

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)
<i>We would like to learn about your experiences over the past year. First, we would like to ask a few questions about you.</i>
1. What is your date of birth? MONTH/DAY/YEAR
2. In which municipality do you live in now ? <i>(If you live in multiple locations, please write the name of the municipality where you live most of the time.)</i> Name of the municipality: _____ ____ I am not currently living in Puerto Rico
3. 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)
4. In the past 12 months , what kind of health insurance did you have? <i>(Check all that apply.)</i> 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.

5. 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

6. 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: _____

7. 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

- | | | |
|--|--------------------------|--------------------------|
| a. Zika virus can be spread by having sex with someone who has Zika | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Zika virus infection during pregnancy can cause birth defects in the baby | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Zika virus can be spread by the bite of a mosquito | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Zika virus can be found in semen up to 6 months after a man is infected | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Everyone who gets Zika has symptoms | <input type="checkbox"/> | <input type="checkbox"/> |

8. 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**

9. 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: _____

10. 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		
a. Talked to you about the importance of preventing Zika virus infection	<input type="checkbox"/>	<input type="checkbox"/>		
b. Talked to you about preventing mosquito bites	<input type="checkbox"/>	<input type="checkbox"/>		
c. Talked to you about condom use to prevent Zika	<input type="checkbox"/>	<input type="checkbox"/>		
d. Talked to you about my desire to have or not have children	<input type="checkbox"/>	<input type="checkbox"/>		
e. Talked to you about ways to prevent pregnancy	<input type="checkbox"/>	<input type="checkbox"/>		
f. Talked to you about sexually transmitted infections such as chlamydia, gonorrhea, syphilis or HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Talked to you about maintaining a healthy weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Talked to you about controlling any medical conditions such as diabetes or high blood pressure	<input type="checkbox"/>	<input type="checkbox"/>		
i. Asked you if you were smoking cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Asked you if you were feeling down or depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Asked you about the kind of work you do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. **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

12. **In the past 12 months**, were **you** tested for Zika virus?

- Yes
- No

13. 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
a. In the past 30 days	<input type="checkbox"/>	<input type="checkbox"/>
b. In the past 1 to 3 months	<input type="checkbox"/>	<input type="checkbox"/>
c. In the past 4 to 6 months	<input type="checkbox"/>	<input type="checkbox"/>
d. In the past 7 to 9 months	<input type="checkbox"/>	<input type="checkbox"/>
e. In the past 10 to 12 months	<input type="checkbox"/>	<input type="checkbox"/>

The following questions are about avoiding mosquito bites.

14. 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
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. Always 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 standing water from your house and yard on a weekly basis	<input type="checkbox"/>	<input type="checkbox"/>
f. Slept under a mosquito bed net	<input type="checkbox"/>	<input type="checkbox"/>
g. Sprayed the inside of your house for mosquitoes	<input type="checkbox"/>	<input type="checkbox"/>
h. Sprayed the outside of your home and in my yard for mosquitoes	<input type="checkbox"/>	<input type="checkbox"/>
i. Applied larvicides around the outside of your home	<input type="checkbox"/>	<input type="checkbox"/>
j. Set-up mosquito traps	<input type="checkbox"/>	<input type="checkbox"/>

15. 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**

16. 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

17. 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**

19. 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.

20. 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: _____

21. 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

22. 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

23. 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

24. **During the 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

25. During her pregnancy, did you talk with the mother of your new baby about Zika virus?

Yes
No → **Go to Question 27**

26. 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

- | | | |
|---|--------------------------|--------------------------|
| a. The risk of having a baby with birth defects that are associated with Zika | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Protecting the home from mosquitoes | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Using mosquito repellent to avoid mosquito bites | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Abstaining from sex to avoid Zika infection | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Using condoms during sex to avoid Zika virus transmission | <input type="checkbox"/> | <input type="checkbox"/> |

27. 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**

28. 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.

29. 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: _____

30. 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
a. Months 1 to 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Months 4 to 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Months 7 to 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you did not have sex with the mother of your new baby during her pregnancy, go to Question 33.

31. 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
a. Months 1 to 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Months 4 to 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Months 7 to 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

32. 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: _____

33. Did you attend the birth of your new baby?

Yes → **Go to Question 35**

No

34. 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: _____

35. 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 |
|--|--------------------------|--------------------------|
| a. Attend childbirth class or classes with the mother of my new baby | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Attend breastfeeding class or classes with the mother of my new baby | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Look up information about pregnancy and birth on the Internet or in other places | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Talk with the mother of my new baby about pregnancy, birth and caring for a new baby | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Talk with family or friends about pregnancy, birth and caring for a new baby | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Purchase baby supplies such as crib, stroller, clothing, diapers, bottles, blankets, car seat, etc. | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Make repairs or improvements to the home to keep mosquitos out | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Prepare the home for the new baby by setting up a space for the baby | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Improve my health by dieting (changing my eating habits) to lose weight | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Improve my health by exercising 3 or more days of the week | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Seek help for health conditions such as depression or anxiety | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Seek help to reduce my cigarette, alcohol or drug use | <input type="checkbox"/> | <input type="checkbox"/> |



36. 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

37. 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		
a. I don't feel like I am ready to be a father	<input type="checkbox"/>	<input type="checkbox"/>		
b. I am worried that I don't know enough about how to take care of a baby	<input type="checkbox"/>	<input type="checkbox"/>		
c. 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	<input type="checkbox"/>	<input type="checkbox"/>		
d. I look forward to teaching and caring for a new baby	<input type="checkbox"/>	<input type="checkbox"/>		
e. I look forward to the new experiences that having a baby will bring	<input type="checkbox"/>	<input type="checkbox"/>		
f. I look forward to telling my friends about the baby	<input type="checkbox"/>	<input type="checkbox"/>		
g. I worry that I do not have enough money to take care of a baby	<input type="checkbox"/>	<input type="checkbox"/>		
h. I worry about balancing work and family	<input type="checkbox"/>	<input type="checkbox"/>		
i. I worry about having a healthy baby	<input type="checkbox"/>	<input type="checkbox"/>		

38. In the past 12 months, how often have you felt down, depressed, or hopeless? (Check **one** answer.)

- Always
- Often
- Sometimes
- Rarely
- Never

39. 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

40. Are you 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**

41. 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

42. 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

43. Aside from your new baby, do you have any other children (biological or adopted)?

- Yes
- No → **Go to end**

44. 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.