

## ZPER Telephone Follow-up Questionnaire – English phone version

We would like to ask you some questions about your health and experiences since the birth of your recent baby.

1. *Since your new baby was born*, have you had a postpartum checkup for yourself? A postpartum checkup is the regular checkup a woman has about 4 to 6 weeks after she gives birth.

- (Don't read)
- 1 No
  - 2 Yes → **Go to Question 3**
  - 8 Refused → **Go to Question 4**
  - 9 Don't know/don't remember → **Go to Question 4**

2. I'm going to read a list of reasons why some women may not have a postpartum checkup. For each one, please tell me if it was a reason for you. Would you say that you did not have a postpartum checkup because \_\_\_\_\_?

Reason	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. You didn't have health insurance to cover the cost of the visit				
b. You felt fine and did not think you needed to have a visit				
c. You couldn't get an appointment when you wanted one				
d. You didn't have any transportation to get to the clinic or doctor's office				
e. You had too many things going on				
f. You couldn't take time off from work				
g. Did you have some other reason?				
h. <b>IF YES, ASK:</b> What kept you from having a postpartum checkup? _____ _____				

**INTERVIEWER:** If the respondent did not have a postpartum check-up, go to Question 4.

3. **During your postpartum checkup**, did your doctor, nurse, or other health care worker **do** any of the following things? I am going to read a list of things. Did they \_\_\_\_\_?

(PROBE: Did a doctor, nurse, or other health care worker \_\_\_\_\_?)

Subject	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Talk to you about clothes to wear to prevent mosquito bites				
b. Talk to you about using mosquito repellent on your skin or clothing				
c. Talk to you about using condoms during sex to prevent Zika infection				
d. Talk to you about birth control methods you can use after giving birth				
e. Give or prescribe you a contraceptive method such as the pill, patch, shot or Depo-Provera®, NuvaRing®, or condoms				
f. Insert an IUD such as Mirena®, ParaGard®, Liletta®, or Skyla® or a contraceptive implant such as Nexplanon® or Implanon®				

4. I'm going to read a list of health conditions. For each one, please tell me if a doctor, nurse or other health care worker told you that you have the condition **since your new baby was born**. Have you been told that you have \_\_\_\_\_?

(PROBE: **Since your new baby was born**, has a doctor, nurse or other health care worker told you that you had \_\_\_\_\_?)

Condition	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Diabetes				
b. High blood pressure or hypertension				
c. Depression				
d. Anxiety				
e. Zika virus infection				

5. I'm going to read a list of services some women receive after they have a baby. For each one, please tell me if you have received the service **since your new baby was born**.

(PROBE: **Since your new baby was born**, have you received services from \_\_\_\_\_?)

List of Services	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Counseling for depression or anxiety				
b. WIC or the Special Supplemental Nutrition Program for Women, Infants, and Children				
c. The Home Visiting Program				
d. Healthy Families Puerto Rico or <i>Familias Saludables Puerto Rico</i>				
e. United for Early Childhood or <i>Unidos por la Niñez Temprana</i>				
f. Early intervention services or <i>Avanzando Juntos</i>				
g. The program for integrated adolescent health services or <i>Programa SISA</i>				
h. The Adolescent Education Program for Personal Responsibility in Puerto Rico or PR-PREP				

The next questions are about your new baby.

6. Is your baby alive now?

- (Don't read)
- 1 No → INTERVIEWER: "We are very sorry for your loss." and **Go to Question 24**
  - 2 Yes
  - 8 Refused → **Go to Question 24**
  - 9 Don't know/don't remember → **Go to Question 24**

7. Is your baby living with you now?

- (Don't read)
- 1 No → **Go to Question 24**
  - 2 Yes
  - 8 Refused → **Go to Question 24**
  - 9 Don't know/don't remember → **Go to Question 24**

8. Did you ever breastfeed or pump breast milk to feed your new baby, even for a short period of time?

- (Don't read)**
- 1 No → **Go to Question 11**
  - 2 Yes
  - 8 Refused → **Go to Question 11**
  - 9 Don't know/don't remember → **Go to Question 11**

9. Are you currently breastfeeding or feeding pumped milk to your new baby?

- (Don't read)**
- 1 No
  - 2 Yes → **Go to Question 11**
  - 8 Refused → **Go to Question 11**
  - 9 Don't know/don't remember → **Go to Question 11**

10. How many weeks or months did you breastfeed or pump milk to feed your baby?

**(PROBE:** About how many weeks or months?)

- (Don't read)**
- 1 Less than 1 week
  - 2 Number of weeks \_\_\_\_\_ (Range: 1-40)  
OR
  - 3 Number of months \_\_\_\_\_ (Range: 1-9)
  - 8 88 Refused
  - 9 99 Don't know/don't remember

11. Has your new baby had any health care visits with a doctor, nurse, or other health care worker since you left the hospital where your baby was born? A health care visit can include a regular checkup or a visit for a health problem, illness or injury.

