## Attachment D. Eligibility Form

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| # | Pregunta | Opciones | Skip |
| E1 | Are you a resident of Puerto Rico? | 0, No  1, Si | **If no (0), participant is not eligible; end visit.** Else, continue to E2. |
| E2 | Have you participated in the Ziper study before as a participant with Zika? | 0, No  1, Si | **If yes (1), participant is not eligible, end visit.** Else, continue to E3. |
| E3 | **For Interviewer:**  Is this a ZKV+ participant or household contact? | 1, ZKV+  2, Household contact | **If ZKV+ (1), the participant is eligible. End of eligibility screener.**  **If contacto, continue to E4.** |
| E4 | Do you have a coupon? | 0, No  1, Si | If no, ineligible; end interview. Else, continue to E5. |
| E5 | Do you live with the person who referred you? | 0, No  1, Si | If no (0), ineligible, end survey. Else, eligible; continue to survey tool (A1). |