

Awareness of Cytomegalovirus Infection among Pregnant Women in Geneva, Switzerland: A Cross-sectional Study

Questionnaire

Survey about the Knowledge of the Cytomegalovirus Infection (CMV)

Survey Number: _____

Please mark with a cross your answers below:

A. A few questions on various diseases:

1. Before today, have you ever heard of:

	Yes	No
CMV (cytomegalovirus)		
Parvovirus B 19		
Rubella		
Toxoplasmosis		
Group B Streptococcus		
Syphilis		
Hepatitis B		
HIV/AIDS		
Down Syndrom		
Syndrome alcoolo-fœtal		
Syndrom de la mort subite		
Autism		
Spina Bifida		

B. A few questions on the cytomegalovirus infection:

2. Where did you hear about the cytomegalovirus infection?

- ☐ general practitioner (GP)
- ☐ obstetrician at the hospital (HUG)
- ☐ private obstetrician
- ☐ midwife
- ☐ paediatrician
- ☐ From the media (TV, radio, internet, newspapers)
- ☐ From family or friends

3. According to you, can the CMV be passed on from the mother to the foetus?

Yes ☐ No ☐ I don't know ☐

4. Could a newborn infected by CMV show these symptoms?

	Yes	No	I Don't Know
No danger			
Loss of hearing			
Mental retardation			

Table. Cont.

	Yes	No	I Don't Know
Jaundice			
Convulsions			
Microcephaly			
Congenital heart defects			
Death			

5. Which hygiene measures can prevent the CMV during the pregnancy? Choose from the list below:

	Yes	No	I Don't Know
Thorough handwashing after changing the diapers of a baby			
Not using the same cutlery as a child nor the same towel			
Using insect repellent			
Not eating raw meat or raw-milk cheese during pregnancy			
Drinking caffeine based beverages			
Using gloves to clean cat			
Not being in contact with a child's urine, tears or running nose			
Exercise during pregnancy			
Avoid kissing a child on the mouth			

6. To what extent those measures seem applicable during one's pregnancy:

	Very Easy	Fairly Easy	Fairly Hard	Very Hard
Thorough handwashing after changing the diapers of a baby				
Not using the same cutlery as a child nor the same towel				
Using insect repellent				
Not eating raw meat or raw-milk cheese during pregnancy				
Drinking caffeine based beverages				
Using gloves to clean cat				
Not being in contact with a child's urine, tears or running nose				
Exercise during pregnancy				
Avoid kissing a child on the mouth				

C. A few questions related to your pregnancy:

7. The treatment of your 1st trimester was facilitated in Geneva:
☐ Yes ☐ No
8. Were you treated during the 1st trimester?
☐ Yes ☐ No
9. The treatment of your 1st trimester was facilitated:
☐ In town, in Geneva
☐ In the Maternity Ward (HUG)

- ☐ Outside Geneva
10. The treatment of your 1st trimester was facilitated:
- ☐ By a general practitioner
 - ☐ By an obstetrician
 - ☐ By a midwife
11. Have you received information related to the prevention of the CMV?
- Yes ☐ No ☐ I don't know ☐
12. Who informed you about those preventive measures?
(Please tick as many boxes apply!)
- ☐ General Practitioner
 - ☐ Obstetrician at the Maternity Ward (HUG)
 - ☐ Private obstetrician
 - ☐ Midwife
 - ☐ Paediatrician
 - ☐ Nurse
 - ☐ Your studies
 - ☐ Media (TV, radio, internet, newspapers)
 - ☐ Family, friends
13. Have you been tested for CMV (blood test showing whether you have contracted CMV)?
- Yes ☐ No ☐ I don't know ☐
14. When were you asked to take this test?
- ☐ 1st trimester
 - ☐ 2nd trimester
 - ☐ 3rd trimester
 - ☐ every trimester
15. This test was:
- | | Yes | No | I Don't
Know |
|-----------------------------|-----|----|-----------------|
| mandatory | | | |
| proposed | | | |
| done following your request | | | |
16. Have you received further information on preventative hygiene measures of the CMV following the test?
- Yes ☐ No ☐ I don't know ☐
17. Following the detailed information, were you:
- a. Worried:
- Yes ☐ No ☐
- b. Reassured:
- Yes ☐ No ☐
18. Why?

D. Personal questions

19. How old are you? |__|__|
20. How many children do you have? (without the one you are currently carrying)? |__|__|
21. What is your nationality?
.....
22. What is your profession?
.....
23. What level of education did you reach?
- ☐ University/Polytechnique School (EPFZ/EPFL)
 - ☐ High School diploma/ Baccalaureate
 - ☐ Apprenticeship/ Specialized formation (up to 18–19 years old)
 - ☐ Complete Compulsory School Attendance (varying depending canton/country) (up to 15–16 years old)
 - ☐ Incomplete Compulsory School Attendance (before 15–16 years old)

Thank you for bringing the completed survey to one of the researchers or in the box named <questionnaire CMV> in the midwives' office. If you forget to bring the survey back, you can also mail it to us at the address below:

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