

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