

STUDY ID: _____ - ____ - _____

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

Date: ____ / ____ / ____

D D M M M Y Y Y Y

Staff Administered: _____

MALE PARTNER Enrollment Questionnaire

City: _____

Clinic: _____

First, I will start with some questions about you.

1. What is your birthdate?

____ / ____ / ____ ₇₇ *Don't know* ₈₈ *Refused*
D D M M M Y Y Y Y

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

₁ Less than primary ₂ Primary ₃ Secondary ₄ Technical ₅ University or more ₀ None
 ₇₇ *Don't know* ₈₈ *Refused*

3. What type of health insurance do you have?

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

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

Name: _____ ₇₇ *Don't know* ₈₈ *Refused*

The next questions are about mosquito bites.

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

₀ None ₁ Less than 20 ₂ 20 or more, or too many to count ₇₇ *Don't know* ₈₈ *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 ₀	Some of the time ₁	Always ₂	<i>Don't know</i> ₇₇	<i>Refused</i> ₈₈
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?

₁ Yes ₀ No ₇₇ *Don't know* ₈₈ *Refused*

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

₁ Yes ₀ No ₇₇ *Don't know* ₈₈ *Refused*

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

₁ Yes ₀ No ₇₇ *Don't know* ₈₈ *Refused*

└─→ Have you had Zika virus?

₁ Yes ₀ No ₇₇ *Don't know* ₈₈ *Refused*

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

₃ Very worried ₂ Somewhat worried ₁ Not at all worried
₇₇ *Don't know* ₈₈ *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 ₂	Somewhat likely ₁	Impossible ₀	<i>Don't know</i> ₇₇	<i>Refused</i> ₈₈
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 ₂	Somewhat likely ₁	Impossible ₀	Don't know ₇₇	Refused ₈₈
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.

₁ Yes ₀ No ₇₇ Don't know ₈₈ Refused

↳ When?
 ___ / ___ / ___ ₇₇ Don't know ₈₈ 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?

₁ Yes ₀ No ₇₇ Don't know ₈₈ Refused

↳ When?
 ___ / ___ / ___ ₇₇ Don't know ₈₈ 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.

₁ Yes ₀ No ₇₇ Don't know ₈₈ Refused

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

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

Now I'll ask you about your health.

16. Have you ever had...?

16a. Yellow fever

₁ Yes ₀ No ₇₇ *Don't know* ₈₈ *Refused*

└─> When?

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

16b. Dengue

₁ Yes ₀ No ₇₇ *Don't know* ₈₈ *Refused*

└─> When?

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

16c. Chikungunya

₁ Yes ₀ No ₇₇ *Don't know* ₈₈ *Refused*

└─> When?

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

17. Have you ever been vaccinated for yellow fever?

₁ Yes ₀ No ₇₇ *Don't know* ₈₈ *Refused*

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

₁ Yes ₀ No ₇₇ *Don't know* ₈₈ *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?

- ₀ None **→ End of questionnaire**
- ₁ 1
- ₂ 2
- ₃ 3 or more
- ₇₇ *Don't know* **→ End of questionnaire**
- ₈₈ *Refused* **→ End of questionnaire**

20. 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 (7 times or more per week)
- ₂ 2-6 times a week
- ₃ Once a week (4 times per month)
- ₄ 2-3 a month
- ₅ Once a month
- ₆ Less than once a month
- ₀ Never **→ Go to question #22**
- ₇₇ *Don't know* **→ Go to question #22**
- ₈₈ *Refused* **→ Go to question #22**

21. When you had vaginal 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*

22. 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>

23. 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

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

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