

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 ($\leq 14^{+6}$ 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