

# PRAMS ZPER 2.0 - IN-HOSPITAL MATERNAL SURVEY: English version

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

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English
<b>PRAMS-ZPER 2.0 In-Hospital Maternal Survey (English)</b>
<i>The first questions are about you.</i>
<b>1.</b> What is <b>your</b> date of birth?  MONTH/DAY/YEAR
<b>2.</b> What is the highest level of education that you have completed? ( <i>Check <b>one</b> answer.</i> )  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
<b>3.</b> How many weeks pregnant were you when you delivered?  ___ weeks ___ I don't know
<b>4.</b> In which municipality do you live in <b>now</b> ? ( <i>If you live in multiple locations, please write the name of the municipality where you live <b>most</b> of the time.</i> )  _____ Name of municipality
<b>5.</b> Are you currently married?

Yes  
No

**6.** What kind of health insurance do you have to pay for your **delivery**?  
(Check **all** that apply.)

I do not have health insurance of any kind  
Private 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 me  
Government health insurance/Medicaid (also known as Mi Salud or Reforma)  
Other health insurance → Please tell us: \_\_\_\_\_

*The following questions are about Zika virus.*

**7. During your most recent pregnancy**, how worried were you about getting infected with Zika virus?  
(Check **one** answer.)

Very worried  
Somewhat worried  
Not at all worried

**8. 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 worried  
Somewhat worried  
Not at all worried

**9. 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 women  
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  
WIC 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: \_\_\_\_\_

**10.** At any time **during your most recent pregnancy**, 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 it  
Yes, a healthcare worker talked with me, but only **after** I asked about it  
No → **Go to Question 16**

**11.** 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.*)

	<b>Yes</b>	<b>No</b>
a. Before my most recent pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
b. During the 1 <sup>st</sup> trimester	<input type="checkbox"/>	<input type="checkbox"/>
c. During the 2 <sup>nd</sup> trimester	<input type="checkbox"/>	<input type="checkbox"/>
d. During the 3 <sup>rd</sup> trimester	<input type="checkbox"/>	<input type="checkbox"/>

**12.** 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.*)

	<b>Yes</b>	<b>No</b>
a. Before my most recent pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
b. During the 1 <sup>st</sup> trimester	<input type="checkbox"/>	<input type="checkbox"/>
c. During the 2 <sup>nd</sup> trimester	<input type="checkbox"/>	<input type="checkbox"/>
d. During the 3 <sup>rd</sup> trimester	<input type="checkbox"/>	<input type="checkbox"/>

**If you did not get tested for Zika virus infection, go to Question 15.**

**13.** 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. During the 1 <sup>st</sup> trimester	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. During the 2 <sup>nd</sup> trimester	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. During the 3 <sup>rd</sup> trimester	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**14.** 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. During the 1 <sup>st</sup> trimester	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. During the 2 <sup>nd</sup> trimester	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. During the 3 <sup>rd</sup> trimester	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**15.** 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	<input type="checkbox"/>	<input type="checkbox"/>
b. During the 1 <sup>st</sup> trimester	<input type="checkbox"/>	<input type="checkbox"/>
c. During the 2 <sup>nd</sup> trimester	<input type="checkbox"/>	<input type="checkbox"/>
d. During the 3 <sup>rd</sup> trimester	<input type="checkbox"/>	<input type="checkbox"/>

The following questions are about avoiding mosquito bites.

**16. 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	<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 my house and yard <b>on a weekly basis</b>	<input type="checkbox"/>	<input type="checkbox"/>
f. Slept under a mosquito bed net	<input type="checkbox"/>	<input type="checkbox"/>
g. Set up mosquito traps		

**17. 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	<input type="checkbox"/>	<input type="checkbox"/>
b. Outdoor spraying around my house and in my yard for mosquitos	<input type="checkbox"/>	<input type="checkbox"/>
c. Application of <u>larvicides</u> around the outside of my house	<input type="checkbox"/>	<input type="checkbox"/>

**18. 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.)

Always  
Sometimes

Rarely or when I saw mosquitos  
Never → **Go to Question 20**

**19.** 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 day  
Once a day

**20.** 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 nauseous  
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 harming my baby  
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  
Other reason → Please tell us: \_\_\_\_\_

**21.** **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 days  
Some days  
Never

**22.** When you did **not** wear long sleeves and long pants during your most recent pregnancy, what were your reasons? (Check **all** that apply.)

It was too hot to wear long sleeves or long pants  
I did not have clothes with long sleeves or long pants  
My clothes with long sleeves or long pants no longer fit due to pregnancy  
I was rarely outside  
Other → Please tell us: \_\_\_\_\_

The following questions are about your husband or any male partner.

