

STUDY ID: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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Staff Administered: \_\_\_\_\_

## 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?

- <sub>1</sub> Contributory   
 <sub>2</sub> Subsidized   
 <sub>3</sub> Not insured   
 <sub>4</sub> Specialized   
 <sub>5</sub> Exception  
<sub>6</sub> Indeterminate / independent   
 <sub>77</sub> Don't know   
 <sub>88</sub> Refused

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

Name: \_\_\_\_\_ <sub>77</sub> Don't know    <sub>88</sub> Refused

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

3. In the past 7 days, how many mosquito bites did you get?

- <sub>0</sub> None   
 <sub>1</sub> Less than 20   
 <sub>2</sub> 20 or more, or too many to count   
 <sub>77</sub> Don't know   
 <sub>88</sub> 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.

	Never <sub>0</sub>	Some of the time <sub>1</sub>	Always <sub>2</sub>	Don't know <sub>77</sub>	Refused <sub>8</sub>
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 repellent					

5. In the past 7 days, when you were inside your home, how often was the air conditioner running?

- <sub>3</sub> Never    <sub>2</sub> Some of the time    <sub>1</sub> Always    <sub>0</sub> I don't have air conditioning  
<sub>77</sub> *Don't know*    <sub>88</sub> *Refused*

6. Does your home have intact screens on all windows and doors that prevent mosquitos from entering?

<sub>2</sub> Yes, on all windows and doors    <sub>1</sub> Some    <sub>0</sub> None    <sub>77</sub> *Don't know*    <sub>88</sub> *Refused*

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

\_\_\_\_\_ adults (18+ years)    \_\_\_\_\_ children (<18 years)    <sub>77</sub> *Don't know*    <sub>88</sub> *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.

<sub>1</sub> Yes    <sub>0</sub> No    <sub>78</sub> I am the only person in the household    <sub>77</sub> *Don't know*    <sub>88</sub> *Refused*

↳ Was it...

Your husband or partner?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>66</sub> Not applicable <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>88</sub> <i>Refused</i>
Your child?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>66</sub> Not applicable <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>88</sub> <i>Refused</i>
Another person in the household?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>66</sub> Not applicable <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>88</sub> <i>Refused</i>
<i>If yes:, Who was it?</i> _____	

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?

<sub>1</sub> Yes    <sub>0</sub> No    <sub>78</sub> I am the only person in the household    <sub>77</sub> *Don't know*    <sub>88</sub> *Refused*

↳ Was it...

Your husband or partner?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>66</sub> Not applicable <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>88</sub> <i>Refused</i>
Your child?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>66</sub> Not applicable <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>88</sub> <i>Refused</i>
Another person in the household?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>66</sub> Not applicable <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>88</sub> <i>Refused</i>
<i>If yes:, Who was it?</i> _____	

**Next I'll ask you some questions about your home, community, and environment.**

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

<sub>1</sub> Yes    <sub>0</sub> No, I am still at my previous job    <sub>66</sub> No, I do not have a job    <sub>77</sub> *Don't know*    <sub>88</sub> *Refused*

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

X-rays	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>88</sub> <i>Refused</i>
Contact with body fluids such as urine, saliva, or blood	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>88</sub> <i>Refused</i>
Applying pesticides,	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>88</sub> <i>Refused</i>

insecticides, or rat poison	
Battery manufacturing or battery recycling	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>88</sub> <i>Refused</i>
Electronic waste recycling	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>88</sub> <i>Refused</i>
Gold mining or gold processing	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>88</sub> <i>Refused</i>
Other metal mining (for example, uranium, nickel, or cobalt)	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>88</sub> <i>Refused</i>
A job in which you or your coworkers use lead	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>88</sub> <i>Refused</i>
A job in which you or your coworkers use mercury	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>88</sub> <i>Refused</i>

❖ **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	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>88</sub> <i>Refused</i>
Electronic waste recycling	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>88</sub> <i>Refused</i>
Gold mining or gold processing	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>88</sub> <i>Refused</i>
Other metal mining (for example, uranium, nickel, or cobalt)	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>88</sub> <i>Refused</i>
A job in which they or their coworkers use lead	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>88</sub> <i>Refused</i>
A job in which they or their coworkers use mercury	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>88</sub> <i>Refused</i>

**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?

<sub>1</sub> Yes <sub>0</sub> No <sub>77</sub> *Don't know* <sub>88</sub> *Refused*

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

**13.** Since your last study clinic visit, have you ...?

Smoked cigarettes	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>88</sub> <i>Refused</i>
Smoked marijuana	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>88</sub> <i>Refused</i>
Used drugs such as crack, cocaine, or heroin	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>88</sub> <i>Refused</i>

**14.** Since your last study clinic visit, how many alcoholic drinks (such as beer, wine, or others) have you had in an average week?

- <sub>6</sub> I drank but I don't know how much
- <sub>5</sub> 14 drinks or more a week
- <sub>4</sub> 7–13 drinks a week
- <sub>3</sub> 4–6 drinks a week
- <sub>2</sub> 1–3 drinks a week
- <sub>1</sub> Less than 1 drink a week
- <sub>0</sub> None

<sub>77</sub> *Don't know*<sub>88</sub> *Refused*

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

<sub>1</sub> Yes   <sub>0</sub> No   <sub>77</sub> *Don't know*   <sub>88</sub> *Refused*

└─▶ Are you still taking it?

<sub>1</sub> Yes   <sub>0</sub> No   <sub>77</sub> *Don't know*   <sub>88</sub> *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.

<sub>1</sub> Once a day or more<sub>2</sub> Two or more times a week<sub>3</sub> Once a week<sub>4</sub> A few times a month<sub>5</sub> Once a month<sub>6</sub> Less than once a month<sub>0</sub> Never**→ Go to question #18**<sub>77</sub> *Don't know***→ Go to question #18**<sub>88</sub> *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?

<sub>2</sub> Always   <sub>1</sub> Sometimes   <sub>0</sub> Never   <sub>77</sub> *Don't know*   <sub>88</sub> *Refused*

18. Since your last study clinic visit, have you...?

Received oral sex from someone	<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>0</sub> No	<input type="checkbox"/> <sub>77</sub> <i>Don't know</i>	<input type="checkbox"/> <sub>88</sub> <i>Refused</i>
Performed oral sex on someone	<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>0</sub> No	<input type="checkbox"/> <sub>77</sub> <i>Don't know</i>	<input type="checkbox"/> <sub>88</sub> <i>Refused</i>
Had anal sex	<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>0</sub> No	<input type="checkbox"/> <sub>77</sub> <i>Don't know</i>	<input type="checkbox"/> <sub>88</sub> <i>Refused</i>

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