- (Don't read)**
- 1 No
  - 2 Yes → **Go to Question 13**
  - 8 Refused → **Go to Question 15**
  - 9 Don't know/don't remember → **Go to Question 15**

12. I'm going to read a list of things that can keep babies from having a health care visit. For each one, please tell me if it applied to you or your new baby.

(PROBE: Would you say that your baby did not get a health care visit because \_\_\_\_\_)

Reason	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. You don't have health insurance for your baby				
b. You don't have enough money to pay for the visit				
c. You don't have a way to get your baby to the clinic or doctor's office				
d. You don't have anyone to take care of your other children				
e. You can't get an appointment				
f. You don't think your new baby needs a health care visit				
g. Did anything else keep your baby from having a health care visit?				
IF YES, ASK: What else kept your baby from having a health care visit? _____ _____				

**INTERVIEWER: If the baby has never had a health care visit after leaving the hospital, got to Question 15.**

13. How many times has your new baby been to a doctor, nurse, or other health care worker for a health care visit? It may help to use the calendar.

(PROBE: How many times has your baby had a health care visit? You can use a calendar.)

(Don't read) \_\_\_\_\_ Times

88 Refused

99 Don't know/don't remember

14. Please tell me which **one** of the following best describes where you **usually** take your new baby for health care visits? Is it \_\_\_\_\_?

**(PROBE:** Where do you **usually** take your baby for his or her health care visits?)

- 1 A private doctor's office
- 2 A Health Department Clinic such as a IPA Clinic
- 3 A Community Health Center such as a 330 Clinic
- 4 The Regional Pediatric Center
- 5 The Hospital Emergency Room
- 6 A Hospital Outpatient Clinic
- 7 Do you take your baby to some other place?  
 IF YES, ASK: Where else do you usually take your baby for his or her health care visits? \_\_\_\_\_

**(Don't read)** 8 Refused  
9 Don't know/don't remember

15. Do you have someone you think of as your baby's personal doctor or nurse? A personal doctor or nurse is a health professional who knows your baby well and is familiar with your baby's health history. This can be a family doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician assistant.

**(PROBE:** Does your baby have one or more people you consider their personal doctor or nurse?)

- 1 No
- 2 Yes, one person
- 3 Yes, more than one person

**(Don't read)** 8 Refused  
9 Don't know/don't remember

**16. Since your new baby was born,** has a doctor, nurse, or other health care worker talked with you about any of the following things? I am going to read a short list. For each topic, please tell me if they talked to you about it or not.

**(PROBE:** Did a doctor, nurse, or other health care worker talk to you about \_\_\_\_\_?)

Topic	<b>(Don't read)</b>			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Dressing your baby in long sleeves and long pants to avoid mosquito bites				
b. Using mosquito repellent on your baby's exposed skin or clothing				
c. Putting a mosquito net over your baby's crib or bed				
d. What the signs and symptoms of Zika virus infection are in a baby				

**17. Since your new baby was born,** has a doctor, nurse, or other health care worker told you that your new baby was infected with Zika virus during your pregnancy?

- (Don't read)**
- 1 No
  - 2 Yes → **Go to Question 19**
  - 8 Refused → **Go to Question 18**
  - 9 Don't know/don't remember → **Go to Question 18**

**18.** How worried are you about **your new baby** getting infected with Zika virus **now**? Would you say very worried, somewhat worried, or not at all worried?

**(PROBE:** Repeat question as necessary.)

- (Don't read)**
- 1 Very worried
  - 2 Somewhat worried
  - 3 Not at all worried
  - 8 Refused
  - 9 Don't know/don't remember

19. I'm going to read a list of health conditions. For each one, please tell me if your new baby has the condition. Does your baby have \_\_\_\_\_?

	Condition	No (1)	Yes (2)	Refused (8)	Don't know (9)
a.	Hearing problems				
b.	Vision problems				
c.	Poor weight gain				
d.	Difficulties feeding				
e.	Smaller than normal head size				
f.	Muscle weakness				
g.	Deformity of the feet				
h.	Convulsions				

**INTERVIEWER: If the baby does not have any of the health conditions listed above, go to Question 22.**

20. Has your new baby's regular doctor suggested that you take your baby to see a **specialist doctor** for help with his or her health conditions?

- (Don't read)**
- 1 No
  - 2 Yes
  - 8 Refused
  - 9 Don't know/don't remember

21. Have you been asked if you would like to talk to other families who have had babies with health conditions similar to those of your new baby?

- (Don't read)**
- 1 No
  - 2 Yes
  - 8 Refused
  - 9 Don't know/don't remember

22. I'm going to read a list of services some babies receive. For each one, please tell me if your new baby received the service. Has your new baby received \_\_\_\_\_ ?

