* ***one*** *answer.*)

Every day 🡺 **Go to Question 23**Most daysSome daysNever  |
| 1. When you did **not** wear long sleeves and long pants duringyour most recent pregnancy, what were your reasons?(*Check* ***all*** *that apply.*)

It was too hot to wear long sleeves or long pantsI did not have clothes with long sleeves or long pantsMy clothes with long sleeves or long pants no longer fit due to pregnancyI was rarely outsideOther 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *The following questions are about your husband or any male partner.*  |
| 1. At any time during **your most recent pregnancy**, did you have sex with any male partner?

Yes🡺 **Go to Question 25**No  |
| 1. Why didn’t you have sex with a male partner at any time **during your most recent pregnancy**? (*Check* ***one*** *answer.*)

I didn’t have a partner 🡺 **Go to Question 30**I was trying to avoid Zika infection 🡺 **Go to Question 28**I didn’t want to have sex 🡺 **Go to Question 28**Some other reason 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_🡺 **Go to Question 28** |
| 1. Did you have sex at any time **during your most pregnancy** in the:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Yes** | **No, to avoid Zika** | **No,** **for another reason** |
| a. | **First** 3 months | 🗆 | 🗆 | 🗆 |
| b. | **Second** 3 months | 🗆 | 🗆 | 🗆 |
| c. | **Last** 3 months | 🗆 | 🗆 | 🗆 |

 |
| 1. How often did your partner use a condom when you had sex together **during your pregnancy** in the:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Every time** | **Sometimes** | **Never** |
| a. | **First** 3 months | 🗆 | 🗆 | 🗆 |
| b. | **Second** 3 months | 🗆 | 🗆 | 🗆 |
| c. | **Last** 3 months | 🗆 | 🗆 | 🗆 |

 |
| **If you used condoms every time you had sex during your most recent pregnancy, go to Question 28. Otherwise go to Question 27.** |
| 1. 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 know I was pregnantI didn’t think I needed to use condoms during pregnancyI didn’t think a condom would prevent Zika infectionI didn’t think Zika was still a problemI didn’t think my partner had Zika virusI was not worried about getting the Zika virusI didn’t want to use condomsMy partner didn’t want to use condomsI could not get condoms when I needed them I could not afford condomsI forgot to use condomsMy partner or I had an allergy Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **During your most recent pregnancy,** did your husband or any male partner get tested for Zika virus?

YesNoI don’t know |
| 1. **During your most recent pregnancy,** did a doctor, nurse or other health care worker tell anyone who lived with you that they were infected with Zika virus? *(For each person, check* ***Yes*** *if they were told that they had Zika virus during your pregnancy, or* ***No*** *if they were not told.)*

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| a. | My husband or male partner  | 🗆 | 🗆 |
| b.  | Another family member  | 🗆 | 🗆 |
| c. | Another person who lived with me | 🗆 | 🗆 |
|  |  |  |  |

 |
| *The following questions are about the time before your pregnancy.* |
| 1. Thinking back to **just before** you got pregnant with your new baby, which **ONE** of the following statements best describes how **you** felt about having a baby?(*Check* ***one*** *answer.*)

I wanted to be pregnant later, because of the risks associated with Zika virusI wanted to be pregnant later, because of other reasonsI 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  |
| 1. When you got pregnant, what relationship did you have with your new baby’s father? (*Check one answer.*)

He was my husband (legally married)He was my partner (not legally married, but a long-term partner)He was my boyfriend (a casual partner)Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Thinking back to **just before** you got pregnant with your new baby, how did **your new baby’s father** feel about you becoming pregnant? (*Check* ***one*** *answer.*)

He wanted me to be pregnant later, because of the risks associated with Zika virusHe wanted me to be pregnant later, because of other reasonsHe wanted me to be pregnant sooner He wanted me to be pregnant then He didn’t want me to be pregnant then or at any time in the future He wasn’t sure what he wanted I don’t know |
| 1. **Before you got pregnant** with your new baby, did a doctor, nurse, or other health care worker talk to you about how to prepare for a healthy pregnancy and baby?

No Yes |
| 1. **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 🡺 **Go to Question 36**No  |
| 1. What were your reasons or your husband’s or partner’s reasons for not doing anything to keep from getting pregnant? (*Check* ***all*** *that apply.*)

I didn’t mind if I got pregnantI thought I could not get pregnant at that timeI had side effects from the birth control method I was usingI had problems getting birth control when I needed itI thought my husband or partner or I was sterile (could not get pregnant at all)My husband or partner didn’t want to use anythingI forgot to use a birth control methodOther 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **If you or your husband or partner were not doing anything to keep from getting pregnant, go to Question 37**. |
| 1. What method of birth control were you using **when you got pregnant**?(*Check* ***all*** *that apply.*)

Birth control pillsCondoms 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 during your pregnancy and after delivery.* |
| 1. How many weeks or months pregnant were you when you had your **first** visitfor prenatal care?

\_\_\_\_\_\_\_ Weeks OR \_\_\_\_\_\_\_ Months I didn’t go for prenatal care 🡺 **Go to Question 41** |
| 1. **During your most recent pregnancy**, did anyone ever go with you to your prenatal care visits? (*Check* ***one*** *answer.*)

Yes, my husband or partner Yes, someone else 🡺 **Go to question 41**No 🡺 **Go to question 41** |
| 1. How often did your husband or partner go with you to your prenatal care visits? (*Check* ***one*** *answer.*)

Every timeSometimes Only when I was going to have a procedure (such as an ultrasound)Never  |
| 1. How often did you try to schedule your prenatal care visits so that your husband or partner could attend? (*Check* ***one*** *answer.*)

Every timeSometimes Only when I was going to have a procedure (such as an ultrasound)Never  |
| 1. 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* ***Yes*** *if they did or* ***No*** *if they did not.*)

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| a. | How to prevent mosquito bites during pregnancy | 🗆 | 🗆 |
| b.  | Using condoms during sex to prevent Zika infection | 🗆 | 🗆 |
| c. | Types of clothes to wear to prevent mosquito bites | 🗆 | 🗆 |
| f. | Using mosquito repellent on my skin or clothing  | 🗆 | 🗆 |
| g. | The risk of Zika virus passing to my baby during pregnancy | 🗆 | 🗆 |
| h. | Birth defects associated with Zika virus or Zika Congenital Syndrome | 🗆 | 🗆 |

  |
| 1. Did you start (or will you start) any of the following birth control methods **before leaving the hospital**? ***(****For each one, check* ***Yes*** *if started or will start to use the method before leaving the hospital or* ***No*** *if you did not or will not.)*

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| a. | Tubes tied or blocked (female sterilization) | 🗆 | 🗆 |
| b.  | IUD (Mirena®, Skyla®, Liletta®, ParaGard®) | 🗆 | 🗆 |
| c. | Contraceptive implant (Nexplanon®) | 🗆 | 🗆 |
| f. | Contraceptive shot/injection (Depo-Provera®)  | 🗆 | 🗆 |
| g. | A prescription method (such as birth control pills, the patch, or ring) | 🗆 | 🗆 |

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