

We would like to learn about your experiences over the past year. First, we would like to ask a few questions about you.

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

/  /   
 MONTH DAY YEAR

2. 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

I am not currently living in Puerto Rico

3. 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)

4. In the past 12 months, what kind of health insurance did **you** have?

Check **all** that apply

- I did not have health insurance of any kind
- Private health insurance from my job or the job of my wife 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 → Please tell us:

The following questions are about Zika virus.

5. In the past 12 months, how worried were **you** about getting infected with Zika virus?

Check **one** answer

- Very worried
- Somewhat worried
- Not at all worried

6. Which **ONE** of these sources do you trust the **most** for receiving information about Zika virus?

Check **one** answer

- Healthcare worker (for example, a family doctor or other medical professionals)
- My wife or partner
- 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
- Other websites → Please tell us which ones:

Some other source → Please tell us:

7. In your opinion, which of the following statements about Zika virus are true and which are false? (For each one, check **True** if you think it is correct or **False**, if you do not.)

True False

- a. Zika virus can be spread by having sex with someone who has Zika.....
- b. Zika virus infection during pregnancy can cause birth defects in the baby.....
- c. Zika virus can be spread by the bite of a mosquito .....
- d. Zika virus can be found in semen up to 6 months after a man is infected.....
- e. Everyone who gets Zika has symptoms.....

**8. In the past 12 months, did you have any health care visits for yourself with a doctor, nurse, or other health care worker?**

- Yes
- No → Go to Question 11

**9. What type of health care visits did you have in the past 12 months?**

Check **all** that apply

- Regular checkup at my family doctor's office
- Visit for Zika virus
- Visit for an illness or chronic condition
- Visit for an injury
- Visit for depression or anxiety
- Visit to have my teeth cleaned by a dentist or dental hygienist
- Other → Please tell us:

**10. During any of your health care visits in the past 12 months, did a doctor, nurse, or other health care worker do any of the following things? (For each item, check Yes if they did it or No, if they did not.)**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. Talked to you about the importance of preventing Zika virus infection .....                             | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Talked to you about preventing mosquito bites.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Talked to you about condom use to prevent Zika .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Talked to you about your desire to have or not have children.....                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Talked to you about ways to prevent pregnancy .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Talked to you about sexually transmitted infections such as chlamydia, gonorrhea, syphilis or HIV ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Talked to you about maintaining a healthy weight .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Talked to you about controlling any medical conditions such as diabetes or high blood pressure .....    | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Asked you if you were smoking cigarettes...   | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Asked you if you were feeling down or depressed.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Asked you about the kind of work you do...  | <input type="checkbox"/> | <input type="checkbox"/> |

**11. In the past 12 months, did you ever have symptoms of Zika virus infection such as fever, rash, head ache, joint pain, red eyes, or muscle pain?**

- Yes
- No

**12. In the past 12 months, were you tested for Zika virus?**

- Yes
- No

**13. During any of the following time periods, did a doctor, nurse or other health care worker tell you that you had Zika virus infection? (For each time period, check Yes if you were told you had Zika virus then or No if you were not. You can ask to use a calendar.)**

- |                                     | Yes                      | No                       |
|-------------------------------------|--------------------------|--------------------------|
| a. In the past 30 days .....        | <input type="checkbox"/> | <input type="checkbox"/> |
| b. In the past 1 to 3 months.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. In the past 4 to 6 months.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. In the past 7 to 9 months.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. In the past 10 to 12 months..... | <input type="checkbox"/> | <input type="checkbox"/> |

The following questions are about avoiding mosquito bites.

**14. In the past 12 months**, 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 your 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. Sprayed the inside of your house for mosquitos .....                              | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Sprayed the outside of your house and in your yard for mosquitos.....             | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Applied larvicides around the outside of your house .....                         | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Set up mosquito traps .....   | <input type="checkbox"/> | <input type="checkbox"/> |

**15. In the past 12 months**, 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 17

**16. 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

**17. When you did **not** wear mosquito repellent**, what were your reasons for not wearing it?

Check **all** that apply

- I did not like the way it smelled
- 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 partner
- 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
- My wife or partner didn't like it when I used it
- Other reason → Please tell us:

The next questions are about contraception.