	Reasons	No (1)	Yes (2)	Refused (8)	Don't know (9)
a.	A scan or ultrasound of his or her head, for example a CT Scan or MRI				
b.	A hearing test				
c.	An eye exam				
d.	An assessment of how your baby is developing				
e.	An evaluation by a specialists for physical therapy				
f.	Assistance from a nutritionist				

23. Would you say that you have someone that you can turn to for day-to-day emotional support with taking care of your new baby?

- (Don't read)
- 1 No
  - 2 Yes
  - 8 Refused
  - 9 Don't know/don't remember

The next questions are about the use of contraception.

24. Are you or your husband or partner doing anything **now** 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.

- (Don't read)
- 1 No
  - 2 Yes → Go to Question 26
  - 8 Refused → Go to Question 27
  - 9 Don't know/don't remember → Go to Question 27

25. I'm going to read a list of reasons some women or their husbands or partners have for not doing anything to keep from getting pregnant. For each one, please tell me if it is one of the reasons for you or your husband or partner **now**. Is it because \_\_\_\_\_?

(PROBE: You aren't doing anything to keep from getting pregnant **now** because \_\_\_\_\_?)

Reason	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. You want to get pregnant				
b. You are pregnant now				
c. You had your tubes tied or blocked				
d. You don't want to use birth control				
e. You are worried about side effects from birth control				
f. You are not having sex				
g. Your husband or partner doesn't want to use anything				
h. You have problems paying for birth control				
i. Is there any other reason you're not doing anything to keep from getting pregnant now?				
j. IF YES, ASK: What is the reason you are not doing anything to keep from getting pregnant now?  _____				

**INTERVIEWER:** If the respondent or her husband or partner is not doing anything to keep from getting pregnant **now**, go to Question 27.

**INTERVIEWER:** If the respondent is pregnant **now**, go to Question 28.

26. I'm going to read a list of birth control methods. For each one, please tell me if you or your husband or partner is using this method **now**.

(PROBE: What are you or your husband or partner using **now** to keep from getting pregnant?)

Method	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Tubes tied or blocked, female sterilization, or Essure®				
b. Vasectomy or male sterilization				
c. Birth control pills				
d. Condoms				
e. Shots, injections or Depo-Provera®				
f. Contraceptive patch or OrthoEvra® or vaginal ring or NuvaRing®				
g. IUD, including Mirena® or ParaGard®, Liletta®, or Skyla®				
h. Contraceptive implant in the arm, including Nexplanon® or Implanon®				
i. Natural family planning including rhythm method				
j. Withdrawal or pulling out				
k. Not having sex or abstinence				
l. Are you or your husband or partner using anything else to keep from getting pregnant <b>now</b> ?				
m. IF YES, ASK: What other birth control method are you or your husband or partner using now to keep from getting pregnant? _____ _____ _____				

**27. How do you feel about having a child sometime in the future?**

(PROBE: Would you say that \_\_\_\_\_?)

- (1) You do not want to have any more children
- (2) You would like to have another child in the next 1-2 years
- (3) You would like to have another child in the next 3-5 years
- (4) You would like to have another child after 5 or more years
- (5) You would like to have another child, but you are not sure when

- Don't Read**
- (8) Refused
  - (9) Don't Know / Don't Remember

**The next questions are about avoiding mosquito bites.**

**28.** I'm going to read a list of things that some people do around their home to avoid mosquito bites or control mosquitos. For each one, please tell me if you do this around your home since your new baby was born. Do you \_\_\_\_\_?

Reasons	<b>(Don't read)</b>			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Always use screens on open doors				
b. Always use screens on open windows				
c. Always keep unscreened doors and windows closed				
d. Always use fans or air conditioning				
e. Eliminate accumulated water from your house and yard <u>on a weekly basis</u>				
f. Sleep under a mosquito bed net				
g. Set up mosquito traps				
h. Spray inside your home for mosquitos				
i. Spray outside or around your home and yard for mosquitos				
j. Apply larvacides around the outside of your home				

**29. *Since your new baby was born***, how often do you use a mosquito repellent, on your exposed skin or clothing, when you went outside, even if you are only outside for a short time? Would you say that you use it every day, most days, some days, or never?

- 1 Every day
- 2 Most days
- 3 Some days
- 4 Never → **Go to Question 31**

**(Don't read)** 8 Refused → **Go to Question 31**  
9 Don't know/don't remember → **Go to Question 31**

**30. *Since your new baby was born***, when you use mosquito repellent on your exposed skin or clothing, how many times a day do you apply it? Would you say that you apply it more than once a day or once a day?

- 1 More than once a day
- 2 Once a day

**(Don't read)** 8 Refused  
9 Don't know/don't remember

**INTERVIEWER:** If the respondent used mosquito repellent on her skin or clothing every day when outside, go to Question 32.