**23.** At any time during **your most recent pregnancy**, did you have sex with any male partner?

Yes → **Go to Question 25**

No

**24.** 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**

**25.** Did you have sex at any time **during your most pregnancy** in the:

	Yes	No, to avoid Zika	No, for another reason
a <b>First</b> 3 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b <b>Second</b> 3 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <b>Last</b> 3 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Every time	Sometimes	Never
a <b>First</b> 3 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b <b>Second</b> 3 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <b>Last</b> 3 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If you used condoms every time you had sex during your most recent pregnancy, go to Question 28. Otherwise go to Question 27.**

**27.** 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 pregnant

I didn't think I needed to use condoms during pregnancy  
 I didn't think a condom would prevent Zika infection  
 I didn't think Zika was still a problem  
 I didn't think my partner had Zika virus  
 I was not worried about getting the Zika virus  
 I didn't want to use condoms  
 My partner 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 → Please tell us: \_\_\_\_\_

**28. During your most recent pregnancy,** did your husband or any male partner get tested for Zika virus?

Yes  
 No  
 I don't know

**29. 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.)*

	<b>Yes</b>	<b>No</b>
a. My husband or male partner	<input type="checkbox"/>	<input type="checkbox"/>
b. Another family member	<input type="checkbox"/>	<input type="checkbox"/>
c. Another person who lived with me	<input type="checkbox"/>	<input type="checkbox"/>

*The following questions are about the time before your pregnancy.*

**30.** 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 virus  
 I wanted to be pregnant later, because of other reasons  
 I 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



<p><b>1.</b> When you got pregnant, what relationship did you have with your new baby's father? (<i>Check <b>one</b> answer.</i>)</p> <p>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: _____</p>
<p><b>31.</b> Thinking back to <b>just before</b> you got pregnant with your new baby, how did <b>your new baby's father</b> feel about you becoming pregnant? (<i>Check <b>one</b> answer.</i>)</p> <p>He wanted me to be pregnant later, because of the risks associated with Zika virus  He wanted me to be pregnant later, because of other reasons  He 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</p>
<p><b>32.</b> <b>Before you got pregnant</b> 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?</p> <p>No  Yes</p>
<p><b>33.</b> <b>When you got pregnant</b> 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.</p> <p>Yes → <b>Go to Question 36</b>  No</p>
<p><b>34.</b> What were your reasons or your husband's or partner's reasons for not doing anything to keep from getting pregnant? (<i>Check <b>all</b> that apply.</i>)</p> <p>I didn't mind if I got pregnant  I thought I could not get pregnant at that time  I had side effects from the birth control method I was using  I had problems getting birth control when I needed it  I thought my husband or partner or I was sterile (could not get pregnant at all)</p>

My husband or partner didn't want to use anything  
I forgot to use a birth control method  
Other → Please tell us: \_\_\_\_\_

**If you or your husband or partner were not doing anything to keep from getting pregnant, go to Question 37.**

**35.** What method of birth control were you using **when you got pregnant?** (*Check **all** that apply.*)

Birth control pills  
Condoms  
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.*

**35.** How many weeks or months pregnant were you when you had your **first** visit for prenatal care?

\_\_\_\_\_ Weeks OR \_\_\_\_\_ Months

I didn't go for prenatal care → **Go to Question 41**

**36.** **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**

**36.** How often did your husband or partner go with you to your prenatal care visits? (*Check **one** answer.*)

Every time  
Sometimes  
Only when I was going to have a procedure (such as an ultrasound)  
Never

**37.** How often did you try to schedule your prenatal care visits so that your husband or partner could attend? (Check **one** answer.)

- Every time
- Sometimes
- Only when I was going to have a procedure (such as an ultrasound)
- Never

**37.** 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.)

	<b>Yes</b>	<b>No</b>
a. How to prevent mosquito bites during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
b. Using condoms during sex to prevent Zika infection	<input type="checkbox"/>	<input type="checkbox"/>
c. Types of clothes to wear to prevent mosquito bites	<input type="checkbox"/>	<input type="checkbox"/>
f. Using mosquito repellent on my skin or clothing	<input type="checkbox"/>	<input type="checkbox"/>
g. The risk of Zika virus passing to my baby during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
h. Birth defects associated with Zika virus or Zika Congenital Syndrome	<input type="checkbox"/>	<input type="checkbox"/>

**38.** 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.)

	<b>Yes</b>	<b>No</b>
a. Tubes tied or blocked (female sterilization)	<input type="checkbox"/>	<input type="checkbox"/>
b. IUD (Mirena <sup>®</sup> , Skyla <sup>®</sup> , Liletta <sup>®</sup> , ParaGard <sup>®</sup> )	<input type="checkbox"/>	<input type="checkbox"/>
c. Contraceptive implant (Nexplanon <sup>®</sup> )	<input type="checkbox"/>	<input type="checkbox"/>
f. Contraceptive shot/injection (Depo-Provera <sup>®</sup> )	<input type="checkbox"/>	<input type="checkbox"/>
g. A prescription method (such as birth control pills, the patch, or ring)	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you for answering these questions!**

**Your answers will help us keep pregnant women and their babies healthy.**