**ZEN Colombia: Male Partner 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**

|  |  |
| --- | --- |
| Did the pregnant partner agree that this man can be asked to be included in the study? | □ Yes □ No  |
| Does this man live in the same household as the pregnant partner enrolled in ZEN? (ID #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | □ Yes □ No  |
| Is this man aged 18 years or older? | □ Yes □ No  |
| Does this man speak Spanish? | □ Yes □ No  |

**Exclusion Criteria**

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

**Eligibility Determination**

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

□ Yes □ No

**Zika Information Sheet Distribution**

Did you give the patient an information sheet on preventing Zika virus before he left?

□ Yes, he took it □ Offered, but he didn’t want/take it □ Not offered