31. I'm going to read a list of reasons that some people don't wear mosquito repellent. For each one, please tell me if it is a reason for you? Would you say that you don't wear mosquito repellent because \_\_\_\_\_?

(PROBE: What are your reasons for not wearing mosquito repellent?)

Reasons	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. You do not like the way it smells or it makes you nauseous				
b. You do not like the way it makes your skin feel				
c. You worry about the chemicals in the repellent harming you				
d. You forget to apply it				
e. You have an allergy or it makes your skin itch				
f. You don't think you need it				
g. You are not worried about getting Zika virus				
h. You do not want to use it				
i. You are rarely outside				
j. Mosquito repellent is too expensive				
k. Is there some other reason?				
l. <b>IF YES ASK:</b> What is your other reason for not wearing mosquito repellent? _____ _____ _____				

32. How worried are **you** about getting infected with Zika virus now? Would you say that you are \_\_\_\_\_?

- 1 Very worried
- 2 Somewhat worried
- 3 Not at all worried

- (Don't read) 8 Refused  
9 Don't know/don't remember

The last questions are about testing for Zika virus.

33. I'm going to read a list of different time periods. For each one, please tell me if you got tested for Zika virus during that time. Were you tested for Zika virus \_\_\_\_\_?

Time period	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Before your most recent pregnancy				
b. During the first 3 months of your pregnancy or in the 1 <sup>st</sup> trimester				
c. During the middle 3 months of your pregnancy or in 2 <sup>nd</sup> trimester				
d. During the last 3 months of my pregnancy or in the 3 <sup>rd</sup> trimester				
e. After your most recent pregnancy				

**INTERVIEWER: If the mother was NOT tested for Zika virus at any time, go to the Question 36.**

**34.** For each Zika test you received, please tell me how long you had to wait to receive the result. Was it received within one month, more than one month, or not received at all. When did you receive the results for the test that was done \_\_\_\_\_?

**(PROBE:** Did you receive the results within in one month, more than one month, or you haven't received your test result?)

Time period	<b>(Don't read)</b>				
	Within one month after being tested (1)	One month or more after being tested (2)	You haven't received your test results (3)	Refused (8)	Don't know (9)
a. Before your most recent pregnancy					
b. During the first 3 months of your pregnancy or in the 1 <sup>st</sup> trimester					
c. During the middle 3 months of your pregnancy or in 2 <sup>nd</sup> trimester					
d. During the last 3 months of my pregnancy or in the 3 <sup>rd</sup> trimester					
e. After your most recent pregnancy					

**35.** Where did you get tested for Zika virus? I'm going to read a list of locations for each time period when you got tested. For each one, please tell me if it was a place where you got tested. In the time \_\_\_\_\_, did you get tested for Zika at a \_\_\_\_\_?

(PROBE: Where did you get tested for Zika in the time \_\_\_\_\_?)

Time					
	Doctor's office (1)	Health Dept. Clinic, Clínica 330 or IPA (2)	Hospital (3)	Laboratory, either private or commercial (4)	Other location (5)
a. Before your most recent pregnancy					
b. During the first 3 months of your pregnancy or in the 1 <sup>st</sup> trimester					
c. During the middle 3 months of your pregnancy or in 2 <sup>nd</sup> trimester					
d. During the last 3 months of my pregnancy or in the 3 <sup>rd</sup> trimester					
e. After your most recent pregnancy					

**INTERVIEWER: If the mother WAS tested for Zika virus at any time, go to Question 37.**

36. I'm going to read a list of reasons why some people don't get tested for Zika. For each one, please tell me if it was a reason that you did not get tested for Zika virus **before, during, or after your most recent pregnancy?** Was it because \_\_\_\_\_?

(PROBE: Why didn't you get tested for Zika? Was it because \_\_\_\_\_)

Reasons	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. You weren't told to get tested or no one referred you for the test				
b. Testing locations were not easy to get to				
c. The test was too expensive				
d. You were afraid your health insurance was not going to pay for the test				
e. You were afraid of the result				
f. You didn't think Zika was a problem				
g. You didn't think you were at risk for Zika				
h. Was there some other reason why you did not have a Zika test?				
i. <b>IF YES ASK:</b> Why didn't you gave a Zika test? _____ _____ _____				

**37. During your most recent pregnancy,** did a doctor, nurse, or other health care worker tell you or anyone else who lived with you that they were infected with Zika virus? For each person that I mention, please tell me if they were told that they had Zika.

(PROBE: Did a doctor, nurse, or other health care worker tell \_\_\_\_\_ that they had Zika virus during your pregnancy?)

Person:	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. You				
b. Your husband or any male partner				
c. Another person who lives with you				

**38. In appreciation for participating in this survey, we would like to give you a small gift. Can you please tell me what address we should send it to?**

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