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

**Form Approved**

**OMB No.0920-XXXX**

**Exp. Date xx/xx/20xx**

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| **English** |
| **PRAMS-ZPER 2.0 In-Hospital Partner Survey (English)** |
| *We would like to learn about your experiences over the past year. First, we would like to ask a few questions about you.* |
| 1. What is **your** date of birth?   MONTH/DAY/YEAR |
| 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 the municipality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_ I am not currently living in Puerto Rico |
| 1. What is the highest level of education that you have completed?   Less than high school diploma  High school diploma or General Education Diploma (GED)  Some college or technical school  Completed college  Some graduate school  Completed graduate school (masters or doctorate degree) |
| 1. **In the past 12 months**, what kind of health insurance did **you** have? (*Check* ***all*** *that apply*.)   I did not have health insurance of any kind  Private health insurance from my job or the job of my wife or partner  Private health insurance from my parents  Private health insurance that I paid for myself or that someone else paid for me  Government health insurance/Medicaid (also known as Mi Salud or Reforma)  Other 🡺 Please, tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *The following questions are about Zika virus.* |
| 1. **In the past 12 months**, how worried were **you** about getting infected with Zika virus? (*Check* ***one*** *answer.*)   Very worried  Somewhat worried  Not at all worried |
| 1. Which **ONE** of these sources do you trust the **most** for receiving information about Zika virus? (*Check* ***one*** *answer.*)   Healthcare worker (for example, a family doctor, other medical professionals)  My wife or partner  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  Other websites 🡺 Please tell us which ones: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Some other source 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. In your opinion, which of the following statements about Zika virus are true and which are false? *(For each one, check* ***True*** *if you think it is correct or* ***False****, if you do not.)*   **True False**   1. Zika virus can be spread by having sex with someone who has Zika 🗆 🗆 2. Zika virus infection during pregnancy can cause birth defects in the baby 🗆 🗆 3. Zika virus can be spread by the bite of a mosquito 🗆 🗆 4. Zika virus can be found in semen up to 6 months after a man is infected 🗆 🗆 5. Everyone who gets Zika has symptoms 🗆 🗆 |
| 1. **In the past 12 months,** did **you** have any health care visits for yourself with a doctor, nurse, or other health care worker?     Yes  No 🡺 **Go to Question 11** |
| 1. What type of health care visits did you have **in the past 12 months**? (*Check* ***all*** *that apply*.)   Regular checkup at my family doctor’s office  Visit for Zika virus  Visit for an illness or chronic condition  Visit for an injury  Visit for depression or anxiety  Visit to have my teeth cleaned by a dentist or dental hygienist  Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. During any of your health care visits **in the past 12 months**, did a doctor, nurse, or other health care worker **do** any of the following things?*(For each item, check* ***Yes*** *if they did it or* ***No,*** *if they did not.)*  **Yes No**    1. Talked to you about the importance of preventing Zika virus infection 🗆 🗆    2. Talked to you about preventing mosquito bites 🗆 🗆    3. Talked to you about condom use to prevent Zika 🗆 🗆    4. Talked to you about my desire to have or not have children 🗆 🗆    5. Talked to you about ways to prevent pregnancy 🗆 🗆    6. Talked to you about sexually transmitted infections such as chlamydia,  gonorrhea, syphilis or HIV 🗆 🗆    7. Talked to you about maintaining a healthy weight 🗆 🗆    8. Talked to you about controlling any medical conditions such as diabetes  or high blood pressure 🗆 🗆    9. Asked you if you were smoking cigarettes 🗆 🗆    10. Asked you if you were feeling down or depressed 🗆 🗆    11. Asked you about the kind of work you do 🗆 🗆 |
| 1. **In the past 12 months,** did you ever have symptoms of Zika virus infection such as fever, rash, head ache, joint pain, red eyes, or muscle pain?   Yes  No |
| 1. **In the past 12 months,** were **you** tested for Zika virus?   Yes  No |
| 1. During any of the following time periods, did a doctor, nurse or other healthcare worker **tell you** that you had Zika virus infection? *(For each time period, check* ***Yes*** *if you were told you had Zika virus then or* ***No*** *if you were not. You can ask or use a calendar.)*   **Yes No**   1. In the past 30 days 🗆 🗆 2. In the past 1 to 3 months 🗆 🗆 3. In the past 4 to 6 months 🗆 🗆 4. In the past 7 to 9 months 🗆 🗆 5. In the past 10 to 12 months 🗆 🗆 |
| *The following questions are about avoiding mosquito bites.* |
| 1. **In the past 12 months,** 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**   1. Always used screens on open doors 🗆 🗆 2. Always used screens on open windows 🗆 🗆 3. Always kept unscreened doors and windows closed 🗆 🗆 4. Always used fans or air conditioning 🗆 🗆 5. Eliminated standing water from your house and yard **on a weekly basis** 🗆 🗆 6. Slept under a mosquito bed net 🗆 🗆 7. Sprayed the inside of your house for mosquitoes 🗆 🗆 8. Sprayed the outside of your home and in my yard for mosquitoes 🗆 🗆 9. Applied larvicides around the outside of your home 🗆 🗆 10. Set-up mosquito traps 🗆 🗆 |
