**PREGNANT WOMAN FOLLOW-UP Questionnaire**

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

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

**First, I will update our information on your health insurance.**

**1.** 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*

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

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

**Next, I will ask you some questions about mosquito bites.**

**3.** 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*

**4.** 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 |  |  |  |  |  |

**5.** 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*

**6.** 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*

**7.** How many adults and children, aside from you, live in your household?

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

* **If she is the only person living in her house, go to question #10.**

**The next questions are about Zika virus.**

**8.** Since your last study clinic visit, 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 🞎78 I am the only person in the household 🞎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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**9.** Since your last study clinic visit, has a doctor or healthcare provider ever told anyone in your household, other than you, that they might have Zika virus?

🞎1 Yes 🞎0 No 🞎78 I am the only person in the household 🞎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.**

**10.** Since your last study clinic visit, have you changed jobs?

🞎1 Yes 🞎0 No, I am still at my previous job 🞎66 No, I do not have a job 🞎77 *Don’t know* 🞎88 *Refused*

Have any of your jobs since your last study clinic visit involved the following:

|  |  |
| --- | --- |
| 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, or 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 or your coworkers use mercury | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |

* **If, according to question #7, this participant lives alone in her house, go to question #12.**

**11.** Since your last study clinic visit, 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, or 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* |

**12.** Since your last study clinic visit, 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*

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

**13.** Since your last study clinic visit, 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* |

**14.** Since your last study clinic visit, 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*

**15.** Since your last study clinic visit, have you taken folic acid?

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

Are you still taking it?

🞎1 Yes 🞎0 No 🞎77 *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.**

**16.** Since your last study clinic visit, how often have you had vaginal sex with a man? Choose the best answer.

🞎1 Once a day or more

🞎2 Two or more times a week

🞎3 Once a week

🞎4 A few times a month

🞎5 Once a month

🞎6 Less than once a month

🞎0 Never **🡪 Go to question #18**

🞎77 *Don’t know* **🡪 Go to question #18**

🞎88 *Refused* **🡪 Go to question #18**

**17.** When you had vaginal sex since your last study clinic visit, how often has your male partner used a condom?

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

* **Only ask questions 18-20 at the initial postpartum visit (after she has given birth).**

**Finally, I will ask you some questions about your contact with young children while you were pregnant.**

18. During the pregnancy that just ended, did you regularly care for any children younger than 5 years of age? This could include your children, other children you cared for in your home, or children you cared for in other locations, such as in a school or childcare facility.

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

* If Yes, go to #19.
* If No, “Thank you for answering the questionnaire. Do you have any questions?”.

19. You mentioned that you regularly care for children younger than 5 years of age. These next questions ask about your interactions with these children. During the pregnancy that just ended, how frequently did:

|  |  |
| --- | --- |
| You and a child share the same fork, spoon, or cup? | 🞎2 Often 🞎1 Sometimes 🞎0 Never 🞎77 *Don’t know* 🞎88 *Refused* |
| You and a child take bites out of the same piece of food? | 🞎2 Often 🞎1 Sometimes 🞎0 Never 🞎77 *Don’t know* 🞎88 *Refused* |
| You give food to a child by passing it from your mouth directly to their mouth (kiss-feeding)? | 🞎2 Often 🞎1 Sometimes 🞎0 Never 🞎77 *Don’t know* 🞎88 *Refused* |

20. You mentioned that you regularly care for children younger than 5 years of age. During the pregnancy that just ended, how often did you kiss those children on the lips?

🞎2 Most days 🞎1 Some days 🞎0 Never 🞎77 *Don’t know* 🞎88 *Refused*

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