**18. What method of birth control** are you planning to use after your wife's or partner's pregnancy?

Check **all** that apply

- Condoms
- Vasectomy
- Withdrawal (Pull-out method)
- Natural Family Planning (including rhythm method)
- My wife or partner will use the birth control pill
- My wife or partner will get the contraceptive shots (Depo)
- My wife or partner will use the patch or vaginal ring
- My wife or partner will get a contraceptive implant in the arm
- My wife or partner will get an IUD or intrauterine device
- My wife or partner will have her tubes tied (female sterilization)
- Other method → Please tell us:
- I don't know
- My partner and I won't use contraception → Go to Question 20

Go to Question 19

19. Which **ONE** of the following is **most** important to you when choosing a method of contraception?

Check **one** answer

- It is easy to use
- It is easy to get
- It interferes least with sex
- It is affordable
- It has fewer side effects
- It works well to prevent pregnancy
- It prevents sexually transmitted diseases (STD's)/HIV
- My female partner recommends it
- My physician recommends it
- My friends recommend it
- Other → Please specify:

\_\_\_\_\_

*The following questions are about the pregnancy of the mother of your new baby.*

20. When she got pregnant, what relationship did you have **with the mother of your new baby**?

Check **one** answer

- She was my wife (legally married)
- She was my partner (not legally married, but a long-term partner)
- She was my girlfriend (a casual partner)
- Other → Please explain:

\_\_\_\_\_

21. Did you live with the mother of your new baby during her pregnancy?

Check **one** answer

- Yes, for the entire pregnancy
- Yes, for part of the pregnancy
- No

22. Thinking back to just **before** the mother of your new baby got pregnant, which **ONE** of the following statements best describes how **you** felt about her becoming pregnant?

Check **one** answer

- I wanted her to be pregnant later, because of the risks associated with Zika virus
- I wanted her to be pregnant later, because of other reasons
- I wanted her to be pregnant sooner
- I wanted her to be pregnant then
- I didn't want her to be pregnant then or at any time in the future
- I wasn't sure what I wanted

23. How worried were you about **the mother of your new baby** getting infected with Zika virus while she was pregnant?

Check **one** answer

- Very worried
- Somewhat worried
- Not at all worried

24. **During the pregnancy** of the mother of your new baby, 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

25. **During her pregnancy**, did you talk with the mother of your new baby about Zika virus?

- Yes
- No

Go to Question 27

Go to Question 26

**26.** When you spoke with the mother of your new baby about Zika **during her pregnancy**, did you talk about any of the following topics? (For each one, check **Yes** if you talked about the topic, or **No** if you did not.)

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a. The risk of having a baby with birth defects that are associated with Zika ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Protecting the home from mosquitoes.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Using mosquito repellent to avoid mosquito bites.....                            | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Abstaining from sex to avoid Zika infection                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Using condoms during sex to avoid Zika virus transmission .....                  | <input type="checkbox"/> | <input type="checkbox"/> |

**27.** Did you go with the mother of your new baby to her prenatal care visits?

Check **one** answer

- Yes, I went to all of the prenatal care visits
- Yes, I went to some of the prenatal care visits
- No → **Go to Question 29**

**28.** During any of the **prenatal care visits**, did a doctor, nurse, or other healthcare worker talk with you about ways that you could help the mother of your new baby avoid Zika virus infection during her pregnancy?

- Yes
- No

**If you went to *all* the prenatal care visits with the mother of your new baby, go to Question 30.**

**29.** What were your reasons for **not** going to all of the prenatal care visits with the mother of your new baby?

Check **all** that apply

- I couldn't take time off from work or school
- The appointment times were not convenient for me
- I didn't have any transportation to get to the clinic or doctor's office
- I had too many other things going on
- I didn't think I needed to go
- I didn't think I would get useful information at these visits
- The mother of my new baby didn't want me to go
- I didn't want to go
- The mother of my new baby did not go for prenatal care
- Other reason → Please tell us:

**30.** Did you have sex with the mother of your new baby at any time during her pregnancy? (You can ask to use a calendar.)

	Yes	No, to avoid Zika	No, for another reason
a. Months 1 to 3.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Months 4 to 6.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Months 7 to 9.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If you did not have sex with the mother of your new baby during her pregnancy, go to Question 33.**

**31.** How often did you use a condom when you had sex with the mother of your new baby at any of the following times during her pregnancy?