| 1. **In the past 12 months,** 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.*)   Always  Sometimes  Rarely or when I saw mosquitos  Never 🡺 **Go to question 17** |
| 1. When you used mosquito repellent on **your exposed skin or clothing**, how many times a day did you apply it?   More than once a day  Once a day |
| 1. When you did **not** wear mosquito repellent, 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 me  I worried about the chemicals in the repellent would harm my partner  I forgot to apply it  I had an allergy or it made my skin itch  I didn’t think I needed it  I was rarely outside  Mosquito repellent was too expensive  My wife or partner didn’t like it when I used it  Other reason 🡺 Please, tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *The next questions are about contraception.* |
| 1. What method of birth control are you planning to use after your wife’s or partner’s pregnancy?(*Check* ***all*** *that apply*.)   Condoms  Vasectomy  Withdrawal (Pull-out method)  Natural Family Planning (including rhythm method)  My wife or partner will use the birth control pill  My wife or partner will get the contraceptive shots (Depo)  My wife or partner will use the patch or vaginal ring  My wife or partner will get a contraceptive implant in the arm  My wife or partner will get an IUD  My wife or partner will have her tubes tied (female sterilization)  Other method 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I don’t know  My partner and I won’t use contraception🡺 **Go to Question 20** |
| 1. Which **ONE** of the following is **most** important to you when choosing the method of contraception? (*Check* ***one*** *answer.*)   It is easy to use  It is easy to get  It interferes least with sex  It is affordable  It has fewer side effects  It works well to prevent pregnancy  It prevents sexually transmitted diseases (STD’s)/HIV  My female partner recommends it  My physician recommends it  My friends recommend it  Other 🡺 Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *The following questions are about the pregnancy of the mother of your new baby.* |
| 1. When she got pregnant, what relationship did you have with the mother of your new baby? (*Check one answer.*)   She was my wife (legally married)  She was my partner (not legally married, but a long-term partner)  She was my girlfriend (a casual partner)  Other 🡺 Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Did you live with the mother of your new baby during her pregnancy? (*Check one answer.*)   Yes, for the entire pregnancy  Yes, for part of the pregnancy  No |
| 1. Thinking back to just before the mother of your new baby got pregnant, which ONE of the following statements best describes how you felt about having a baby? (*Check one answer.*)   I wanted to have a baby later, because of the risks associated with Zika virus  I wanted to have a baby later, because of other reasons  I wanted to have a baby sooner  I wanted to have a baby then  I never wanted to have a baby  I wasn’t sure what I wanted |
| 1. How worried were you about the mother of your new baby getting infected with Zika virus while she was pregnant? (*Check one answer.*)   Very worried  Somewhat worried  Not at all worried |
| 1. **Duringthe pregnancy** of the mother of your new baby, 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 worried  Somewhat worried  Not at all worried |
| 1. **During her pregnancy,** did you talk with the mother of your new baby about Zika virus?   Yes  No 🡺 **Go to Question 27** |
| 1. When you spoke with the mother of your new baby about Zika **during her pregnancy**, did you talk about any of the following topics?*(For each one, check* ***Yes*** *if you talked about the topic, or* ***No*** *if you did not.)*   **Yes No**   1. The risk of having a baby with birth defects that are associated with Zika 🗆 🗆 2. Protecting the home from mosquitoes 🗆 🗆 3. Using mosquito repellent to avoid mosquito bites 🗆 🗆 4. Abstaining from sex to avoid Zika infection 🗆 🗆 5. Using condoms during sex to avoid Zika virus transmission 🗆 🗆 |
| 1. Did you go with the mother of your new baby to her prenatal care visits? (*Check one answer.*)   Yes, I went to all of the prenatal care visits  Yes, I went to some of the prenatal care visits  No 🡺 **Go to Question 29** |
| 1. During any of the **prenatal care visits**, did a doctor, nurse, or other healthcare worker talk with you about ways that you could help the mother of your new baby avoid Zika virus infection during her pregnancy?   Yes  No |
| **If you went to all the prenatal care visits with the mother of your new baby, go to Question 30.** |
| 1. What were your reasons for **not** going to all of the prenatal care visits with the mother of your new baby? (*Check* ***all*** *that apply*.)   I couldn’t take time off from work or school  The appointment times were not convenient for me  I didn’t have any transportation to get to the clinic or doctor’s office  I had too many other things going on  I didn’t think I needed to go  I didn’t think I would get useful information at these visits  My wife or partner didn’t want me to  I didn’t want to go  The mother of my new baby did not go for prenatal care  Other reason 🡺 Please, explain your reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Did you have sex with the mother of your new baby at any of the following times during her pregnancy? *(You can ask or use a calendar.)*   **Yes No, to avoid Zika No, for another reason**   1. Months 1 to 3 🗆 🗆 🗆 2. Months 4 to 6 🗆 🗆 🗆 3. Months 7 to 9 🗆 🗆 🗆 |
