**ZEN Colombia: Pregnant Woman Eligibility**

Name of Person Completing the Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

DD MMM YYYY

**Clinic Information**

Clinic name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

City:□ Barranquilla □ Cali

**Patient Information**

Last name:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

First name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Eligibility Criteria**

|  |  |
| --- | --- |
| Is the patient in the first trimester of pregnancy (≤14+6 weeks)? | □ Yes □ No |
| Is the pregnancy neither an ectopic nor a molar pregnancy? | □ Yes □ No |
| Is the patient planning to have prenatal care at a participating clinic? | □ Yes □ No |
| Is the patient 18 years of age or older? | □ Yes □ No |
| Does the patient speak Spanish? | □ Yes □ No |

**Exclusion Criteria**

|  |  |
| --- | --- |
| Is the patient incarcerated? | □ Yes □ No |
| Is the patient unable to physically or psychologically participate based on clinical judgement? | □ Yes □ No |

**Eligibility Determination**

The patient is eligible for the study. (All answers to eligibility criteria questions are Yes AND all answers to exclusion criteria are No.)

□ Yes □ No

**Informed Consent**

Did the patient receive and provide informed consent for participation and provide permission for her baby to participate in the study after birth? □ Yes □ No

**Zika Prevention Kit Distribution**

Did you give the patient a Zika Prevention Kit before she left?

□ Yes, she took it □ Offered it to her, but she didn’t want/take it □ Did not offer