STUDY ID: _____ -___-_____

Date: __ __/__ __ __ /__ __ __ __

D D M M M Y Y Y Y

Staff Administered: _____

Form Approved
OMB No. 0920-XXXX
Exp. Date xx/xx/20xx

<u>PREGNANT WOMAN</u> 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: _____

Appendix F1, version 19/MAY/2017

☐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?

☐$_3$Very 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 likely$_2$	Somewhat likely$_1$	Impossible$_0$	*Don't know$_{77}$*	*Refused$_{88}$*
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 likely$_2$	Somewhat likely$_1$	Impossible$_0$	*Don't know$_{77}$*	*Refused$_{88}$*
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?