| **If you did not have sex with the mother of your new baby during her pregnancy, go to Question 33.** |
| 1. How often did you use a condom when you had sex with the mother of your new baby at any of the following times during her pregnancy?   **Every time Sometimes Never**   1. Months 1 to 3 🗆 🗆 🗆 2. Months 4 to 6 🗆 🗆 🗆 3. Months 7 to 9 🗆 🗆 🗆 |
| **If you used a condom every time you had sex with the mother of your new baby during her pregnancy, go to Question 33. If not, go to Question 32.** |
| 1. What were your reasons for not using condoms every time when having sex with the mother of your new baby during her pregnancy? (*Check* ***all*** *that apply*.)   I didn’t know she was pregnant  I didn’t think I needed to use condoms during her pregnancy  I didn’t think a condom would prevent Zika infection  I didn’t think Zika was still a problem  I didn’t think I had Zika virus  I didn’t want to use condoms  She 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  My partner or I had an allergy  Other reason 🡺 Please, tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Did you attend the birth of your new baby?   Yes🡺 **Go to Question 35**  No |
| 1. What were your reasons for not attending the birth of your new baby? (*Check* ***all*** *that apply*.)   I was out of town  The birth happened unexpectedly, and I couldn’t get there in time  I couldn’t take time off from work or school  I had no one to take care of my other children  My wife or partner didn’t want me to attend  I didn’t want to attend  The medical staff did not allow me to attend  Other reason 🡺 Please tell us:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Have you done any of the following things to prepare for your new baby? *(For each thing, check* ***Yes*** *if you have done it to prepare for your new baby or* ***No*** *if you have not.)*     **Yes No**   1. Attend childbirth class or classes with the mother of my new baby 🗆 🗆 2. Attend breastfeeding class or classes with the mother of my new baby🗆 🗆 3. Look up information about pregnancy and birth on the Internet   or in other places 🗆 🗆   1. Talk with the **mother of my new baby** about pregnancy, birth and  caring for a new baby 🗆 🗆 2. Talk with **family or friends** about pregnancy, birth and caring for a new baby 🗆 🗆 3. Purchase baby supplies such as crib, stroller, clothing, diapers,  bottles, blankets, car seat, etc. 🗆 🗆 4. Make repairs or improvements to the home to keep mosquitos out 🗆 🗆 5. Prepare the home for the new baby by setting up a space for the baby 🗆 🗆 6. Improve my health by dieting (changing my eating habits) to lose weight 🗆 🗆 7. Improve my health by exercising 3 or more days of the week 🗆 🗆 8. Seek help for health conditions such as depression or anxiety 🗆 🗆 9. Seek help to reduce my cigarette, alcohol or drug use 🗆 🗆 |
| 1. Did you feel like you were as involved as you wanted to be in the pregnancy of the mother of your new baby? (*Check one answer.*)   Yes  No, I wanted to be more involved  No, I wanted to be less involved |
| 1. This question asks about concerns and feelings you may have about becoming a father. (*For each item, check Yes if it describes you or No if it does not.)*   Yes No   1. I don’t feel like I am ready to be a father 🗆 🗆 2. I am worried that I don’t know enough   about how to take care of a baby 🗆 🗆   1. I think a new baby will keep me from doing   the things I am used to doing, like working,  going to school, or going out 🗆 🗆   1. I look forward to teaching and caring for a   new baby 🗆 🗆   1. I look forward to the new experiences that   having a baby will bring 🗆 🗆   1. I look forward to telling my friends about the baby 🗆 🗆 2. I worry that I do not have enough money to   take care of a baby 🗆 🗆   1. I worry about balancing work and family 🗆 🗆 2. I worry about having a healthy baby 🗆 🗆 |
| 1. In the past 12 months, how often have you felt down, depressed, or hopeless? *(Check one answer.*)   Always  Often  Sometimes  Rarely  Never |
| 1. In the past 12 months, how often have you had little interest or little pleasure in doing things you usually enjoyed? (*Check one answer.*)   Always  Often  Sometimes  Rarely  Never |
| 1. Are your currently working at a job for pay? (*Check* ***all*** *that apply*.)   Yes, I have a part-time job (30 hours or less a week)  Yes, I have a full-time job ( More than 30 hours a week)  No 🡺 **Go to Question 42** |
| 1. Once your baby is released from the hospital, will you take time off from work to care for your new baby? (*Check* ***all*** *that apply*.)     Yes, I will take **paid** leave or vacation from my job  Yes, I will take **unpaid** leave from my job  No, I will not take any leave |
| 1. Will you be living with your new baby? (*Check one answer.*)   Yes, all the time  Yes, part of the time  No  I don’t know |
| 1. Aside from your new baby, do you have any other children (biological or adopted)?   Yes  No 🡺 **Go to end** |
| 1. Not including your new baby, how many children do you have (biological or adopted)?   \_\_\_\_\_\_\_\_\_\_ Number of children |
| **Thank you very much for answering our questions!**  **Your answers will help us keep families in Puerto Rico healthy.** |