

**ZEN COLOMBIA**  
**Male Enrollment Questionnaire**

Study site: \_\_\_\_\_

**First, I will start with some questions about you.**

1. What is your birthdate?          /          /                <sub>77</sub> *Don't know*    <sub>88</sub> *Refused*  
   D D M M M Y Y Y Y

2. What is your ethnicity? (Choose one only).

<sub>1</sub> Mestiza    <sub>2</sub> White    <sub>3</sub> Afrocolombian    <sub>4</sub> Indigenous    <sub>5</sub> Asian    <sub>6</sub> Multi-ethnic    <sub>7</sub> Other  
<sub>77</sub> *Don't know*    <sub>88</sub> *Refused*

3. What is the highest level of education that you have completed?

<sub>1</sub> Less than primary    <sub>2</sub> Primary    <sub>3</sub> Secondary    <sub>4</sub> Technical    <sub>5</sub> University or more  
<sub>77</sub> *Don't know*    <sub>88</sub> *Refused*

4. In the past 3 months, have you traveled to another province or country?

<sub>1</sub> Yes    <sub>0</sub> No    <sub>77</sub> *Don't know*    <sub>88</sub> *Refused*

If yes: Where did you travel?

a. Place: \_\_\_\_\_ # days: \_\_\_\_\_

b. Place: \_\_\_\_\_ # days: \_\_\_\_\_

c. Place: \_\_\_\_\_ # days: \_\_\_\_\_

**The next questions are about mosquito bites.**

5. In the past 7 days, how many mosquito bites did you get?

<sub>0</sub> None    <sub>1</sub> Less than 20    <sub>2</sub> 20 or more, or too many to count  
<sub>77</sub> *Don't know*    <sub>88</sub> *Refused*

6. On average, how many hours per day do you spend outside?

\_\_\_\_\_ hours/day    <sub>77</sub> *Don't know*    <sub>88</sub> *Refused*

7. In the past 7 days, how often have you...

|   | Never | Some of the time | Most of the time | Not applicable | Don't know | Refused |
|---|-------|------------------|------------------|----------------|------------|---------|
| Worn long pants that covered your legs                          |       |                  |                  |                |            |         |
| Worn shirts or jackets with long sleeves that covered your arms |       |                  |                  |                |            |         |
| Worn permethrin-treated clothing                                |       |                  |                  |                |            |         |
| Worn shoes with socks   |       |                  |                  |                |            |         |
| Used mosquito repellent   |       |                  |                  |                |            |         |

8. In the past 7 days, when you were inside your home, how often was the air conditioner running?

- <sub>3</sub> Never   
<sub>2</sub> Some of the time   
<sub>1</sub> Most of the time   
<sub>0</sub> I don't have air conditioning  
<sub>77</sub> *Don't know*   
<sub>88</sub> *Refused*

9. Does your home have intact screens on all windows and doors that prevent mosquitos from entering?

- <sub>1</sub> Yes   
<sub>0</sub> No   
<sub>77</sub> *Don't know*   
<sub>88</sub> *Refused*   
<sub>1</sub> Not applicable

**The next questions are about Zika virus.**

10. Do you think it's possible to get Zika virus in your community?

- <sub>1</sub> Yes   
<sub>0</sub> No   
<sub>77</sub> *Don't know*   
<sub>88</sub> *Refused*

11. Do you know anyone who has had Zika virus?

- <sub>1</sub> Yes   
<sub>0</sub> No   
<sub>77</sub> *Don't know*   
<sub>88</sub> *Refused*

12. How worried are you about getting Zika virus?

- <sub>3</sub> Very worried  
<sub>2</sub> Somewhat worried  
<sub>1</sub> Not at all worried  
<sub>0</sub> I have already had Zika virus  
<sub>77</sub> *Don't know*  
<sub>88</sub> *Refused*

13. Does everybody with Zika virus have symptoms?

- <sub>1</sub> Yes   
<sub>0</sub> No   
<sub>77</sub> *Don't know*   
<sub>88</sub> *Refused*



**Next I'll ask you some questions about your home, community, and environment.**

18. Where do you usually get your drinking water? (Select all that apply.)

- <sub>7</sub> Public or private water utility  
<sub>6</sub> Well  
<sub>5</sub> Cistern or tank  
<sub>4</sub> Bottled water  
<sub>3</sub> Lake, river, or other natural source  
<sub>2</sub> Minimo vital de agua potable ("free basic water")  
<sub>1</sub> Water is provided to you, but the source is unknown  
<sub>0</sub> Another water source  
<sub>77</sub> *Don't know*  
<sub>88</sub> *Refused*

19. In the past 3 months, have you worked at a job? Include jobs in which you don't have a formal employer, such as selling goods or providing services.

