

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

Form Approved

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English
PRAMS-ZPER 2.0 In-Hospital Maternal Survey (English)
<i>The first questions are about you.</i>
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
3. How many weeks pregnant were you when you delivered? ___ weeks ___ I don't know
4. In which municipality do you live in now? (If you live in multiple locations, please write the name of the municipality where you live most of the time.)

<p>_____Name of municipality</p>
<p>5. Are you currently married?</p> <p>Yes No</p>
<p>6. What kind of health insurance do you have to pay for your delivery? <i>(Check all that apply.)</i></p> <p>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: _____</p>
<p><i>The following questions are about Zika virus.</i></p>
<p>7. During your most recent pregnancy, how worried were you about getting infected with Zika virus? <i>(Check one answer.)</i></p> <p>Very worried Somewhat worried Not at all worried</p>
<p>8. During your most recent pregnancy, how worried were you about having a child with microcephaly or another birth defect linked to Zika virus? <i>(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.)</i></p> <p>Very worried Somewhat worried Not at all worried</p>

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.)

	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.)*

	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 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.)*

		Less than one month after being tested	One month or more after being tested	I haven't received my test result	I don't reme mber
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 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 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**
- f. Slept under a mosquito bed net
- 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 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. 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. 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 together **during your pregnancy** in the:

	Every time	Sometimes	Never
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"/>

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.)**

	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 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

1. 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: _____

31. 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

32. **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?

No

Yes

33. **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 having their tubes tied, using birth control pills, condoms, withdrawal, or natural family planning.

Yes → **Go to Question 36**

No

34. 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.

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.*)

	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"/>
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.)

	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"/>
f. Contraceptive shot/injection (Depo-Provera [®])	<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.