

STUDY ID: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

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

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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Staff Administered: \_\_\_\_\_

## **MALE PARTNER Enrollment Questionnaire**

City: \_\_\_\_\_

Clinic: \_\_\_\_\_

### **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 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>0</sub> None  
 <sub>77</sub> *Don't know*  <sub>88</sub> *Refused*

3. What type of health insurance do you have?

<sub>1</sub> Contributory  <sub>2</sub> Subsidized  <sub>3</sub> Not insured  <sub>4</sub> Specialized  <sub>5</sub> Exception  
 <sub>6</sub> Indeterminate / independent  <sub>77</sub> *Don't know*  <sub>88</sub> *Refused*

4. What is the name of your health insurance provider?

Name: \_\_\_\_\_  <sub>77</sub> *Don't know*  <sub>88</sub> *Refused*

### **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. In the past 7 days, how often have you done the following things? Response options include never, some of the time, or always.

	Never <sub>0</sub>	Some of the time <sub>1</sub>	Always <sub>2</sub>	<i>Don't know</i> <sub>77</sub>	<i>Refused</i> <sub>88</sub>
Worn long pants that covered					

your legs					
Worn shirts or jackets with long sleeves that covered your arms					
Kept your ankles and feet completely covered					
Used mosquito repellent					

**The next questions are about what you might have heard about Zika virus.**

7. Do you think it's possible for a person 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*

8. Do you think that everybody with Zika virus has symptoms?

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

9. 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*

└─→ Have you had Zika virus?

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

10. How worried have you been about getting Zika virus during your partner's current pregnancy?

<sub>3</sub> Very worried   <sub>2</sub> Somewhat worried   <sub>1</sub> Not at all worried  
<sub>77</sub> *Don't know*   <sub>88</sub> *Refused*

11. Momentarily, I will give you a number of statements about Zika virus; we ask that you respond if you consider it to be "very likely", "somewhat likely", or "impossible" that Zika can be transmitted by any one of these means.

	Very likely <sub>2</sub>	Somewhat likely <sub>1</sub>	Impossible <sub>0</sub>	<i>Don't know</i> <sub>77</sub>	<i>Refused</i> <sub>88</sub>
Being bitten by an infected mosquito					
Having vaginal sex with a woman who has Zika without using a condom					
Kissing someone on the mouth who has Zika					
Shaking hands with someone who has Zika					
Being coughed or sneezed on by someone who has Zika					
Receiving a blood transfusion with Zika in it					
Being in utero if a mother has Zika during pregnancy					

12. Momentarily, I will give you a number of statements about the possible effects on a baby if their mother was infected with Zika during her pregnancy; we ask that you respond if you consider it to be “very likely”, “somewhat likely”, or “impossible” that a baby could be born with the following conditions:

	Very likely <sub>2</sub>	Somewhat likely <sub>1</sub>	Impossible <sub>0</sub>	Don't know <sub>77</sub>	Refused <sub>88</sub>
Microcephaly (a small sized head)					
Other birth defects					
Intrauterine growth restriction (small baby)					
Miscarriages/stillbirths					

The next questions are about Zika symptoms you might have had.

13. In the past 3 months, have you had symptoms of Zika virus? Symptoms of Zika virus means being sick with 2 or more of fever, rash, red eyes, and joint pain that are not explained by other causes.

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

↳ When?  
 \_\_\_ / \_\_\_ / \_\_\_   <sub>77</sub> Don't know   <sub>88</sub> Refused  
 D D M M M Y Y Y Y

14. At any time, has a doctor or healthcare provider ever told you that you might have Zika virus?

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

↳ When?  
 \_\_\_ / \_\_\_ / \_\_\_   <sub>77</sub> Don't know   <sub>88</sub> Refused  
 D D M M M Y Y Y Y

Next I'll ask you some questions about your job.

15. 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>1</sub> Yes   <sub>0</sub> No   <sub>77</sub> Don't know   <sub>88</sub> Refused

↳ Have any of your jobs in the past 3 months involved the following:

Battery manufacturing or battery recycling	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>77</sub> Don't know <input type="checkbox"/> <sub>88</sub> Refused
Electronic waste recycling	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>77</sub> Don't know <input type="checkbox"/> <sub>88</sub> Refused
Gold mining or gold processing	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>77</sub> Don't know <input type="checkbox"/> <sub>88</sub> Refused
Other metal mining (for example, uranium, nickel, or cobalt)	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>77</sub> Don't know <input type="checkbox"/> <sub>88</sub> Refused
A job in which you or your coworkers use lead	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>77</sub> Don't know <input type="checkbox"/> <sub>88</sub> Refused
A job in which you or your coworkers use mercury	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>77</sub> Don't know <input type="checkbox"/> <sub>88</sub> Refused

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

**16. Have you ever had...?**

**16a. Yellow fever**

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

└─> When?

Less than 3 months ago	<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>
Between 3-6 months ago	<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>
7-12 months ago	<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>
13 months-5 years ago	<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>
More than 5 years ago	<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>

**16b. Dengue**

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

└─> When?

Less than 3 months ago	<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>	Was it hemorrhagic? <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>
Between 3-6 months ago	<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>	Was it hemorrhagic? <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>
7-12 months ago	<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>	Was it hemorrhagic? <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>
13 months-5 years ago	<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>	Was it hemorrhagic? <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>
More than 5 years ago	<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>	Was it hemorrhagic? <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>

**16c. Chikungunya**

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

└─> When?

Less than 3 months ago	<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>
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Between 3-6 months ago	<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>
7-12 months ago	<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>
13 months-5 years ago	<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>
More than 5 years ago	<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>

17. Have you ever been vaccinated for yellow fever?

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

18. 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. You do not have to answer any questions if they make you uncomfortable.**

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

<sub>0</sub> None            **→ End of questionnaire**  
<sub>1</sub> 1  
<sub>2</sub> 2  
<sub>3</sub> 3 or more  
<sub>77</sub> *Don't know*   **→ End of questionnaire**  
<sub>88</sub> *Refused*       **→ End of questionnaire**

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

<sub>1</sub> Once a day or more (7 times or more per week)  
<sub>2</sub> 2-6 times a week  
<sub>3</sub> Once a week (4 times per month)  
<sub>4</sub> 2-3 a month  
<sub>5</sub> Once a month  
<sub>6</sub> Less than once a month  
<sub>0</sub> Never       **→ Go to question #22**  
<sub>77</sub> *Don't know*   **→ Go to question #22**  
<sub>88</sub> *Refused*     **→ Go to question #22**

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

<sub>2</sub> Always   <sub>1</sub> Sometimes   <sub>0</sub> Never   <sub>77</sub> *Don't know*   <sub>88</sub> *Refused*

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

Received oral sex from someone	<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>
Performed oral sex on someone	<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>
Had anal sex	<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. Since you found out that your partner was pregnant, have you changed how often you use condoms during sex with your partner?

<sub>1</sub> Yes, I use them more often  
<sub>2</sub> Yes, I use them less often

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- <sub>3</sub> No, I haven't changed how often I use condoms
- <sub>4</sub> No, we don't use condoms
- <sub>0</sub> I haven't had regular sex with my partner
- <sub>77</sub> *Don't know*
- <sub>88</sub> *Refused*

**Thank you for answering this questionnaire. Do you have any questions?**