- <sub>0</sub> No   <sub>1</sub> Yes   <sub>77</sub> *Don't know*   <sub>88</sub> *Refused*

If yes: Have any of your jobs in the past 3 months involved:

|   |  |   |  |   |
|---|--|---|--|---|
| Battery manufacturing or battery recycling                | <input type="checkbox"/> <sub>0</sub> No | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> | <input type="checkbox"/> <sub>88</sub> <i>Refused</i> |
| Electronic waste recycling                                | <input type="checkbox"/> <sub>0</sub> No | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> | <input type="checkbox"/> <sub>88</sub> <i>Refused</i> |
| Gold mining or gold processing                            | <input type="checkbox"/> <sub>0</sub> No | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> | <input type="checkbox"/> <sub>88</sub> <i>Refused</i> |
| A job in which you or other people around you use lead    | <input type="checkbox"/> <sub>0</sub> No | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> | <input type="checkbox"/> <sub>88</sub> <i>Refused</i> |
| A job in which you or other people around you use mercury | <input type="checkbox"/> <sub>0</sub> No | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> | <input type="checkbox"/> <sub>88</sub> <i>Refused</i> |

20. In the past 3 months, have you used any pesticides, insecticides, or rat poison in or around your home?

- <sub>0</sub> No   <sub>1</sub> Yes   <sub>77</sub> *Don't know*   <sub>88</sub> *Refused*

**Now I'll ask you about your health.**

21. Have you ever had...?

|              |   |  |  |   |
|--------------|---|--|--|---|
| Yellow fever | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>0</sub> No | <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> | <input type="checkbox"/> <sub>88</sub> <i>Refused</i> |
| Dengue       | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>0</sub> No | <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> | <input type="checkbox"/> <sub>88</sub> <i>Refused</i> |
| Chikungunya  | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>0</sub> No | <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> | <input type="checkbox"/> <sub>88</sub> <i>Refused</i> |

22. Have you ever been vaccinated for...?

|              |   |  |  |   |
|--------------|---|--|--|---|
| Yellow fever | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>0</sub> No | <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> | <input type="checkbox"/> <sub>88</sub> <i>Refused</i> |
| Dengue       | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>0</sub> No | <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> | <input type="checkbox"/> <sub>88</sub> <i>Refused</i> |

23. In the past 3 months, have you smoked cigarettes?

- <sub>1</sub> Yes   <sub>0</sub> No   <sub>77</sub> *Don't know*   <sub>88</sub> *Refused*

**These next few questions are about your recent sexual experiences.**

24. In the past 3 months, how many different women have you had sex with?

\_0 None   \_1 1   \_2 2   \_3 3 or more   \_77 *Don't know*   \_88 *Refused*

**If None: go to question 30.**

25. In the past 3 months, how often have you had vaginal sex with a woman? Choose the best answer.

\_1 Once a day or more  
\_2 Two or more times a week  
\_3 Once a week  
\_4 A few times a month  
\_5 Once a month  
\_6 Less than once a month  
\_77 *Don't know*  
\_88 *Refused*

26. When you had sex in the past 3 months, how often have you used a condom?

\_2 Always   \_1 Sometimes   \_0 Never   \_77 *Don't know*   \_88 *Refused*

27. Since you found out that your partner was pregnant, have you changed how often you use condoms during sex with your partner?

\_1 Yes, I use them more often  
\_2 Yes, I use them less often  
\_3 No, I haven't changed how often I use condoms  
\_0 We haven't had sex regularly  
\_77 *Don't know*  
\_88 *Refused*

28. In the past 3 months, have you...?

|                                |                                 |                                |  |   |
|--------------------------------|---------------------------------|--------------------------------|--|---|
| Received oral sex from someone | <input type="checkbox"/> _1 Yes | <input type="checkbox"/> _0 No | <input type="checkbox"/> _77 <i>Don't know</i> | <input type="checkbox"/> _88 <i>Refused</i> |
| Performed oral sex on someone  | <input type="checkbox"/> _1 Yes | <input type="checkbox"/> _0 No | <input type="checkbox"/> _77 <i>Don't know</i> | <input type="checkbox"/> _88 <i>Refused</i> |
| Had anal sex                   | <input type="checkbox"/> _1 Yes | <input type="checkbox"/> _0 No | <input type="checkbox"/> _77 <i>Don't know</i> | <input type="checkbox"/> _88 <i>Refused</i> |

29. Are you circumcised?

\_1 Yes   \_0 No   \_77 *Don't know*   \_88 *Refused*