	Every time	Some times	Never
a. Months 1 to 3.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Months 4 to 6.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Months 7 to 9.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If you used a condom every time you had sex with the mother of your new baby during her pregnancy, go to Question 33. If not, go to Question 32.**

**32.** What were your reasons for not using condoms every time when having sex with the mother of your new baby during her pregnancy?

Check **all** that apply

- I didn't know she was pregnant
- I didn't think I needed to use condoms during her pregnancy
- I didn't think a condom would prevent Zika infection
- I didn't think Zika was still a problem
- I didn't think I had Zika virus
- I didn't want to use condoms
- She 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 reason → Please, tell us:

**33.** Did you attend the birth of your new baby?

Yes → **Go to Question 35**

No

**34.** What were your reasons for not attending the birth of your new baby?

Check **all** that apply

- I was out of town
- The birth happened unexpectedly, and I couldn't get there in time
- I couldn't take time off from work or school
- I had no one to take care of my other children
- My wife or partner didn't want me to attend
- I didn't want to attend
- The medical staff did not allow me to attend
- Other reason → Please tell us:

**35.** Have you done any of the following things to prepare for your new baby? (For each thing, check **Yes** if you have done it to prepare for your new baby or **No** if you have not.)

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. Attend childbirth class or classes with the mother of my new baby.....                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Attend breastfeeding class or classes with the mother of my new baby.....                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Look up information about pregnancy and birth on the Internet or in other places.....                     | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Talk with the <b>mother of my new baby</b> about pregnancy, birth, and caring for a new baby...           | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Talk with <b>family or friends</b> about pregnancy, birth, and caring for a new baby.....                 | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Purchase baby supplies such as a crib, stroller, clothing, diapers, bottles, blankets, car seat, etc..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Make repairs or improvements to the home to keep mosquitos out.....                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Prepare the home for the new baby by setting up a space for the baby.....                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Improve my health by dieting (changing my eating habits) to lose weight.....                              | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Improve my health by exercising 3 or more days of the week.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Seek help for health conditions such as depression or anxiety.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Seek help to reduce my cigarette, alcohol or drug use.....  | <input type="checkbox"/> | <input type="checkbox"/> |

**36.** Did you feel like you were as involved as you wanted to be in the pregnancy of the mother of your new baby?

Check **one** answer

- Yes
- No, I wanted to be more involved
- No, I wanted to be less involved

**37.** This question asks about feelings and concerns you may have about becoming a father. For each item, check **Yes** if it describes you or **No** if it does not.

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. I feel like I am ready to be a father .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I am worried that I don't know enough about how to take care of a baby.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I think a new baby will keep me from doing the things I am used to doing, like working, going to school, or going out ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I look forward to caring for a new baby .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I look forward to the new experiences that having a baby will bring.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I look forward to telling my friends about the baby.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| g. I worry that I do not have enough money to take care of a baby.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I worry about balancing work and family.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| i. I worry about having a healthy baby .....   | <input type="checkbox"/> | <input type="checkbox"/> |

**38.** In the past 12 months, how often have you felt down, depressed, or hopeless?

Check **one** answer

- Always
- Often
- Sometimes
- Rarely
- Never

**39.** In the past 12 months, how often have you had little interest or little pleasure in doing things you usually enjoyed?

Check **one** answer

- Always
- Often
- Sometimes
- Rarely
- Never

**40.** Are you currently working at a job for pay?

Check **all that apply**

- Yes, I have a part-time job (30 hours or less a week)
- Yes, I have a full-time job (More than 30 hours a week)
- No → Go to Question 42

**41.** Once your baby is released from the hospital, will you take time off from work to care for your new baby?

Check **all that apply**

- Yes, I will take **paid** leave or vacation from my job
- Yes, I will take **unpaid** leave from my job
- No, I will not take any leave

**42.** Will you be living with your new baby?

Check **one** answer

- Yes, all the time
- Yes, part of the time
- No
- I don't know

**43.** Aside from your new baby, do you have any other children (biological or adopted)?

- Yes
- No → Go to end

**44.** Not including your new baby, how many children do you have (biological or adopted)?

Number of children

**Thank you very much for answering our questions! Your answers will help us keep families in Puerto Rico healthy.**