

The first questions are about you.

1. What is **your** date of birth?

/ /
 MONTH DAY YEAR

2. What is the highest level of education that you have completed?

Check **one** answer

- 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)

3. How many weeks pregnant were you when you delivered?

Weeks

- I don't know

4. In which municipality do you live **now**? (If you live in multiple locations, please write the name of the municipality where you live **most** of the time.)

Name of municipality

5. 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 health care 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.)

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

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

Check:

- DO** if Doctor's Office
- HDC** if Health Department Clinic
- H** if Hospital
- L** if Laboratory, either private or commercial
- O** if Other Location

- | | DO | HDC | H | L | O |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 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 st trimester..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. During the 2 nd trimester..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. During the 3 rd 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.)

Check:

- <1M** if Less than one month after being tested
- 1M** if One month or more after being tested
- HR** if Haven't received my test result
- DR** if I don't remember

- | | <1M | 1M | HR | DR |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Before my most recent pregnancy..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. During the 1 st trimester..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. During the 2 nd trimester..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. During the 3 rd trimester..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

15. Did a doctor, nurse, or other health care 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 st trimester..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. During the 2 nd trimester..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. During the 3 rd 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 on a weekly basis | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Slept under a mosquito bed net..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Set up mosquito traps..... | <input type="checkbox"/> | <input type="checkbox"/> |

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 larvicides 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. When you did **not** wear mosquito repellent during your most recent pregnancy, what were your reasons for not wearing it?

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

Go to Question 22

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 29**

I was trying to avoid Zika infection

I didn't want to have sex → **Go to Question 28**

Some other reason
Please tell us:

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

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

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

Every time Some times Never

- a. **First** 3 months.....
- b. **Second** 3 months.....
- c. **Last** 3 months.....

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
- Some other reason → 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.)

- | | Yes | No |
|---|--------------------------|--------------------------|
| 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 becoming pregnant?

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

31. When you got pregnant, what relationship did you have with your new baby's father?

Check **one** answer

- 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:

32. Thinking back to just before you got pregnant with your new baby, how did **your new baby's father** feel about you becoming pregnant?

Check **one** answer

- 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

33. Before you got pregnant 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?

- Yes
- No

34. When you got pregnant 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 using birth control pills, condoms, withdrawal, or natural family planning.

- Yes
- No

Go to Question 36

Go to Question 35

35. What were your reasons or your husband's or partner's reasons for not doing anything to keep from getting pregnant?

Check **all** that apply

- 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)
- 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.

36. What method of birth control were you using **when you got pregnant?**

Check **all** that apply

- Birth control pills
- Condoms
- Contraceptive 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.

37. 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 42**

38. 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
- No → **Go to Question 41**

39. 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

40. How often did you try to schedule your prenatal care visits so 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

41. During any of your **prenatal care visits**, did a doctor, nurse, or other health care 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.)*

- | | Yes | No |
|---|--------------------------|--------------------------|
| 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"/> |
| d. Using mosquito repellent on my skin or clothing | <input type="checkbox"/> | <input type="checkbox"/> |
| e. The risk of Zika virus passing to my baby during pregnancy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Birth defects associated with Zika virus or Zika Congenital Syndrome | <input type="checkbox"/> | <input type="checkbox"/> |

42. 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.)*

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Tubes tied or blocked (female sterilization) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. IUD (Mirena°, Skyla°, Liletta°, ParaGard°) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Contraceptive implant (Nexplanon°)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Contraceptive shot/injection (Depo-Provera°)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. 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.