Form Approved
OMB No. 0920-XXXX
Exp. Date xx/xx/20xx

Male Partner Eligibility

Note: Before enrolling a man, make sure you have enough supplies (blood and urine collection materials, paper forms, etc.)

Name of Person Completing the Form: _____

Cedula of Male Partner: _____

Date of pregnant women's enrollment: _____/_____/_____ (DD/MMM/YYYY)

Today's date: _____/_____/_____ (DD/MMM/YYYY)
*This date should be within one month of pregnant women's enrollment

IPS Information

Clinic name: _____

City: ☐ Barranquilla ☐ Bucaramanga ☐ Tuluá

Male Partner Information

Last names: _____

First name(s): _____

Inclusion Criteria

Is the pregnant partner 18 years or older?	☐ Yes	☐ No
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? (Woman's 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	☐ Yes	☐ No

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judgement?

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 → Eligible

☐ No → Not Eligible

☐ Unsure → If unsure, then fill out Appendix E1 (contact information) and follow-up in one week.

Notes about eligibility determination: _____

_____

_____

If eligible, please complete the sections below.

Informed Consent Determination
Did the partner receive and provide informed consent for participation?

☐ Yes → Enroll

☐ Unsure → If unsure, then fill out Appendix E1 (contact information) and follow-up in one week (if still within one month of pregnant women's enrollment)

☐ No → If no, thank the partner for their time and note that they declined participation in the study.

Reason(s) for declining (*check all that apply*):

☐ Not interested

☐ Concerned about study protocol (safety, invasive)

☐ Concerns about time/transportation

☐ Concerns about family member approval (e.g. partner, parents)

☐ Other concern:_____

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Zika Study Kit
Did you give the partner a Study Kit before he left?

☐ Yes, he took it

☐ Offered, but he didn't want/take it

☐ Not offered → **STOP**. Do not enroll if no information sheets are available. Schedule enrollment visit for another day.
If not offered, why?: _____

ZEN Participant and Non-Participant Identification Numbers
If the man was eligible and has consented, assign a ZEN Participant ID. If the man was not eligible or was eligible and did not consent, assign a ZEN Non-Participant ID (see SOP 2-02).

ZEN Participant ID: _ _ _ _ _ _- _ - _ _ _ _ _ _ _ _ _ _ _ _
ZEN Non-Participant ID: N _ _ _ _ _ _- _ - _ _ _ _ _ _ _ _ _ _ _